REVIEW ARTICLE

REVISTA ENFERMAGEM ATUAL IN DERME

SCHOOL AND ATTENTION TO ADOLESCENTS' HEALTH NEEDS: A DOCUMENTARY ANALYSIS

ESCUELA Y ATENCIÓN A LAS NECESIDADES DE SALUD DE LOS ADOLESCENTES: UN ANÁLISIS DOCUMENTAL

ESCOLA E A ATENÇÃO ÀS NECESSIDADES DE SAÚDE DOS ADOLESCENTES: UMA ANÁLISE DOCUMENTAL

[1]Tarciso Feijó da Silva
[2]Juliana de Moura Rodrigues
[3]Bruno Santos Moreira
[4]Nicolle Silva de Menezes
[5]Jéssica da Cunha Campos
[6]Ana Beatriz da Costa Santiago de Almeida
[7]Caroline Fernandes de Oliveira
[8]Luciana Alves Paixão

[1] Doctor of Nursing, Professor Adjunto do Departamento de Enfermagem em Saúde Pública da Faculdade de Enfermagem da Universidade do Estado do Rio de Janeiro, Rio de Janeiro, Brazil. https://orcid.org/0000-0002-5623-7475
[2] Nursing Student at Faculdade de Enfermagem da Universidade do Estado do Rio de Janeiro, Rio de Janeiro, Brazil. https://orcid.org/0009-0003-9658-2913
[3] Nursing Student at Faculdade de Enfermagem da Universidade do Estado do Rio de Janeiro, Rio de Janeiro, Brazil. https://orcid.org/0009-0000-8455-2061
[4] Nursing Student at Faculdade de Enfermagem da Universidade do Estado do Rio de Janeiro, Rio de Janeiro, Brazil. https://orcid.org/0009-0005-9889-0594
[5] Nursing Student at Faculdade de Enfermagem da Universidade do Estado do Rio de Janeiro, Rio de Janeiro, Brasil. https://orcid.org/0009-0002-4580-5841
[6]Nursing Student at Acadêmica de Enfermagem da Faculdade de Enfermagem da Universidade do Estado do Rio de Janeiro, Rio de Janeiro, Brazil. https://orcid.org/0009-0003-4417-2533
[7] Nursing Student at Faculdade de Enfermagem da Universidade Estácio de Sá, Rio de Janeiro, Brazil. https://orcid.org/0009-0007-3492-8367
[8]Nurse, Master's student in Clinical Research. Instituto Nacional de Infectologia. Fiocruz, Rio de Janeiro, Brazil. https://orcid.org/0009-0000-4739-8544

Corresponding Author
Tarciso Feijó da Silva
Rua Antônio Calado 138, casa 3, Centro, Maricá, RJ. Brazil. 24900090. contato: +55(21)98255-2818. E-mail: tarcisofeijo@yahoo.com.br

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RESUMO
Objetivo: Analisar os documentos e normativas oficiais que orientam a integração intersetorial entre saúde e educação, com foco no papel das escolas na atenção às necessidades de saúde dos adolescentes. **Métodos**: Estudo delineado pela análise documental de normativas e legislações publicadas entre 2006 e 2024 pelos Ministérios da Saúde e da Educação, que regulamentam ações intersetoriais voltadas à promoção da saúde dos adolescentes. Os documentos foram sistematizados e analisados por meio da técnica de análise de conteúdo. **Resultados**: Foram identificadas 22 publicações que estabelecem diretrizes para a atuação conjunta entre saúde e educação, abordando temas como prevenção de agravos, promoção da saúde mental, sexual e reprodutiva, e ações do Programa Saúde na Escola. Apesar dos avanços normativos, desafios persistem na implementação das ações, como a fragmentação da intersetorialidade, a capacitação insuficiente dos profissionais e a necessidade de ampliar a abordagem sobre vulnerabilidades sociais e determinantes de saúde. **Considerações finais**: A intersetorialidade entre saúde e educação representa um eixo estratégico para a atenção integral aos adolescentes, mas sua efetivação depende de planejamento contínuo, qualificação profissional e fortalecimento do protagonismo juvenil. A superação dos desafios estruturais requer maior articulação entre os setores, investimentos na capacitação das equipes e estratégias que assegurem a participação ativa dos adolescentes nas ações que impactam sua saúde e bem-estar.
Palavras-chave: Saúde do Adolescente; Atenção Primária à Saúde; Serviços de Saúde Escolar; Integralidade em Saúde.

