EDUCATING ALSO MEANS CARING: MENTAL HEALTH AND SOCIOEMOTIONAL COMPETENCIES AT SCHOOL

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Abstract

The mental health of children and adolescents has become an increasingly prominent issue in everyday school life, manifesting itself in relationships, learning processes, social interaction, and students' forms of participation. In this context, schools can play an important role in promoting well-being, strengthening bonds, and developing socioemotional competencies without assuming clinical functions that exceed their educational responsibilities. This chapter aims to analyze the contributions and limitations of school practices focused on promoting mental health and developing socioemotional competencies, considering supportive care, prevention, pedagogical relationships, and the necessary coordination among Education, Health, families, and the protection network. Methodologically, this is a qualitative, analytical-interpretive bibliographic study grounded in authors from the fields of Education, Psychology, and Collective Health, as well as three selected academic studies: Oliveira et al. (2024), Brantes and Gondim (2025), and Aguiar (2025). The analysis is based on the understanding that emotional awareness, self-regulation, empathy, communication, and conflict resolution can contribute to learning and social interaction at school. It cautions, however, that these competencies should not be used to hold students individually responsible for suffering produced by inequalities, violence, or adverse institutional conditions. It concludes that educating also means caring when schools create environments of belonging, dialogue, and protection, recognize the limits of teachers' professional roles, and establish intersectoral networks capable of appropriately addressing students' needs.

Keywords: Care, Human development, Mental health, School, Socioemotional competencies.

INTRODUCTION

School is a place of learning, but it is also an environment of social interaction in which children and adolescents form bonds, confront conflicts, develop ways of understanding themselves, and learn how to participate in collective life. Emotions, feelings, and interpersonal relationships do not remain outside the classroom; they permeate attention, motivation, communication, and opportunities for

learning. For this reason, education entails recognizing students in their entirety and acknowledging that intellectual development occurs in conjunction with social, emotional, cultural, and family experiences. The assertion that educating also means caring does not reduce the school to a social assistance setting. Rather, it recognizes that no educational practice can be truly humane when suffering, fear, exclusion, or a lack of belonging is ignored.

Mental health in the school context cannot be understood merely as the absence of disorders or as an individual responsibility assigned to students. The emotional manifestations observed at school are related to several factors, including family relationships, socioeconomic conditions, experiences of violence, prejudice, isolation, learning difficulties, and the functioning of institutions themselves. Oliveira et al. (2024) emphasize that mental health promotion practices in schools can yield significant results, but their implementation requires coordination between the Education and Health sectors, particularly among educational institutions, Primary Health Care, and psychosocial care services. This perspective prevents complex difficulties from being treated as personal weaknesses or automatically referred for diagnosis and medicalization.

Within this debate, socioemotional competencies have gained increasing prominence in educational policies, curricula, and practices. They encompass resources related to the perception and expression of emotions, self-regulation, empathy, social interaction, cooperation, and responsible decision-making. In the systematic review conducted by Brantes and Gondim (2025), 66 studies published between 2010 and 2019 were analyzed, with emotional regulation, emotion perception, and social interaction emerging as the most frequently addressed competencies. The authors also identified conceptual, methodological, and terminological diversity across the studies, demonstrating that the field still encompasses different ways of defining, developing, and assessing these competencies. Their incorporation into school practices therefore requires a sound theoretical foundation and caution so that they are not presented as fixed characteristics or universal standards of behavior.

Socioemotional development can help students recognize their emotions, express their needs, build respectful relationships, and seek help when facing difficult situations. Teaching self-regulation, resilience, or adaptation, however, must not mean preparing children and adolescents to endure violent, competitive, or exclusionary environments in silence. An approach committed to care must consider both individual resources and the collective conditions that produce well-being or suffering. It must also prevent teachers from being placed in the role of psychologists, therapists, or the sole individuals responsible for students' mental health. Schools are responsible for welcoming, observing, engaging in dialogue, developing preventive practices, and making responsible referrals, whereas situations requiring assessment or treatment must be addressed by specialized professionals and services.

