

MENTAL HEALTH NEEDS OF ADOLESCENTS AND THE NURSING CARES: INTEGRATIVE REVIEW

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ABSTRACT

Objective: to systematize the knowledge produced about nursing performance in the face of adolescents' mental health needs.

Method: integrative literature review, submitting the problem: what are the mental health needs of adolescents and the nursing care provided? Data collection was performed in the PubMed databases; CINAHL; SciELO; ScienceDirect; LILACS, in the month of April 2018. Were included 30 articles available in Portuguese, English or Spanish with full access and free of charge. The findings were grouped into thematic categories with review/synthesis of knowledge.

Results: the sample consisted of articles predominantly in English and published between 1999 and 2018. The main mental health needs of adolescents are related to depression, anxiety, stress, drug use and dependence, eating disorders, among others. Nursing cares include health education, groups, cognitive behavioral therapy, interpersonal relationships, and activities that involve adolescents, their families, peers and the school environment. It was evidenced that nurses work with different approaches and intervene through the nursing process and physical activity practices, among other tools that are accessible to them.

Conclusion: this review allows professionals to formulate new actions that are based on the adolescent's real mental health needs, which are neglected, because they do not attend so much the health services. The need for studies with higher level of scientific evidence is mentioned.

DESCRIPTORS: Adolescent. Nursing. Nursing care. Mental health.

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NECESSIDADES DE SAÚDE MENTAL DE ADOLESCENTES E OS CUIDADOS DE ENFERMAGEM: REVISÃO INTEGRATIVA

RESUMO

Objetivo: sistematizar o conhecimento produzido acerca da atuação da enfermagem diante das necessidades de saúde mental dos adolescentes.

Método: revisão integrativa da literatura, apresentando a problemática: quais as necessidades de saúde mental dos adolescentes e os cuidados de enfermagem realizados? Coleta de dados realizada nas bases de dados PubMed; CINAHL; SciELO; ScienceDirect; LILACS, no mês de abril de 2018. Incluíram-se 30 artigos disponíveis em português, inglês ou espanhol, com acesso na íntegra e gratuitos. Os achados foram agrupados em categorias temáticas com revisão/síntese do conhecimento.

Resultados: a amostra foi composta por artigos predominantemente em inglês e publicados entre o período de 1999 e 2018. As principais necessidades de saúde mental dos adolescentes estão relacionadas à depressão, ansiedade, estresse, uso e dependência de drogas, distúrbios alimentares, dentre outras. Os cuidados de enfermagem são ações de educação em saúde, grupos, terapia cognitivo-comportamental, relacionamento interpessoal, além de atividades que envolvem o adolescente com sua família, seus pares e o ambiente escolar. Evidenciou-se que o enfermeiro atua com diversas abordagens e intervém através do processo de enfermagem e práticas de atividades físicas, dentre outras ferramentas que lhe são acessíveis.

Conclusão: esta revisão permite ao profissional a formulação de novas ações que se baseiem nas reais necessidades de saúde mental do adolescente, que, por não frequentar tanto os serviços de saúde, acaba sendo negligenciado. Elenca-se a necessidade de estudos com maior nível de evidência científica.

DESCRITORES: Adolescente. Enfermagem. Cuidado de enfermagem. Saúde mental.

LAS NECESIDADES DEL ADOLESCENTE EN MATERIA DE SALUD MENTAL Y LOS CUIDADOS DE ENFERMERÍA: REVISIÓN INTEGRADORA

RESUMEN

Objetivo: sistematizar el conocimiento sobre la acción de la enfermería ante las necesidades de salud mental de los adolescentes.

Método: revisión integradora de la literatura y presentación de la problemática: ¿Cuáles son las necesidades de salud mental de los adolescentes y qué cuidados de enfermería se practican? La recolección de datos se realizó en las bases de datos electrónicos: PubMed; CINAHL; SciELO; ScienceDirect; LILACS, durante el mes de abril de 2018. Se incluyeron 30 artículos disponibles en portugués, inglés o español de acceso libre y gratuito. Fueron excluidos los artículos cuyo estudio no tenía un público destinatario y los trabajos de investigación que no eran originales y se procedió a la selección de 30 artículos. Los resultados se agruparon en categorías temáticas con revisión/síntesis del conocimiento.