ABSTRACT
Objective: To analyze official documents and regulations that guide intersectoral integration between health and education, focusing on the role of schools in meeting the health needs of adolescents. **Methods**: Study outlined by documentary analysis of regulations and legislation published between 2006 and 2024 by the Ministries of Health and Education, which regulate intersectoral actions aimed at promoting adolescent health. The documents were systematized and analyzed using the content analysis technique. **Results**: Twenty-two publications were identified that establish guidelines for joint action between health and education, addressing topics such as disease prevention, promotion of mental, sexual and reproductive health, and actions of the School Health Program. Despite regulatory advances, challenges persist in the implementation of actions, such as the fragmentation of intersectoral work, insufficient training of professionals and the need to broaden the approach to social vulnerabilities and health determinants. **Final considerations**: The intersectoral approach between health and education represents a strategic axis for comprehensive care for adolescents, but its implementation depends on continuous planning, professional qualification and strengthening of youth leadership. Overcoming structural challenges requires greater coordination between sectors, investments in team training and strategies that ensure the active participation of adolescents in actions that impact their health and well-being.
Keywords: Adolescent Health; Primary Health Care; School Health Services; Integrality in Health.

RESUMEN
Objetivo: Analizar los documentos oficiales y normativas que orientan la integración intersectorial entre salud y educación, centrándose en el papel de las escuelas en la atención de las necesidades de salud de los adolescentes. **Métodos**: Estudio estructurado a partir del análisis documental de la normativa y legislación publicada entre 2006 y 2024 por los Ministerios de Salud y Educación, que regulan acciones intersectoriales dirigidas a la promoción de la salud de los adolescentes. Los documentos fueron sistematizados y analizados utilizando la técnica de análisis de contenido. **Resultados**: Se identificaron 22 publicaciones que establecen lineamientos para la acción conjunta entre salud y educación, abordando temas como prevención de enfermedades, promoción de la salud mental, sexual y reproductiva y acciones del Programa Salud en la Escuela. A pesar de los avances regulatorios, persisten desafíos en la implementación de acciones, como la fragmentación de la intersectorialidad, la formación insuficiente de los profesionales y la necesidad de ampliar el abordaje de las vulnerabilidades sociales y los determinantes de la salud. **Consideraciones finales**: La relación intersectorial entre salud y educación representa un eje estratégico para la atención integral a los adolescentes, pero su implementación depende de la planificación continua, la calificación profesional y el fortalecimiento del protagonismo juvenil. Superar los desafíos estructurales requiere mayor coordinación entre sectores, inversión en formación de equipos y estrategias que aseguren la participación activa de los adolescentes en acciones que impactan en su salud y bienestar.
Palabras clave: Salud del Adolescente; Atención Primaria de Salud; Servicios de Salud Escolar; Integralidad en Salud.

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INTRODUCTION

Adolescence, which ranges from the ages of 10 to 19, or up to 24 in the broader concept of "young people," is a stage marked by intense physical, emotional, and social changes that can expose individuals to various vulnerabilities. This period, in addition to being fundamental for human development, presents specificities that require attention and social protection[1].

The Child and Adolescent Statute (ECA) was established to guarantee the fundamental rights of children and adolescents, changing a historical scenario of exclusion and exploitation. This legislation recognizes adolescence as an essential phase for the formation of citizens, ensuring healthy development and prioritizing comprehensive protection within the family, community, and state spheres. In this way, the ECA contributed to the structuring of public policies aimed at promoting health and guaranteeing the rights of this population[2].

In the current context, health is understood as a dynamic state of physical, mental and social well-being, deeply influenced by the social determinants of health (SDH) and guided by the principles of global health, which highlight the need for collaborative and transnational actions to address health inequalities. This concept encompasses living conditions, support systems and access to resources, which are fundamental for the healthy development of adolescents, and goes beyond the absence of disease[3,4].

The health demands of adolescents are organized into three main axes: healthy growth and development, reduction of morbidity and mortality due to violence and accidents, and promotion of sexual and reproductive health. To meet these demands, strategies such as strengthening public policies, promoting health in school and community environments and expanding access to health services have been adopted. In addition, the importance of improving information systems is highlighted, allowing greater dissemination of evidence-based practices and interventions[5].