The need for shared action is supported by the School Health Program (Programa Saúde na Escola—PSE), which was established as an intersectoral policy involving the Health and Education sectors. The program provides that initiatives directed toward students should be developed through networks of shared responsibility linking schools, Primary Health Care, and other local services. This integration seeks to overcome isolated interventions and promote prevention, care, and comprehensive support while preserving the specific responsibilities of each sector. In the field of socioemotional competencies, Aguiar's dissertation (2025) adds a practical dimension by developing a school-based health promotion program and demonstrating that planned interventions can foster emotional expression, communication, and social interaction when they are connected to the real needs of the school community.

Against this background, this chapter aims to analyze the contributions and limitations of school practices designed to promote mental health and develop socioemotional competencies, seeking to determine how schools can care for students without individualizing their suffering or assigning clinical responsibilities to teachers. In addition to this introduction, the chapter is organized into four sections. The first discusses the relationships among education, care, mental health, and socioemotional development in the school context. The next presents the methodological approach adopted to select and

analyze the academic studies. Subsequently, the findings of Oliveira et al. (2024), Brantes and Gondim (2025), and Aguiar (2025) are brought into dialogue to identify the possibilities, limitations, and challenges of practices implemented in schools. Finally, the concluding remarks revisit the main arguments and advocate preventive, collective, and intersectoral action.

EDUCATING ALSO MEANS CARING: MENTAL HEALTH AND SOCIOEMOTIONAL COMPETENCIES

Recognizing that education also entails care does not mean replacing the school's pedagogical function with clinical or social assistance activities. Care is manifested in the concrete conditions that enable students to learn, participate, and interact with dignity: being heard, feeling safe, finding support when facing difficulties, and establishing relationships grounded in respect. Teaching academic content and caring for relationships are not opposing tasks, because all learning takes place in a human environment permeated by expectations, affection, conflicts, fears, and experiences of belonging.

For a long time, educational tradition treated reason and emotion as separate dimensions. Cognition was associated with intellectual work, whereas feelings were viewed as interferences that should remain outside the classroom. The contributions of Wallon and Vygotsky help overcome this dualistic understanding by demonstrating that affectivity, thought, and development are constituted through social relationships. Leite and Tassoni (2002) summarize this perspective by stating that thought and feeling merge, making it no longer possible to analyze these dimensions in isolation (Leite; Tassoni, 2002, p. 113).

Under this understanding, affectivity is not limited to expressions of affection, praise, or physical closeness. It involves how students are affected by pedagogical decisions, forms of communication, assessments, and the expectations formed about them. The way a teacher presents an activity, responds to an error, or welcomes a question can bring a student closer to knowledge or create insecurity and disengagement. Leite and Tassoni (2002, p. 114) argue that "affection is indispensable to the activity of

teaching," precisely because relationships with objects of knowledge are also mediated by students' experiences with their teachers.

In Wallon's work, affectivity plays a part in shaping identity and in children's access to the symbolic universe. Cognition, emotion, and movement alternate in predominance throughout development, but remain integrated. Vygotsky, in turn, criticizes the separation of thought and feeling, emphasizing that psychological processes develop through cultural and social interactions. These contributions demonstrate that the emotional dimension is not additional content to be artificially inserted into the curriculum. It is already present in relationships, teaching practices, methods of assessment, and experiences of success or failure constructed in everyday school life.

Paulo Freire (1996) also provides important foundations for a pedagogy of care by advocating an educational practice based on dialogue, respect for autonomy, and recognition of students as subjects. For Freire, the necessary seriousness of teaching does not exclude affectivity. On the contrary, a commitment to learning requires a willingness to listen, engage in dialogue, and build relationships in which authority is not confused with authoritarianism. Caring, therefore, does not mean lowering pedagogical expectations, avoiding conflicts, or accepting any behavior. It means establishing conditions in which rules, responsibilities, and knowledge can be constructed through respectful relationships.

This understanding is particularly relevant when discussing mental health at school. The term should not be used solely to designate diagnosed disorders or classify students according to behaviors considered inappropriate. Mental health relates to individuals' ability to establish bonds, participate in social life, cope with adversity, express needs, and find support. It is also shaped by economic, family, cultural, territorial, and institutional conditions, which may function as protective factors or intensify experiences of suffering.

