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Luiz Paulo Ribeiro

luizribeiro@live.com

UFMG: Universidade Federal de Minas Gerais https://orcid.org/0000-0002-4278-7871

Rodrigo Miguel Rojas-Andrade

Universidad de Santiago de Chile https://orcid.org/0000-0002-6459-6902

Jáder Ferreira Leite

Universidade Federal do Rio Grande do Norte https://orcid.org/0000-0002-6045-531X

Henriqueta Couto

Universidade Federal de Minas Gerais https://orcid.org/0009-0003-9060-2610

Giovanni Sampaio Queiroz

Universidade Federal do Rio Grande do Norte https://orcid.org/0009-0000-8252-7487

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Luiz Paulo Ribeiro[1], Rodrigo Rojas-Andrade[2], Jader Ferreira Leite[3], Henriqueta Regina Couto[4], Giovanni Sampaio Queiroz[5]

[1]Universidade Federal de Minas Gerais, Brazil https://orcid.org/0000-0002-4278-7871

[2] Universidad de Santiago de Chile, Chile https://orcid.org/0000-0002-6459-6902

[3] Universidade Federal do Rio Grande do Norte, Brazil https://orcid.org/0000-0002-6045-531X

[4] Universidade Federal de Minas Gerais, Brazil https://orcid.org/0009-0003-9060-2610

[5] Universidade Federal do Rio Grande do Norte, Brazil https://orcid.org/0009-0000-8252-7487

Corresponding author: Luiz Paulo Ribeiro (luizribeiro@live.com)

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Introduction: Schools are increasingly recognized as key settings for mental health promotion, prevention, and early identification. However, teacher mental health literacy interventions have usually focused on knowledge, attitudes, and self-efficacy, with less attention to changes in the symbolic frameworks through which teachers interpret school mental health. **Method:** This study used a qualitative pre–post intervention design grounded in Social Representations Theory. Fifty-two teachers from a municipal public school system in Galinhos, Brazil, completed a Free Word Association Task before a participatory mental health literacy training process. After 15 workshops and discussion circles conducted over four months, 37 teachers completed the same task. Data were analyzed through prototypical analysis using frequency and mean order of evocation. **Results:** Before the intervention, the probable central core of the representation was organized around *welcoming* and *well-being*, suggesting an affective-relational understanding of school mental health. After the intervention, *respect* emerged as the only central element, while *welcoming*, *well-being*, and *empathy* moved to the first periphery. New peripheral elements, including *dialogue*, *listening*,

coexistence, *equity*, *partnership*, *safety*, and *overload*, indicated an expanded and more contextualized representational field. **Discussion:** The findings suggest that participatory mental health literacy training may foster symbolic reorganization toward more relational, collective, and ethically grounded meanings. They highlight the value of dialogical approaches, clear teacher role boundaries, institutional pathways, and intersectoral collaboration. Future studies should assess whether these changes persist and translate into school practices.

Keywords: school mental health; mental health literacy; teachers; social representations; participatory training; free word association task; Brazil.

Mental health in educational contexts has become a central dimension for understanding well-being, learning, and school climate, positioning schools as key settings for the promotion, prevention, and early identification of socioemotional difficulties in children and adolescents (Evans et al., 2023; Hoover & Bostic, 2020; Margaretha et al., 2023). Within this context, educational institutions not only face a sustained increase in demands related to psychological distress, but also assume an active role in its everyday interpretation and management, articulating responses that integrate pedagogical, relational, and psychosocial dimensions. In this landscape, teachers occupy a strategic position, as they are directly involved in observing behavioral and emotional changes, fostering protective relational climates, and activating support networks within and beyond the school (Douwes et al., 2024; Nalipay et al., 2024; Moore et al., 2025).