Resultados: la muestra consta de artículos con preponderancia del idioma inglés, publicados entre el período de 1999 y 2018. Las principales necesidades de salud mental de los adolescentes se relacionan con la depresión, la ansiedad, el estrés el uso y la adicción a las drogas, los disturbios alimenticios entre otros factores. Los cuidados de enfermería constatados fueron: acciones de educación en materia de salud, terapia cognitiva conductual, fomento de grupos, relaciones interpersonales y de actividades que impliquen al adolescente con su familia, sus pares y su entorno escolar. Se evidenció que el enfermero actúa mediante diversos abordajes e interviene a través del proceso de enfermería y de práctica de actividades físicas, entre otras herramientas que le son accesibles.

Conclusión: esta revisión permite que el profesional se plantee nuevas acciones basadas en las efectivas necesidades de salud mental del adolescente, quién, al no concurrir con asiduidad a los servicios de salud, termina ignorado por los mismos. Se advierte la necesidad de realizar estudios de mayor rigor científico.

DESCRITORES: Adolescente. Enfermería. Cuidados de enfermería. Salud mental.

INTRODUCTION

It is known that the psychological distress experienced in adolescence tends to negatively affect adulthood. In this sense, symptoms of depression, anxiety, eating disorders, negative self-feelings, and aggressive behaviors are common at this stage of life and can often lead to suicide attempts.¹⁻²

Thus, knowing the risk factors that permeate psychological distress in these subjects can point out to nursing care. Risk factors for mental health problems in the adolescent population include violence (including bullying), poverty, humiliation, feeling of devaluation, family environment, living in foster homes, sociodemographic conditions, and so on.³⁻⁵

Moreover, the demand for care by adolescents in the context of mental health services is mainly due to the altered behavior in the social environment, in which they are inserted, for example, with behaviors such as agitation, crimes, and thefts, among others. Most of these adolescents are referred by the school to the Guardianship Council and the Basic Health Unit,⁶ which does not always have a team prepared to act on their real health needs.

To maintain adolescent mental health, it is necessary to know their health determinants, their risk and protective factors, and to consider their vulnerabilities, recognizing and intervening in health problems that begin in this phase, especially in problems such as drug abuse, physical inactivity, obesity, sexuality, and mental health disorders.⁷

In addition, a better understanding of the nursing actions being developed will facilitate the implementation of specific care to deal with this population; as well as the recognition of preventable and neglected health problems. It is important to provide comprehensive care to the adolescent to prevent life-long consequences.⁷

The performance of the nurse with a view to providing optimal care in the attention to mental health of adolescents should meet the needs and health problems presented by these, directing care to what may be reflecting negatively on their lives. Therefore, a multiprofessional team is needed to understand and understand that these health problems are relevant and may influence the general health of the individual.

This study is relevant because, in nursing care environments, guidance is needed based on scientific evidence about adolescent mental health, in order to rethink new technologies and multiply effective interventions, avoiding negative outcomes and signal chronification and symptoms.

Given the above, the objective was to systematize the knowledge produced about nursing performance in view of adolescents' mental health needs.

METHOD

This is an Integrative Literature Review (ILR) that sought to determine the current knowledge on the subject under study, in order to identify, analyze and synthesize results. The following stages were taken: identifying the theme and the guiding question; establishing criteria for inclusion and exclusion of studies; extracting data from the primary studies; evaluating studies to be included in the review; interpreting the results; and submitting the review/synthesis of knowledge.⁸

In the first stage the theme and the research question were identified: the question was formulated based on the PICO strategy, which covers four components: *Population/Patient/Problem* (population/patient/problem: adolescents in psychological distress); *Intervention* (intervention: nursing care); *Comparison* (comparison: mental health nursing care that takes into consideration the health needs of adolescents); *Outcome* (result: cares that addresses the mental health needs of the adolescents). Getting defined as follows: what are the main nursing care related to health needs identified in adolescents with psychological distress?⁹

In the second stage there was the establishment of criteria for inclusion and exclusion of studies, as well as the beginning of the selection of the study sample. Search was done in the databases *Public Medical Literature Analysis and Retrieval System Online* (PubMed); *Cumulative Index to Nursing and Allied Health Literature* (CINAHL); *Scientific Electronic Library Online* (SciELO); ScienceDirect; and *Latin American and Caribbean Health Sciences Literature* (LILACS), and took place in April 2018, through the Capes portal and the Virtual Health Library (VHL).