Schools occupy a complex position in this process. Because children and adolescents spend a significant portion of their lives there, schools can identify behavioral changes, isolation, sudden declines in performance, frequent conflicts, or manifestations of suffering. At the same time, certain school

practices can produce or exacerbate distress, particularly when humiliation, discrimination, bullying, excessive competition, violence, silencing, or exclusion are present. Promoting mental health therefore requires institutions not only to observe individuals, but also to examine the quality of the relationships and experiences they provide.

This perspective moves away from an interpretation in which suffering is invariably regarded as the result of personal weakness, lack of effort, or an inability to adapt. A student displaying anxiety, irritability, or lack of motivation may be reacting to different situations that must be understood cautiously. This does not mean denying the existence of mental disorders or dispensing with specialized assessments when necessary. It means avoiding hasty conclusions and recognizing that similar behaviors may have different origins and meanings.

At this point, the critique of medicalization becomes indispensable. Meira (2012) uses this concept to describe the relocation of social, political, and educational problems into a predominantly medical framework: the process through which problems that are part of individuals' everyday lives are transferred into the medical field (Meira, 2012, p. 136).

When learning difficulties, conflicts, or restless behaviors are automatically interpreted as symptoms of illness, pedagogical practices, institutional relationships, and social conditions cease to be investigated. Responsibility for the problem then becomes concentrated on the student and the student's body. Meira (2012) does not propose denying biological foundations or rejecting necessary treatments; rather, she questions the transformation of complex phenomena into exclusively individual problems.

The contributions of Maria Helena Souza Patto, Maria Aparecida Affonso Moysés, and Cecília Azevedo Lima Collares also help explain how school failure may be attributed to a student's presumed inability, thereby concealing inequalities and limitations within the educational system itself. This logic tends to transform differences in learning pace, pedagogical difficulties, or reactions to living conditions into individual deficiencies. A care policy must break with this practice of assigning blame without failing

to recognize that some students genuinely require psychological, psychiatric, or other specialized professional support.

When confronted with situations of suffering, schools are responsible for welcoming students, documenting the situation, communicating with parents or guardians when necessary, developing pedagogical strategies, and activating the protection network. Teachers are not responsible for diagnosing, prescribing treatment, or providing psychotherapy. Maurice Tardif (2014) reminds us that teaching is composed of specific forms of professional knowledge related to instruction, the curriculum, experience, and an understanding of students. Expanding teachers' responsibilities without providing training, adequate working conditions, and institutional support can lead to overload and reinforce the mistaken idea that they must single-handedly resolve problems whose complexity extends beyond the classroom.

Brazilian legislation itself recognizes the need for multidisciplinary teams. Law No. 13,935/2019 stipulates that public Basic Education systems must have Psychology and Social Work services guided by educational needs and coordinated with the political-pedagogical project (projeto político-pedagógico—PPP). The law provides that these teams should work to improve teaching and learning processes, with community participation and attention to social and institutional relationships. This is an educational and collective form of action, not an attempt to establish clinical offices within schools.

In addition to providing support and coordinating with specialized professionals, schools can develop initiatives focused on socioemotional competencies. Brantes and Gondim (2025) understand these competencies as an articulation among knowledge, skills, attitudes, and motivations mobilized in emotional and social situations. Their systematic review identified a greater prevalence of studies on emotional regulation, emotion perception, and social interaction, as well as associations with well-being, academic performance, and relationship quality.

Competencies that can be developed include recognizing one's own emotions, communication, empathy, cooperation, conflict resolution, responsible decision-making, and the ability to ask for help. This development does not occur only through specific activities about feelings. It takes place in

discussion circles, collective projects, sports activities, literature, problem-solving, and real situations of social interaction. The way an institution addresses a conflict may teach more about dialogue and respect than an isolated activity on empathy.