Schools, as strategic spaces for health promotion, play a central role in ensuring comprehensive care. They offer an intersectoral platform where the dimensions of education and health converge, promoting the development of self-care skills and autonomy among adolescents. This relationship should be guided by strategies that articulate public policies, school health programs, and health education actions, aiming to create an environment of support and protection that transcends the school walls[6,7].

This intersectoral approach, which integrates health and education, strengthens youth protagonism and contributes to the formation of more aware and healthy citizens. However, despite their potential as a support network, schools can also become environments that favor illness, especially when they expose adolescents to situations such as bullying, physical violence, and emotional and psychological overload. These factors aggravate the challenges faced at this stage of life, increasing the risk of mental health problems,

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such as anxiety, depression, and self-harm behaviors[8].

Additionally, new vulnerabilities have emerged in recent decades, including the impact of social media on mental health, digital exclusion, substance use, and social inequalities. These issues increase the demands and complexities related to adolescent health, requiring a more integrated and intersectoral response[9,10].

The Sustainable Development Goals (SDGs), such as SDG 3 (Good Health and Well-Being), SDG 4 (Quality Education), and SDG 10 (Reduced Inequalities), highlight the need for coordination between public health and education policies to promote equity and well-being among adolescents. The documentary analysis of this study highlights how these goals can guide integrated actions and governance strategies that respond to structural inequalities and the health and education demands of this group, promoting their inclusion and comprehensive development[11].

In this sense, understanding the social and health transformations that affect adolescents over time is essential for developing effective strategies that ensure their rights. National and international literature reinforces that integrated and well-structured public policies are essential to guarantee the health and education of adolescents, strengthening care in the school environment and expanding opportunities for youth development[3,12].

The objective of this article is to analyze the official documents and regulations that regulate and guide the intersectoral integration between health and education, with an emphasis on the role of schools in meeting the health needs of adolescents.

METHODS

This is a qualitative research study focused on document analysis (DA). DA consists of identifying, examining and interpreting documents with a specific purpose and, in this case, seeks to understand the role of the school in the regulations and documents that organize and guide adolescent health care[13]. Document analysis is considered a useful technique due to its low cost, stability of information, which are fixed sources of data, and because it does not interfere with the environment or the subjects of the study. However, it has limitations, such as the lack of direct experience of the phenomenon for a more faithful representation, the possibility of subjectivity in the analytical process and the validity of the information, often questioned by positivist currents[14,15].

Legislation, documents and regulations prepared by the Ministry of Education (MEC) and the Ministry of Health (MS) that guide comprehensive care for adolescents were selected. We chose to include those published between 2006 and 2024, a period marked by growing recognition of intersectorality as a fundamental strategy in promoting comprehensive adolescent health. The time frame is aligned with the debates that contributed to the creation of the School Health Program

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(PSE) and the priorities for health care and attention that have emerged over time[16,17].

Data collection was carried out between September and December 2024 and updated in February 2025. The official portals of the Ministries of Health and Education were used, as well as the Legislative Systems of both departments. To systematize the data, an instrument containing the following variables was used: year of publication, title, source, and description/objective[18]. The inclusion criteria adopted were: documents published since 2000, available for reading in full, focusing on the integration of health and education and whose approach, even if incipient, pointed out the role of schools in promoting health, preventing diseases and providing comprehensive care for the health needs of adolescents. As for documents that had multiple versions or updates, it was decided to keep the most recent ones in the analysis, considering the evolution of public policies and intersectoral guidelines[19].

The analysis of the selected policies and regulations was conducted through a descriptive and interpretative approach, based on the content analysis technique. This technique, widely used in qualitative research, comprises a set of systematic and objective procedures for describing and interpreting content[14]. The analytical plan followed the following steps: constitution of the document corpus, definition of units of meaning, skimming and grouping of data. In the end, two analytical categories emerged that directly relate to the objective of the study: “Characterization of the integration between the health and education sectors” and “Role of schools in providing comprehensive care to the health needs of adolescents”.

Through this methodology, we sought to transform and understand the information contained in the selected documents, promoting a critical analysis that contributes to the practical articulation between the health and education sectors in providing comprehensive care to adolescents.