Controlled descriptors were selected from the Health Sciences Descriptors (*Descritores em Ciências da Saúde*, DeCS) and *Medical Subject Headings* (MeSH) using: *enfermagem* (nursing), *saúde mental* (mental health) e *adolescente* (adolescent). These descriptors were associated by the AND connective, and the intersection *nursing AND mental health AND adolescent* was used as a search key in the subject, title and abstract fields.

It was noted that the included articles would come from primary studies, available in Portuguese, English or Spanish, available in full and free of charge, and that answered the guiding question of this study. After each search in the chosen databases, the scientific productions that met the criteria of this review were listed by the titles in *Microsoft Word* 2007. In the first selection, when crossing the descriptors, 16,664 articles were found, among them only 4,031 were in their full version and 3,776 were in the English, Portuguese and Spanish languages. Articles that did not have the target population of this study (nurses working with adolescents) and other types of research that were not original, such as, editorials, reviews, among others, totaling 2,976 articles, were excluded.

After the fluctuating reading of the articles and fitting them into the central theme of the study, 838 articles were selected, whose abstracts answered the guiding question, and titles were excluded that were repeated or duplicated in the same database or in more than one database.

After the second selection, 74 articles were included from the PICO strategy and later on were read in full. In this stage, articles that did not describe the results of adolescent health needs and nursing interventions were excluded, and a total of 30 articles were analyzed. The article selection process is described in the Figure 1.

In the third phase, data from the primary studies were extracted. As a scientific support for extracting the relevant data from the articles that make up the *corpus* of the review (n=30), a previously elaborated instrument was used and subjected to appearance and content validation. This instrument submits as variables: article identification data; type of scientific journal; methodological characteristics of the study; and assessment of methodological rigor.¹¹

Thus, the information extracted from the articles were: article title, journal title, authors, language, database that made the article available, year of publication, methodological characteristics of the study, objective or research question, sample characteristics, results, analysis and level of significance. After completing the data collection form, the results were presented in charts and graphs for easy viewing.

In the fourth phase, regarding how to select the material to be analyzed, we seek explanations for the different or conflicting results in the studies, based on some questions. Therefore, an analysis of the data obtained in the results was performed in order to appreciate what was disclosed in the articles and describe the information evidenced in the studies, comparing them. Some questions were used in the critical evaluation of the studies, such as: what is the question of the study? Was the study question answered? Did the study achieve its objectives?