Brantes and Gondim (2025) also show that the field is conceptually diverse. Socioemotional competencies, emotional intelligence, social skills, and social and emotional learning are related concepts, but they are not entirely equivalent. This multiplicity requires care in designing pedagogical proposals and cautions against adopting ready-made programs as though they could be applied identically to all schools and students. Context, age group, cultural relationships, and community needs must be considered.

Further caution is required regarding how self-regulation and resilience are presented. Learning to recognize emotions and develop coping strategies can increase students' autonomy. These competencies, however, must not be used to teach students to tolerate inequalities, prejudice, or violence in silence. It is not enough to advise students to control their anxiety when the school environment remains marked by humiliation, disproportionate demands, or an absence of attentive listening. Interventions must address both personal development and the transformation of collective conditions.

Empathy cannot be reduced to an individual willingness to understand others. It must be linked to responsibility, respect, and the construction of fair relationships. Likewise, conflict resolution does not mean requiring students to reach an agreement quickly while ignoring unequal power relationships. In cases of bullying, discrimination, or violence, schools must protect those involved, stop the aggression, and assume institutional responsibility rather than treating the situation merely as a communication difficulty between individuals.

Socioemotional programs can help systematize objectives, activities, and forms of monitoring, provided they are integrated into the curriculum and the political-pedagogical project. They should not constitute a set of decontextualized exercises or a subject intended to teach standardized behaviors. A coherent intervention must involve teachers, consider students' voices, and engage with real situations in

the community. It must also be continuously assessed by examining not only individual changes but also its effects on social interaction, participation, and the sense of belonging.

Promoting mental health also requires an intersectoral approach. Schools, families, Primary Health Care, psychosocial care services, social assistance services, and protection councils have distinct but complementary responsibilities. Intersectorality does not consist merely of referring a student and transferring responsibility to another service. It entails communication, the shared development of strategies, and case monitoring, while respecting ethics, privacy, and the limits of each professional's role. Oliveira et al. (2024) emphasize that weak coordination between schools and psychosocial care services is one of the obstacles to implementing mental health promotion practices.

Thus, affirming that educating also means caring entails recognizing the affective dimension of pedagogical relationships, promoting safe environments, strengthening bonds, and not ignoring manifestations of suffering. It also entails recognizing limits: teachers are not substitutes for psychologists, schools do not provide clinical treatment, and socioemotional competencies cannot independently solve social and institutional problems. Educational care derives its strength from integrating listening, knowledge, protection, participation, and network-based collaboration without abandoning the school's central function of ensuring access to knowledge and comprehensive human development.

METHODOLOGICAL APPROACH

This chapter is characterized as a qualitative, analytical-interpretive bibliographic study. Bibliographic research makes it possible to compile existing knowledge on a given topic, identify convergences and divergences among studies, and construct a well-founded understanding of the subject under investigation. In this case, the objective is not limited to describing concepts related to mental health and socioemotional competencies. It also seeks to interpret how these issues relate to everyday school life, pedagogical relationships, and schools' responsibilities.

Three recent academic studies directly related to the topic were selected to compose the analytical corpus: the article by Oliveira et al. (2024), which addresses mental health promotion in the school context and intersectoral collaboration; the systematic review by Brantes and Gondim (2025), which focuses on socioemotional competencies in Elementary Education; and Aguiar's dissertation (2025), which presents the development of a socioemotional program to promote health at school. These studies were selected because they make it possible to combine different perspectives: psychosocial care, the systematization of scientific evidence, and the development of an educational intervention proposal.

Using a focus group, Oliveira et al. (2024) investigated the perceptions of professionals at a public school in Rio de Janeiro regarding the main challenges and existing potential within the school environment for developing mental health promotion initiatives. The results were organized around situations involving violence and conflict, the factors involved in these occurrences, and possible approaches to addressing them, with an emphasis on the need for greater coordination between the school and psychosocial care services.

Brantes and Gondim (2025) conducted a systematic review of socioemotional competencies and related concepts in Elementary Education. The initial search identified 2,834 articles published between 2010 and 2019, of which 66 were included in the analysis following the selection stages recommended by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses protocol (PRISMA). The competencies investigated most frequently were emotional regulation, emotion perception, and social interaction, which were associated with well-being, academic performance, and the quality of interpersonal relationships.