RESULTS

A total of 22 documents were found in the selected databases, 17 of which were linked to the Ministry of Health (MS), 1 to the MEC and 4 joint publications. Of the total documents, 6 (28%) are legislation and 16 (72%) are notebooks, guides or books. Regarding the publication period, it can be seen that the year 2014 (4=18%) had the highest number of publications, followed by 2007 (3=13%) and 2024 (3=13%). (Table 1)

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Table 1 - Official documents and regulations that regulate and guide intersectoral integration between health and education, with emphasis on the role of schools in meeting the health needs of adolescents - Brazil, 2025.

N.	Year	Title	Source	Descriotion/Objective
1	2006	Guidelines for implementing the health and prevention project in schools[20]	Ministry of Health/Ministry of Education	It aims to guide the implementation and deployment of the "Health and Prevention in Schools" Project at federal, state and municipal levels, with the central objective of promoting sexual health and reproductive health.
2	2007	Comprehensive health for adolescents and young people: guidelines for organizing health services[21]	Ministry of Health	Provide basic guidelines to guide the implementation and/or implementation of health actions and services that serve adolescents and young people in a comprehensive, problem-solving and participatory manner.
3	2007	Decree No. 6,286 of December 5, 2007[16]	Ministry of Health/Ministry of Education	Establishes the School Health Program (PSE), integrating health and education to promote the well-being of children and adolescents.
4	2007	Legal Framework: Health, a Right of Adolescents[22]	Ministry of Health	Support health professionals, state and municipal managers, agencies and institutions that work in the area of Adolescent Health, in order to provide essential elements for the decision-making process, for the elaboration of public policies, for care in health services, so that the rights of adolescents, in particular, are widely disseminated and discussed by society.
5	2008	School that Protects: confronting violence against children and adolescents[23]	Ministry of Education	Share information with educators about the different forms of violence to which our children and adolescents are subjected, aiming to support practical actions to confront it.
6	2009	Primary Care Notebook: Health at School[24]	Ministry of Health	Materialize the partnership between the Education sector and the Health sector, highlighting that this can be expanded to involve other partners in the construction of a healthier territory, a healthier community, a healthier school, strengthening the multiple instances of social control and the community's commitment to act in defense of life.
7	2009	Ordinance No. 254 of July 24, 2009[25]	Ministry of Health	Brazil Look Project.
8	2010	National Guidelines for Comprehensive Health Care for Adolescents and Young People[26]	Ministry of Health	Point out the importance of building interfederative and intersectoral strategies that contribute to changing the national vulnerability framework of adolescents and young people, influencing the healthy development of this population group.

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9	2011	PSE step by step: School Health Program: weaving paths of intersectorality[27]	Ministry of Health	Guide managers regarding the PSE implementation process.
10	2013	Basic guidelines for comprehensive health care for adolescents in schools and basic health units[28]	Ministry of Health	It contains guidelines for all health professionals working in Family Health Teams (ESF), Basic Health Units (UBS) and Family Health Support Centers (Nasf) with the aim of contributing to the resolution and effectiveness of health actions, coordinated with schools, with the adolescent population aged 10 to 19 years old.
11	2014	Adolescent Health Booklet: Male[29]	Ministry of Health	Supporting the teenager in the process of self-discovery and self-care.
12	2014	Adolescent Health Booklet: Female[30]	Ministry of Health	Support the teenager in the process of self-discovery and self-care.
13	2014	Care Line for Comprehensive Health Care for Children, Adolescents and their Families in Situations of Violence: Guidance for Managers and Health Professionals[31]	Ministry of Health	Encourage the development of actions to prevent violence, promote health and a culture of peace.
14	2014	Activity suggestion guide: health week at school[32]	Ministry of Health / Ministry of Education	Provide a set of activities capable of stimulating and enriching the educational work of health and education professionals, with its principles being the promotion and prevention of health problems.
15	2015	PSE manager's notebook[33]	Ministry of Health	Guide the manager on the process of joining and implementing the PSE.
16	2017	Interministerial Ordinance No. 1,055 of April 25, 2017[17]	Ministry of Health	Redefines the rules and criteria for joining the school health program - PSE by states, the Federal District, municipalities and provides for the respective financial incentive for funding actions.
17	2017	National Health Promotion Policy: PNPS: Annex I of Consolidation Ordinance No. 2, of September 28, 2017, which consolidates the rules on national health policies of the SUS[34]	Ministry of Health	National Health Promotion Policy.
18	2018	Protecting and Caring for Adolescent Health in Primary Care[35]	Ministry of Health	Expand the inclusion of adolescents in Primary Care/Family Health, not only from the perspective of being the target of health actions with the specificities characteristic of this phase of development, but especially aiming to include them in the creation and elaboration of actions