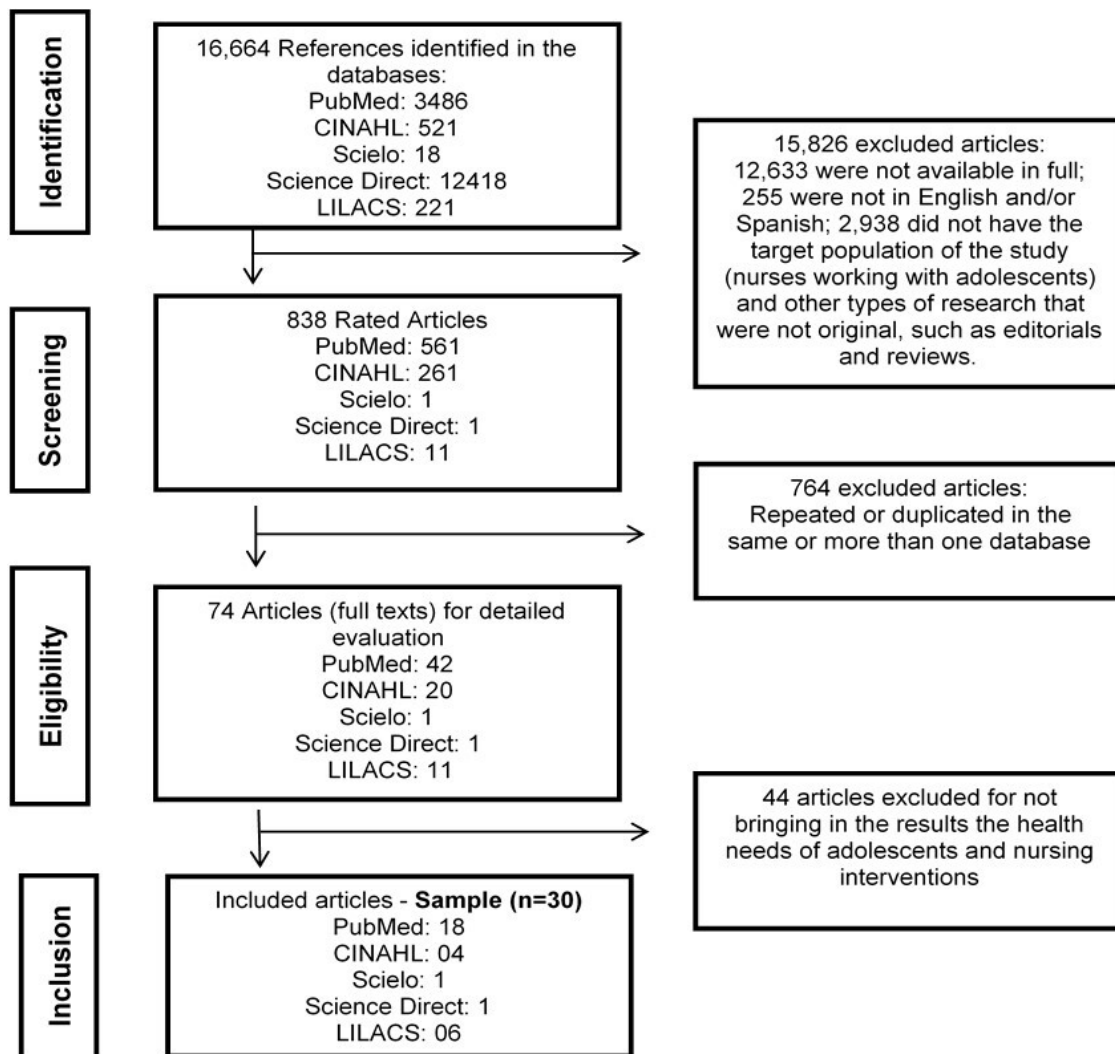


Figure 1 – Adapted Prism Flow Chart.¹⁰ Fortaleza, CE, Brazil, 2018

In the fifth phase, the studies included in the review and interpretations of the results were evaluated. The selected studies were analyzed in detail.⁶ Reading and interpretation began in order to analyze the results of the selected studies and discuss their main contributions. From each study the title, objectives and results achieved were compiled, and later the data were distributed into categories according to the convergence of ideas. Thus, after searching the literature, selecting articles and organizing data into categories, the discussion of the results could take place so that an integrative review could be performed.

After defining the main characteristics of the publications, the mental health needs of adolescents were described and which nursing care were applied in the studies, outlining their contribution to this research.

In the sixth and last phase, a presentation of the review/synthesis of knowledge took place. The results and the discussion of the obtained data were presented descriptively and divided into topics, in order to allow the evaluation of the applicability of the elaborated review, in order to reach the objective of this method and, thus, lead to a reflection and criticism about the mental health needs of adolescents and the provided nursing care.

RESULTS

The search result generated a final sample of 30 articles. The predominant language was English, with 76.6% (n=23), and with publication date between 1999 and 2018, prevailing articles from 2011 to 2018, which corresponded to 86.7% (n=26) of the total. As for the bases of origin, PubMed articles were indexed 60% (n=18), LILACS 20% (n=6), CINAHL 14% (n=4), SciELO 3% (n=1) and ScienceDirect 3% (n=1). As for the methodological design, qualitative articles predominate 74% (n=22), followed by quasi-experimental articles 14% (n=4), experimental articles 6% (n=2) and randomized clinical trials 6% (n=2).

The systematization of the results can be found in charts 1 and 2.

From these results, nine thematic categories emerged: Nursing diagnoses in mental health (two articles); Referrals to other services, professionals and the provision of physical health care (three articles); Adolescent skills and competences (three articles); Interpersonal relationships (nine articles); Group as intervention strategy (six articles); Health education (five articles); Cognitive behavioral therapy (one article); Harm reduction (one article) and Motivational interviewing (one article). Some articles have been repeated in more than one category. Adolescent mental health needs are presented in Chart 1.

Chart 2 displays the main nursing care related to the needs of the adolescents.