Aguiar's dissertation (2025), developed in the Master's Program in Psychology at the University of Fortaleza, focused on designing a socioemotional competency program to promote health at a municipal Basic Education school in Fortaleza. The study resulted in a free proposal adaptable to different school contexts, called the Bem Viver Program, which brings together foundations from Psychology, health promotion, and socioemotional education.

The studies were examined according to five analytical axes: conceptions of mental health and socioemotional competencies; supportive care and prevention in everyday school life; conflicts, violence, and interpersonal relationships; the limits of teachers' professional roles; and coordination among schools, families, Health services, and the protection network. The studies are not treated as equivalent experiences because they have different objectives, methodologies, and contexts. Bringing them together is intended to develop a discussion encompassing both the educational possibilities of care and the risks of individualization, medicalization, and overburdening school professionals.

MENTAL HEALTH AND SOCIOEMOTIONAL COMPETENCIES AT SCHOOL: A DIALOGUE WITH THE RESEARCH

An integrated analysis of the studies by Oliveira et al. (2024), Brantes and Gondim (2025), and Aguiar, Melo, and Magalhães (2025) demonstrates that promoting mental health in the school context cannot be reduced to identifying disorders, referring students, or conducting occasional activities about emotions. Although the three studies were developed with different objectives and methodologies, they converge in recognizing that care must integrate school relationships, the development of socioemotional resources, community participation, and coordination with other sectors responsible for protecting children and adolescents.

This convergence also reveals the complementary nature of the studies. Oliveira et al. (2024) analyze the social and institutional conditions related to mental health, drawing attention to conflicts, violence, and the need for intersectoral collaboration. Brantes and Gondim (2025) systematize research on socioemotional competencies and demonstrate which abilities have been studied most extensively in Elementary Education. Aguiar, Melo, and Magalhães (2025), in turn, present a concrete intervention proposal, showing how self-knowledge and empathy can be developed through pedagogical experiences adapted to the school context.

Taken together, the studies avoid two common reductions. The first consists of treating mental health as an exclusively individual matter, assigning students sole responsibility for managing their difficulties. The second is the belief that implementing a socioemotional program would be sufficient to resolve conflict, violence, and suffering produced by family, social, or institutional conditions. Developing competencies can contribute to care, but it must be linked to transforming relationships and building support networks.

Oliveira et al. (2024) adopt a health promotion perspective that considers the political, social, and institutional factors involved in processes of health and illness. Under this approach, emotional manifestations cannot be analyzed separately from individuals' living conditions and relationships. Students do not arrive at school as isolated individuals; their ways of acting, relating to others, and expressing suffering are shaped by family, community, economic, and cultural experiences.

This understanding shifts the focus from individual behavior to the dynamics within which that behavior develops. Irritability, isolation, lack of motivation, aggressiveness, or declining performance may indicate different needs, but they do not justify hasty diagnoses. Schools must observe students while simultaneously analyzing the relationships experienced in daily life: how conflicts are mediated, how rules are applied, which groups are given opportunities to participate, and which individuals remain silenced.

The study by Oliveira et al. (2024) identified violence and school conflicts as the main psychosocial challenges reported by the participating professionals. These occurrences were not interpreted solely as consequences of inappropriate student behavior. The authors relate conflicts to weakened bonds, barriers among the different cultures present within the institution, limited student and family participation, and difficulties in coordinating the school with the psychosocial care network.

In this respect, the contributions of Brantes and Gondim (2025) align with the problems identified by Oliveira et al. (2024). Their systematic review shows that emotion perception, emotional regulation, and social interaction are among the competencies studied most extensively in Elementary Education.

These abilities can help students recognize how they feel, communicate their needs, understand different perspectives, and find less violent ways to address disagreements.

Brantes and Gondim (2025, p. 3) define socioemotional competencies as the result of the "articulation among knowledge, skills, and motivations for dealing with emotional content." This definition is important because it prevents such competencies from being understood as fixed personality traits. They involve learning, ongoing development, and the mobilization of different resources in concrete situations.