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				that characterize them as social protagonists.
19	2020	Mental Health Guide for Teens Ages 11-14[36]	Ministry of Health / Ministry of Education	Present guidelines for mental health care for adolescents.
20	2024	Ordinance No. 5,608 of November 12, 2024[37]	Ministry of Health	Enables Municipalities and the Federal District to receive financial incentives to implement actions of the School Health Program - PSE in the second year of the 2023/2024 cycle.
21	2024	Mental health and psychosocial care in disasters: adolescents[38]	Ministry of Health	It addresses emergency recommendations for organizing mental health care strategies and psychosocial care for adolescents in the context of disasters, considering the response phase to extreme events.
22	2024	Technical note no. 02 of 2024[39]	Ministry of Health	National Teen Pregnancy Prevention Week.

Source: The authors, 2024.

DISCUSSION

Characterization of the integration between the health and education sectors

Intersectoral action related to health and education began at the end of the 19th century with the promotion of integration between health and education practices. In Brazil, in 1971, the Law of Guidelines and Bases of Education was implemented, making it mandatory to implement health programs in the school curriculum. In 1984, based on the same law, the National School Health Program (PNSE) was created, which expressed a biological and curative ideology based on the political influences of the Military Dictatorship. Health actions in the school setting had as common characteristics the discontinuity and the lack of coordination between health and education professionals[40,41].

At the end of the 20th century, with the creation of the ECA, adolescents began to be recognized as subjects of rights and to have priority in public health policies. They are understood as individuals in biopsychosocial development who require comprehensive protection. The emergence of the ECA transformed the view of offenders that society attributed to adolescents, allowing their full development by combating social exclusion[42]. In dialogue with the ECA, the document Care Line for Comprehensive Health Care for Children, Adolescents and Their Families in Situations of Violence: Guidance for Managers and Health Professionals guides the prioritization of adolescent health care and encourages the development of actions to prevent violence that threatens the rights consolidated to adolescents[31].

In 2007, with a view to implementing actions to promote and prevent risk factors that permeate adolescence, the document Comprehensive Health for Adolescents and Young People: Guidelines for the Organization

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of Health Services was created, which reinforces the need for a service that is accessible to adolescents, bringing privacy and confidentiality as one of the pillars of care, which guarantees a greater connection between adolescents and services when their decisions are respected[21]. However, for this to happen, better professional training is necessary so that these adolescents can be kept in the network. The lack of preparation of a team to deal with the issues that permeate young people does not allow the development of effective actions due to the absence of instruments capable of changing this scenario in order to validate their real demands[12,17,21].

To meet the needs of adolescents in an intersectoral manner, Decree No. 6,286 of 2007 instituted the School Health Program (PSE). This important public health policy began to guide the integration of the health and education sectors in order to guarantee comprehensive care for the school population, including adolescents[16]. The PSE seeks to optimize the use of available resources with the work of professionals from Primary Health Care (PHC) teams in the development of actions aligned with the demands observed by the school team or by the students themselves[17,25,35]. However, approaches directed at mental health, violence and racism are currently less frequent, which demonstrates the difficulty of professionals in discussing issues of a more social and humanistic nature[16,43].

The Primary Care Notebook: Health at School, published in 2009, addresses the implementation of the PSE, providing important information on intersectorality. It highlights collaboration between health and school teams as fundamental not only for disease prevention, but also for promoting healthy practices among school adolescents[24]. However, for adolescents to understand their responsibilities in self-care and associate health with well-being, family support and the positive influence of the community are essential. These factors have a significant impact on their choices, reflected, for example, in the adoption of a healthy diet and the practice of physical activities[44].

In 2011, the PSE Step by Step: Health Program at School - Weaving Paths of Intersectorality provided guidance on program management and described the components of the PSE, which range from clinical and psychosocial assessment to health promotion and prevention actions, highlighting the need to integrate these actions into the school's political-pedagogical project and to strengthen the participation of the school community([27]). In the same direction and with the perspective of contributing to the resolution and effectiveness of health actions, coordinated with schools, with the adolescent population aged 10 to 19 years, in 2013 the document Basic Guidelines for Comprehensive Health Care for Adolescents in Schools and Basic Health Units was published. The document points out possible paths for promoting intersectorality and details the procedures that can be carried out, such as basic health monitoring and educational actions focusing on different themes[28].