Chart 1 – Mental health needs of adolescents in the selected articles. Fortaleza, CE, Brazil, 2018

Category	Author and year	Adolescent's mental health needs
Nursing diagnosis in mental health	Bertram JE, et al. 2013. ⁵ Monteiro ARM, et al. 2015. ¹²	Main diagnoses: self-neglecting; impaired verbal communication; fear; unbalanced nutrition; more than the real needs; sedentary lifestyle; and anxiety. ^{5,12} Realizing that some types of interventions may be beneficial to youth health, practitioners need to recognize adolescents' skills and competencies to add and improve their health prospects. Among the articles, it was described that a balance must be found between following the rules of health systems manuals and meeting the real needs of these young people. The school environment is recognized as valuable, but administrative support from the school is needed to effect and replicate actions. The education, vocational goals, health maintenance, financial independence, and personal and family relationships of adolescents are concerns that must be addressed. Resources should also be directed to health-sustaining capacity and coping skills, as well as techniques for adapting to the complex life challenges they face. ¹³⁻¹⁵
Adolescent skills and competences	Garmy P, et al. 2014. ¹³ Gampetro P, et al. 2012. ¹⁴ Grealish A, et al. 2017. ¹⁵	The dialogue appears recurrently among the studies as effective intervention, and it is essential to include prerequisites such as which issues should be discussed and where these dialogues should occur. Within these discussions adolescents believe that it is important to include dimensions such as: trust, attention, respect, authenticity, accessibility and continuity of the process. Thus, it is essential that nurses propose strategies for the development of interpersonal relationships as a means to create a therapeutic alliance. ^{4,16-23}
Interpersonal relations	van Harmelen A, et al. 2016. ⁴ Johansson A, et al. ¹⁶ Valença CN, et al. 2013. ¹⁷ Garmy P, et al. 2015. ¹⁸ Beukers L, et al. 2015. ¹⁹ Kendal S, et al. 2017. ²⁰ Hooven C, et al. 2011. ²¹ Oruche UM, et al. 2017. ²² Zugai JS, et al. 2018. ²³	

Chart 2 – Nursing cares performed in the selected articles. Fortaleza, CE, Brazil, 2018

Category	Author and year	Nursing cares in mental health for adolescents
Referrals to other services, professionals and the provision of physical health care.	Kennedy CW, et al. 1999. ²⁴ Ho FKW, et al. 2017. ²⁵ Melnyk BM, et al. 2013. ²⁶	The barriers found in the health system, such as management and financing, often prevent improvements in the training of nurses to deal with the mental health of adolescents, which generates care focused primarily on the physical and, when there is an identification of the need for attention to health mental health, referral to other professionals and/or services. Even with the difficulties and criticisms regarding the performance of nurses focusing on physical health, it is known the importance of realizing improvements in the health of young people as a whole when actions that address physical health are implemented. Physical interventions improve young people's mental well-being, self-efficacy, resilience, physical fitness, lower limb muscle strength, dynamic balance, physical activity levels, and a lower Body Mass Index (BMI). ²⁴⁻²⁶
Motivational interview	Hamrin V, et al. 2017. ²⁷	It can be applied in different contexts and brings benefits to adherence to psychotropic medication by using motivational interviewing as a brief intervention in the nurse's performance. A high degree of satisfaction has been reported among participants with the intervention, finding it to be a promising method of care. ²⁷
Harm reduction	Jenkins EK, et al. 2017. ²⁸	The strategy was approached as a positive method of care by allowing adolescents to manage their own substance use, shaping care in relation to their socio-cultural and political contexts, employing a variety of harm minimization strategies that are reflected in their contexts. ²⁸
Cognitive behavioral therapy	Garmy P, et al. 2015. ²⁹	The effect of a school-based universal intervention and prevention of depressive symptoms in adolescents, with an emphasis on females, has been reported, and a positive result has been found to apply such an intervention. ²⁹
Group as intervention strategy	Brandão Neto W, et al. 2014. ³⁰ Albuquerque MCS, et al. 2014. ³¹ Oruche UM, et al. 2013. ³² Kendal SE, et al. 2017. ³³ Garcia C, et al. 2010. ³⁴ Pinto-Foltz MD, et al. 2011. ³⁵	It works as a space for clarification and listening, it provides relief from tensions, helping to share concerns, improving family life, stimulating self-care, and the use of coexistence management techniques. Understanding, apprehending and managing the use of this technology depends on qualified nursing education, which can facilitate operative groups that bring benefits perceived by all, especially when using a participatory approach that generates trust and credible results, reflecting on the perspectives of young people. ³⁰⁻³⁵
Health education	Beukers L, et al. 2015. ¹⁹ Lopes GT, et al. 2014. ³⁶ Aguiar Jr VS, et al. 2015. ³⁷ Lopes GT, et al. 2012. ³⁸ Ayres CG, et al. 2010. ³⁹	Health interventions in young people should take into account their cultural particularities, as well as the specificities of the life cycle period, as understanding the factors related to health practices in adolescents and the possible interventions promoted cannot ignore the context for obtaining health positively meaningful relationships for positive health practices such as support, optimism, self-esteem, and acculturation. ^{19,36-39}