Contextualization is indispensable. The ability to regulate emotions cannot mean obeying in silence, concealing anger, or remaining calm in the face of injustice. Regulation involves recognizing an emotion, understanding its possible causes, assessing its consequences, and choosing responsible forms of expression. Anger in response to humiliation, for example, should not automatically be treated as an emotional failing; it may communicate that a right or boundary has been violated.

Similarly, developing empathy does not mean requiring victims to quickly understand and forgive those who committed an act of aggression. Situations involving bullying, discrimination, racism, ableism, or harassment entail unequal power relationships that must be recognized. Schools are responsible for stopping the violence, protecting those affected, holding those involved accountable, and implementing educational initiatives with the community. Socioemotional competencies can contribute to this process, but they do not replace institutional responsibility.

The dialogue between Oliveira et al. (2024) and Brantes and Gondim (2025) thus reveals that teaching individual skills is insufficient if the school's organization continues to produce fear, exclusion, or a lack of belonging. An institution may conduct activities on empathy while publicly displaying grades, embarrassing students for their mistakes, or ignoring reports of violence. In such cases, there is a contradiction between the formal curriculum and the curriculum as experienced in practice.

Socioemotional practices must be accompanied by an analysis of institutional relationships. The ways teachers and administrators respond to questions, intervene in conflicts, organize group work, and

welcome differences continually convey lessons about respect, authority, cooperation, and participation. Socioemotional education does not occur only during activities expressly intended to discuss feelings; it is present in the way the school itself operates.

Aguiar, Melo, and Magalhães (2025) contribute to this discussion by presenting the B.E.M. V.I.V.E.R. Program, created to strengthen self-knowledge and empathy and promote students' mental health. The proposal was implemented with 61 children from two third-grade Elementary Education classes through 15 sessions structured around pedagogical experiences. The activities addressed the identification and expression of emotions, listening, empathy, kindness, bonds, emotional regulation, and responsible decision-making.

The program offers a practical response to the issues raised by the other studies. While Brantes and Gondim (2025) demonstrate that socioemotional competencies can be learned, Aguiar, Melo, and Magalhães (2025) present a way to organize this learning in everyday school life. At the same time, the intervention acknowledges the argument advanced by Oliveira et al. (2024): mental health and emotional development cannot be separated from students' social and cultural conditions.

The sessions were not designed as rigid activities to be applied identically to every class. The authors report that "all content and procedures were adjusted to account for the class's language, writing ability, culture, and routine" (Aguiar; Melo; Magalhães, 2025, p. 341). This adaptation considered that the participants were experiencing greater vulnerability and were exposed to different social determinants of health.

This aspect directly aligns the program with the perspective of Oliveira et al. (2024). The intervention did not impose on students the obligation to overcome every adversity individually. Instead, it recognized that socioemotional resources develop within concrete social contexts. Adapting the language, procedures, and activities demonstrates that a care proposal must begin with the characteristics of the community rather than an abstract model of the student.

The experience also shows that student participation can extend beyond performing the proposed activities. The program's name was chosen through suggestions and a vote involving students, families, teachers, and school administrators. Although simple, this procedure indicates an attempt to build belonging and collective participation. This outcome aligns with Oliveira et al. (2024), for whom democratizing student and family participation constitutes one possible means of addressing school conflicts.

Participation, however, cannot be reduced to occasional consultation. Spaces must be established in which students can express their perceptions, discuss rules, assess projects, and contribute to decisions affecting their experience. Oliveira et al. (2024) demonstrate that a lack of belonging can distance students and families from decision-making spaces. A mental health policy must therefore treat participation as a dimension of care and citizenship, rather than merely as a strategy for reducing undesirable behavior.

The studies also converge in emphasizing the importance of continuity. The interventions identified by Brantes and Gondim (2025) yielded promising results, such as increased emotional awareness and reductions in certain behavioral problems. The review, however, reveals considerable variety in models, methodologies, and assessment methods, as well as a limited number of studies including subsequent follow-up. This warrants caution regarding promises of rapid and universal results.