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The National Guidelines for Comprehensive Health Care for Adolescents and Young People in Health Promotion, Protection and Recovery, dated 2010, play an important role in seeking to promote positive integration between the health and education sectors, focusing on a comprehensive approach that is attentive to the specific needs of adolescents[26]. Although adolescence in general has its own particularities related to the age group, it is essential that health and education professionals are able to observe particularities and emphasize the importance of care that respects rights and singularities[12,17,25].

In 2015, the PSE Manager's Handbook also emerged with the narrative of promoting school health, guiding both health and education management in the implementation of PSE actions, addressing intersectorality as an important process for health promotion. Even if the actions are carried out, planning, support from the school community, continuity and periodic assessment of emerging needs are necessary for their effectiveness[33]. The lack of school collaboration is due to the lack of information related to health and, consequently, to the lack of understanding about the importance of the PSE, leading to the mistaken characterization of the program as a substitute for the role of the family in adolescent health. In addition, the continuity of actions is also compromised when family support is insufficient, especially with regard to collaboration with the program, such as, for example, when refusing to authorize vaccination for adolescents[45].

The 2017 National Health Promotion Policy (PNPS) highlights intersectorality as a fundamental concept for addressing social determinants of health through the articulation of public policies that target the vulnerabilities that emerge in the population with health promotion actions, promotion of sustainable development in various scenarios, including school, sharing goals and objectives, with health being the main point among all policies, with the understanding that factors related to well-being are also developed socially and economically[34]. In the context of school health practice, intersectoral action is essential, recognizing that the health sector alone does not cover all the possible responses for the area. Coordinated actions between the health and education sectors advance the design of actions that aim to improve health and healthy behaviors, which can be reached by the general population, and in particular, by priority groups that attend schools and, naturally, are far from health units[46].

With the aim of guiding and expanding adolescents' access to PHC, the Ministry of Health developed the guide Protecting and Caring for Adolescent Health in Primary Care. The document emphasizes the need for comprehensive care that takes into account the specificities, needs and vulnerabilities of this population, including adolescents at risk, in conflict with the law, quilombolas and indigenous people. To this end, it addresses topics such as interculturality and health, socio-

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education, nutrition, work and sexuality, promoting autonomy and youth protagonism through the Strategy for the Integration of Management of Adolescents and their Needs (Iman)[35]. In this context, transposing the focus from adolescents to the adolescence category becomes a viable path. By expanding individual actions to collective actions, with participatory, aggregating, emancipatory, informative and constructive strategies, it is possible to bring the health service closer to the expectations and needs of adolescents[12]. The adolescent health records were created as tools for guidance and monitoring of growth and development, gathering information on physical processes in the body, the promotion of healthy habits, the vaccination schedule and sexual health. In addition, the document highlights the role of schools in guaranteeing rights and promoting the comprehensive health of adolescents over time[29,30]. In the perception of health professionals, the record is an effective alternative for managing care, since its illustrative and dynamic format facilitates the care of adolescents[12]. However, the lack of professional preparation and the low demand of young people for services interfere with the completion and verification of the document. In addition, there is some resistance on the part of parents and guardians, who interpret the illustrations on pubertal development as a possible early encouragement of sexual practices[47].

The Legal Framework: Health, a right of adolescents, aims to support health professionals in the development of public policies that promote the comprehensive health of adolescents. The document addresses national and international legislation related to adolescent health, citing the ECA as a major pillar for these rights. Furthermore, it discusses several vulnerabilities that affect adolescence, such as pregnancy, exposure to the HIV virus, alcohol and drug abuse, among others[22]. Adolescence, in itself, is already marked by several development and growth factors, both individual and social, making this group more in need of attention. However, social inequality worsens this condition by limiting access to education, basic sanitation and decent housing. As a consequence, adolescents are more vulnerable to health problems, such as substance abuse, violence, infectious diseases and crime. In this context, intersectoral activities involving culture, health, education and social assistance are essential to break the cycle of exclusion and promote effective social policies[48].