DISCUSSION

By identifying the mental health needs of individuals, it is possible to draw potential diagnoses that support the elaboration of nursing systematization, observing the risk factors, signs, symptoms, and possible causes that trigger injuries. In order to elaborate diagnoses, it is necessary to consider important aspects of patients' health needs, and these data are collected from anamnesis and physical and mental examinations.⁴⁰

In the category "Nursing diagnosis in mental health" the most reported in the literature were self-neglect; impaired verbal communication; fear; unbalanced nutrition; more than the real needs; sedentary lifestyle; and anxiety, highlighting some nursing care that may contribute to the implementation of the care process, such as adolescent self-care and the establishment of behaviors that need to be modified to reduce anxiety, weight, among others.¹²

It is noteworthy that, for the application of the care process, nurses need to establish a relationship with the individual that should be perceived as the essence of nursing actions, and interventions are established through structured and scientific models that incorporate the clinical evidence in professional practice, giving autonomy, empowerment and bringing their discourse closer to that of the individual.⁴¹

It stands out as a space for the execution of this process, the mental health nursing consultation, which systematically provides a survey of health needs, individual and family health history, and the possibility of performing the nursing process. It facilitates rapprochement and freedom of dialogue, developing bonding, enhancing the trust established during interactions and outlining strategies with the participation of the own individual. This interpersonal relationship created during the nursing consultation is complex and involves personal, social and cultural characteristics, and consists in observing, listening and perceiving verbal and nonverbal communication in order to understand the events that involve caring.⁴²

In the "Adolescent skills and competences" category, it has been described in the literature that a balance must be found between following the rules and manuals of health systems and meeting the real needs of the young people served, according to their social, economic and cultural context. Therefore, it is necessary to work with tools that are still insufficient to assist the young person's professional and individual development.¹³

The school environment is valued for being proper to the adolescent, needing to be valued also as a health intervention field. Individual counseling is recognized as an important support tool for dialogues that promote mental and physical health. Empowerment-promoting skills mediate the relationship between psychological factors, such as: coping, control, thinking style, psychosocial self-efficacy, mental health, and well-being in recovering from general life problems.¹⁵

In the "Interpersonal Relations" category, dialogue was considered as a space of need for adolescents and, therefore, strategic for care by nurses because it is an important way to establish communication and therapeutic relationship. Among the dialogues that occur in a school environment, questions arose about drug use and dependence, and during the reflections emerged the emancipatory perspectives of young people in the prevention of drug use as health promotion, with an ethical approach that considers their context and subjectivity. In the continuity of the perspective of nurses' relationships with young people in the school environment, themes that are addressed at school emerge, such as: intrapersonal strategies, interpersonal awareness, and structural constraints.¹⁶⁻¹⁸

Thus, care involves working on directed thinking, improving self-confidence, stress management, positive activities, trust in groups, consideration of others, among others. Monitor and instruct; encourage and motivate; support and understand; and educate for life with empathy are highlighted as important activities.⁴⁻¹⁹

In addition to these techniques, on-line interventions are innovative and promote a broader perspective of the target audience through topics, such as: the teenager assuming the role of mentor; the on-line discussion forum as a safe space; friendship within the on-line forum; flexible help; and peer support for relapse prevention and recovery. Thus, self-care in mental health emerges as a consistent tool in acting with young people, as the decision to participate in a discussion forum can be interpreted as a proactive self-care, in addition to generating contributions for young people with eating disorders.²⁰

In the “Referrals to other services, professionals and the provision of physical health cares” category, the articulation of nurses with other professionals and other services of the health network is positive from the point of view of decentralization and expansion of care. However, when the focus is restricted to referral, it can become a concern, depending on how and why the referral is performed, as it can lead to a positive or negative outcome to the problem. One of the negative aspects of the referral is the possible withdrawal of the user and the break of bonds, so that the completeness is weakened and the assistance fragmented.⁴³ However, nursing actions also occur in partnership with other professionals in order to promote health.