The authors themselves also acknowledge the limitations of the B.E.M. V.I.V.E.R. Program. It is a brief intervention implemented with one grade level and focused primarily on self-knowledge and empathy. The researchers recommend that future studies extend its duration, include other grade levels, and address different competencies. Explicitly acknowledging these limitations strengthens the study because it prevents the proposal from being presented as a complete solution to mental health needs.

The integrated analysis indicates that socioemotional programs must be understood as part of a broader effort. They can provide language, activities, and opportunities for students to recognize emotions and develop constructive forms of social interaction. They do not, however, replace policies addressing

protection, inclusion, social assistance, violence prevention, and access to Health services. Nor can they depend solely on individual teachers' willingness.

This issue is particularly important because educators frequently encounter complex manifestations of suffering without sufficient training or institutional support. Oliveira et al. (2024, p. 15) state that "this entire complex process will not be possible without intersectoral collaboration." The authors observe that school professionals may feel isolated when occupying the position through which social policies reach children and families, even though they lack the resources to address every need.

Intersectorality does not merely mean referring a student to another service. Referring the student and ending the school's involvement constitutes a transfer, not a sharing, of responsibility. Building a network requires communication among Education, Health, Social Assistance, and other sectors, the definition of responsibilities, joint planning, and monitoring of the strategies adopted. Specialized services perform clinical assessments and interventions when necessary, while schools remain responsible for the pedagogical, relational, and institutional conditions they provide to students.

This distinction protects both students and professionals. Teachers can respond supportively to manifestations of suffering, listen without judgment, document significant changes, notify the administrative team, and participate in developing pedagogical strategies. They are not, however, responsible for making diagnoses, prescribing treatment, or conducting therapeutic processes. Educating also means caring, but pedagogical care does not mean assuming the role of psychologists, psychiatrists, or social workers.

The study by Aguiar, Melo, and Magalhães (2025) reinforces the importance of institutional organization. The program was designed by researchers affiliated with Psychology and Health and implemented by a professional trained in Psychopedagogy and Educational Guidance. Guidelines were established regarding respect for differences, confidentiality of information, and preservation of the children's identities. These precautions demonstrate that socioemotional practices address sensitive content and require ethical and methodological preparation.

Discussion circles and activities addressing emotions must not become spaces in which students' private lives are publicly exposed. Students must have the right to speak, but also the right not to disclose personal experiences before the class. When accounts of violence, abuse, self-harm, or threats to life emerge, the situation requires protective procedures and activation of the appropriate network, not an improvised group discussion.

Assessing these proposals also requires caution. Socioemotional competencies are influenced by context and should not readily be converted into grades, rankings, or personality classifications. A more reserved student may demonstrate empathy and responsibility differently from another student who speaks during every activity. Rigid assessments can create new labels and transform personal differences into presumed emotional deficiencies.

Instead of measuring how resilient, empathetic, or cooperative each student is, assessments can examine changes in relationships and social conditions. Relevant indicators include increased help-seeking, stronger participation, reduced aggression, the development of more respectful strategies for managing conflicts, and a greater sense of belonging. It is also necessary to determine whether professionals have received support and whether the external network is capable of responding to referrals.

The three studies therefore converge in demonstrating that school-based care must combine three dimensions. The first is institutional and intersectoral: it encompasses relationships, participation, violence prevention, and the coordination of public policies, as discussed by Oliveira et al. (2024). The second is formative: it corresponds to the continuous development of socioemotional knowledge, skills, attitudes, and motivations, as systematized by Brantes and Gondim (2025). The third is pedagogical and practical: it translates these foundations into planned, contextualized, and assessed interventions, as exemplified by the B.E.M. V.I.V.E.R. Program.

Integrating these dimensions prevents socioemotional competencies from being used to adapt students to unjust conditions. Teaching resilience cannot mean normalizing poverty, racism, domestic

violence, ableism, or a lack of specialized care. Likewise, teaching self-regulation does not remove the school's responsibility to review practices that produce anxiety, excessive competition, exposure, and fear.