In 2024, Technical Note No. 2 addressed the National Week for the Prevention of Adolescent Pregnancy in Brazil, highlighting the importance of adolescent rights and health promotion. The document emphasizes that adolescent pregnancy is a public health problem that directly impacts the lives of girls, whether from an educational, financial or health perspective. Furthermore, it highlights the high rates of obstetric complications, such as premature rupture of membranes and premature

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birth, as well as the impacts on the mental health of adolescents[39]. Given this scenario, it is recommended that male adolescents be involved in discussions about teenage pregnancy, with the aim of promoting shared responsibility and ensuring access to adequate information. Teenage pregnancy also reflects territorial, ethnic-racial and socioeconomic inequalities, being more prevalent among adolescents from poorer regions, indigenous people, black people, mixed race people and those with low levels of education[39,49].

In addition to these issues, the mental health of adolescents should also be a priority in public policies. The Mental Health Guide for adolescents aged 11 to 14 is a booklet that is part of the Integrated Educommunication Actions for the Prevention of Suicide and Self-harm project. The booklet addresses the development of emotional intelligence in adolescents, encouraging the identification and sharing of emotions, in addition to raising awareness of relevant social issues, such as bullying[36].

Health promotion is a fundamental tool for expanding knowledge, encouraging self-care and strengthening the autonomy of adolescents. It can help address social determinants of health and act in mental health care, promoting integration among different sectors[38,50].

Understanding the need to expand the approach to mental health in Primary Care, it is essential to take a different look at adolescents, aiming at improving care. Currently, many of the strategic mental health facilities that serve this population are still under construction[51]. Most Primary Health Care (PHC) services do not have specific activities for adolescents, or, when they do exist, they are specific and focused on prevention, generally related to sexuality (prevention of sexually transmitted diseases) or drug use. The development of specific actions for this population could be a key strategy to improve care and ensure greater adherence of adolescents to health services[50].

Role of schools in comprehensively addressing adolescents' health needs

Promoting mental health in schools is essential to identify symptoms of psychological distress among adolescents and provide adequate support. The discussion circle methodology is an effective tool for addressing sensitive topics, as it allows adolescents to express their feelings in a safe and comfortable way(56). Thus, mental health education in schools becomes an essential strategy for building a more welcoming and inclusive environment[57].

The Activity Suggestions Guide: Health Week at School proposes activities that promote healthy behaviors and intersectoral actions between school and primary care[32]. Schools also play a fundamental role in building adolescents' critical and moral sense, helping them deal with adversities, including school violence, which directly impacts their performance and well-being[31]. Along the same lines, the Escola que Protege project emphasizes the importance of schools in preventing violence and training

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professionals capable of defending the rights of children and adolescents[23].

FINAL CONSIDERATIONS

Integration between the health and education sectors is essential for promoting adolescent health, ensuring comprehensive care aligned with their needs. The documentary analysis demonstrated that, over the years, several regulations and public policies have been developed to strengthen this intersectoral approach, with the PSE being one of the main milestones in this articulation. However, despite advances in the formulation of guidelines and strategies, their implementation still faces structural challenges, such as fragmented actions, lack of continuity in policies, and the need for greater training of professionals involved.

Recognized as a privileged space for youth development, schools play a central role in promoting health and preventing harm. However, for this action to be effective, the school environment must be prepared to welcome and respond to adolescents' demands in a comprehensive manner. This includes expanding discussions on mental health, violence, racism, and social inequalities, topics that still encounter barriers to being addressed in PSE actions and other intersectoral initiatives. The lack of specific training for education and health professionals also limits the potential of these policies, making them, in many cases, isolated and disconnected from the reality of students.

Another point that deserves to be highlighted is the active participation of adolescents in the planning and implementation of health promotion actions. The documents indicated that the most effective actions are those that recognize the leading role of youth, allowing adolescents themselves to be agents of change in their school and community context.

Furthermore, strengthening the intersectoral relationship between health and education requires actions that go beyond the formulation of regulations, including governance strategies that guarantee the sustainability and effectiveness of these policies in practice. The advancement of this agenda depends on the valorization of joint work between health and education teams, investment in professional training and the creation of mechanisms that enable adolescents to be listened to and actively participate. Only then will it be possible to guarantee comprehensive, equitable and evidence-based care, capable of effectively responding to the demands of the adolescent population in Brazil.

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Scientific Editor: Ítalo Arão Pereira Ribeiro. Orcid: https://orcid.org/0000-0003-0778-1447

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