The nurse can plan actions, guide and refer the individual to activities that promote physical well-being, adding them to mental health actions. It is possible to realize that physical activity is a strategy that promotes the mental health of adolescents, considering that its practice is one of the essential requirements for development, making it a protective factor. In addition, regular exercise practices act as compensatory mechanisms of stress, anguish and anxiety, and can relieve tension and renew energy, providing pleasure, relaxation and well-being to the practitioners. It is also a facilitator of processes of socialization, communication, expression, and knowledge building.⁴⁴

Obesity, for example, is associated with anxiety and depression, constituting a risk factor for psychological distress. Therefore, anxiety and depression are inversely linked to individuals who engage in physical activity. Other factors also relate to physical activity, such as the reduction of problems related to social exclusion and behaviors considered inappropriate.⁴⁴

In the “Motivational Interview” category, it was found that it can be applied in various contexts. In the researched article, there were benefits to adherence to treatment with antidepressants and mood stabilizers when using motivational interviewing as a brief intervention with adolescents. It was also reported a high degree of satisfaction among the participants with the intervention, finding that it is a promising method of mental health nursing care for treatment adherence.²⁷

In the “Harm Reduction” category, this strategy was approached as a positive method of care by allowing adolescents to manage their own use of psychoactive substances, relating to cultural, geographic and social contexts considered “normal” for the use of certain types. psychoactive substances such as alcohol and cannabis.²⁸ It is noted that it is relevant to know how the adolescent sees the consumption of alcohol and other drugs, and what he considers common within his family and his group of friends, so then, to draw care that is consistent with their health needs.

In the “Cognitive Behavioral Therapy” category, only one study clearly addressed the use of this method for a broad school intervention, given that depressive symptoms are multiple factors, thus requiring care focused on different aspects of adolescent life and whereas nursing work in schools is often in the form of tutelage or influencing behaviors.²⁹

In the “Group as intervention strategy” category, this modality can be seen as a care strategy, as it implies the active participation of the subjects, making them aware of their role in relation to suffering and as protagonists of changes in their lifestyles, in relapse prevention and in social reinsertion. The therapeutic expression of the group occurs through speeches, questions, statements and other forms of expression, in search of singularized subjectivity, within their contexts, sufferings, frustrations, goals achieved, losses, dreams, desires and life plans.⁴⁵

The group is related to an educational process of dialogic nature and is based on the life context of people, their daily lives, experiences, with a view to liberating the individual so that he can be a social subject capable of intervening in their life and environment, conquering thus its autonomy.⁴⁵

In the “Health Education” category, it is noteworthy that the group is also one of the main strategies of health education, thus functioning as a form of mental health care. It offers comprehensive care and may include the family and assisting in the development and care of the individual. Educational strategies can improve understanding of the health/mental illness process, enhance autonomy and enhance citizenship, with young people’s active participation in care.⁴⁶

Among the main health education actions, two effective pedagogical activities are performed by nurses: the theater, due to the interaction between popular and scientific knowledge for the acquisition of health concepts and due to the fact that it is a leisure resource and a living space; and community therapy, which is a space for building bonds, social insertion, relief and prevention of suffering, enabling resilience. These activities can be performed in collective spaces, allowing dialogic and horizontal exchanges, empowering environments, biopsychosocial well-being and autonomy through health decisions.⁴⁶

Thus, health education actions through groups or other strategies may occur through discussion and provision of pertinent information regarding the disorder, treatment and personal care, allowing the expression of feelings, deepening discussions regarding health and the discovery means of coping with difficulties and living more in harmony with their health condition.⁴⁷

The limitations of this study are the number of databases and the fact that it does not cover dissertations and theses, which limited the results found, in addition to the methodological rigor of the included articles, most of which were of qualitative-descriptive-exploratory approach. Thus, there is a need for studies with a higher level of scientific evidence.

CONCLUSION

The objective of this study was achieved because it was able to identify the needs of adolescents and nursing care described in the literature. The main mental health needs of adolescents were depression, anxiety, stress, drug use and dependence, eating disorders, hygiene and comfort, sexuality, skills and competences, violence and stigma on mental health issues. As nursing care measures, the following were pointed out: performance of physical activities, health education actions, therapeutic groups, cognitive behavioral therapy, harm reduction, motivational interview, individual consultations, interpersonal relationship, systematized care plan, and activities involving the adolescent, the family, their peers and the school environment.

This article contributed to the scientific production, since the literature survey can provide a basis for the formulation of new actions that are based on the real mental health needs of adolescents, who, because they do not attend health services so much, end up being overlooked.

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NOTES

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There is no conflict of interest.

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