The dialogue among the studies supports the conclusion that mental health promotion cannot be achieved through a single activity, professional, or policy. It depends on the quality of relationships, consistency between discourse and practice, participation by the individuals involved, and the existence of networks capable of responding to different needs. Socioemotional programs can make a significant contribution, provided that they do not individualize suffering, standardize personalities, or substitute for adequate conditions of teaching, protection, and care.

In this sense, educating also means caring when schools recognize emotions without immediately turning them into diagnoses; develop competencies without transforming behaviors into universal standards; welcome without intruding; refer without abandoning; and promote autonomy without holding children and adolescents responsible for collectively produced problems. Mental health and learning are not separate fields, but dimensions of human development that must ensure knowledge, safety, participation, respect, and belonging.

Figure 1

Articulation between the three materials.

Articulation between the three materials

The studies will form a very balanced dialogue:

Material	Central axis	Function in the chapter
Oliveira et al. (2024)	Mental health and psychosocial care	Discuss care, support, and articulation between Education and Health
Brantes and Gondim (2025)	Socio-emotional competencies	Present evidence, concepts, and limits of the field
Aguiar (2025)	School intervention program	Approach the foundation of pedagogical practices

Source: Prepared by the authors, 2026.

CONCLUDING REMARKS

The discussion developed in this chapter has demonstrated that mental health, socioemotional development, and learning are deeply connected to students' experiences in everyday school life. Schools are not merely places for transmitting systematized knowledge; they are also environments of social interaction, bond-building, identity formation, and collective participation. In this sense, educating also means caring when pedagogical practices consider individuals in their entirety and provide conditions of safety, respect, belonging, and expression.

The dialogue among the selected studies made it possible to understand that promoting mental health cannot be reduced to identifying disorders or referring students considered problematic. Oliveira et al. (2024) demonstrate that the conflicts, violence, and suffering manifested in schools are shaped by social, family, and institutional relationships. Exclusively individual or clinical responses are therefore insufficient when addressing phenomena that also have collective dimensions. Schools must welcome, observe, document, and activate the protection network when necessary, without assuming responsibilities that exceed their educational function.

The contributions of Brantes and Gondim (2025) demonstrate that competencies such as emotion perception, self-regulation, empathy, social interaction, cooperation, and responsible decision-making can foster positive social interaction and create better conditions for learning. Their development, however, must not result in the standardization of behavior or the classification of students according to personal characteristics. Emotions do not need to be controlled or eliminated, but rather recognized, understood, and expressed responsibly. It is also necessary to prevent resilience and adaptation from being used to teach children and adolescents to endure violence, exclusion, or inequality in silence.

The experience presented by Aguiar (2025) shows that socioemotional programs can help organize preventive and continuous initiatives by bringing health promotion, social interaction, and educational practices together. Any proposal, however, must be adapted to the characteristics of the community, integrated with the political-pedagogical project, and supported by training, planning, and assessment.

Isolated activities, ready-made materials, or occasional lectures have limited reach when institutional relationships themselves remain marked by authoritarianism, humiliation, excessive competition, or an absence of attentive listening.

Another essential consideration is recognizing the limits of teachers' professional roles. Teachers are not psychologists or therapists and should not be held individually responsible for resolving every manifestation of suffering present at school. Mental health promotion requires the involvement of administrators, families, multidisciplinary teams, Health services, Social Assistance services, and other members of the protection network. This coordination must go beyond simply referring students by establishing communication, shared responsibility, and follow-up while respecting the responsibilities and ethical principles of each field.

In conclusion, a school committed to mental health is not one that promises to eliminate conflict, sadness, fear, or difficulty. It is one that does not ignore these experiences, does not immediately transform them into illnesses, and does not hold students responsible for collectively produced suffering. Educating also means caring when the institution protects students from violence, welcomes without intruding, listens without judgment, refers without abandoning, and develops socioemotional competencies without standardizing personalities. Educational care strengthens the school's pedagogical function when it promotes more humane relationships and ensures that learning can also be an experience of participation, dignity, and belonging.

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