However, this involvement takes place within a context of professional tension that shapes contemporary teaching practice. Evidence shows that teachers recognize the importance of addressing mental health in schools and assume concrete responsibilities in this domain, particularly as observers, facilitators of emotional support, and referral agents (Reinke et al., 2011, 2025; Rojas-Andrade et al., 2024). At the same time, they consistently report

insufficient training, limited practical preparation, and a lack of clarity regarding the boundaries of their role, which generates uncertainty in decision-making and everyday intervention (O'Farrell et al., 2022, 2025; Maclean & Law, 2022; Mansfield et al., 2021). This tension between assumed responsibility and perceived preparedness is further intensified by structural conditions within school systems, such as time constraints, high workload, large class sizes, and difficulties in coordinating with specialized services. As a result, responses to mental health challenges often rely heavily on individual resources and situated practices.

Teachers' understandings of school mental health are embedded within this context and exhibit a complex and multidimensional nature. Research indicates that teachers integrate clinical, emotional, and relational elements in their definitions, associating mental health both with socioemotional well-being and with specific problems such as anxiety, depression, or disruptive behavior (Moon et al., 2017; Deaton et al., 2022; Reinke et al., 2025; Liang et al., 2025). However, these understandings are not always systematically organized, and teachers often struggle to differentiate between developmental challenges, psychosocial difficulties, and conditions requiring specialized intervention. Additionally, cultural stigma and institutional barriers continue to shape how mental health is named, interpreted, and addressed in school contexts (Sibanda et al., 2022; Goodwin et al., 2021; O'Farrell et al., 2022). Consequently, teacher action in this domain cannot be understood solely as the application of technical knowledge, but rather as the outcome of interpretive frameworks constructed through everyday experience and interaction with institutional contexts.

Within this framework, mental health literacy (MHL) has emerged as a relevant strategy for strengthening teachers' capacities to respond to these challenges. Initially defined as the

knowledge and beliefs that facilitate the recognition, management, and prevention of mental disorders (Jorm et al., 1997), the concept has evolved to encompass a broader perspective that includes attitudes, stigma reduction, practical skills, and the promotion of well-being (Kutcher et al., 2016; Chen et al., 2021; Gilham et al., 2023; Marinucci et al., 2023; Suwanwong et al., 2024). For teachers, MHL involves developing competencies to identify early signs of distress, provide initial support, facilitate help-seeking, and promote protective school environments, integrating cognitive, attitudinal, behavioral, and contextual dimensions within educational practice.

Interventions aimed at improving teachers' mental health literacy have been widely implemented and are typically delivered through structured psychoeducational formats. These include in-person workshops, continuing professional development courses, curriculum-integrated programs, and "gatekeeper" models that combine lectures, case discussions, practical activities, and, in some cases, digital or self-directed components (Carr et al., 2018; Baxter et al., 2022; Bichoualne et al., 2023; Engler, 2023; Liao et al., 2023; Ohrt et al., 2020). These interventions primarily target increases in knowledge, stigma reduction, and improved detection and referral capacity, and are often evaluated using pre–post designs that report significant improvements in these domains. However, their emphasis on content transmission and individual competencies raises questions about their capacity to influence deeper dimensions of teaching practice.

Indeed, most evaluations focus on outcomes such as knowledge, attitudes, and self-efficacy, typically measured through standardized questionnaires and self-report scales (Kutcher et al., 2015, 2016; Bichoualne et al., 2023; Bowyer et al., 2023; Liao et al., 2023; Prabhu et al., 2024). In contrast, changes in actual practices and, particularly, in the interpretive

frameworks that organize teachers' understanding of mental health have been less frequently examined, or have been explored indirectly through qualitative methods (Figas et al., 2024; Wei et al., 2015; Yamaguchi et al., 2020). This predominance of cognitive and attitudinal indicators limits the understanding of how interventions impact practice, as it overlooks the symbolic dimensions that guide action in complex educational contexts.

In response to these limitations, participatory and dialogical approaches have emerged, shifting the focus from content transmission to the collective construction of meaning. These strategies include co-production processes, co-design, participatory data analysis, and dialogical devices such as collaborative workshops and discussion circles, aimed at fostering reflection, experience-sharing, and contextualization of knowledge within school realities (Neill et al., 2021; Semchuk et al., 2022; Ching et al., 2024; Wilcock et al., 2025). Evidence suggests that these approaches enhance acceptability, sense of ownership, and openness to dialogue, contributing to the development of shared language and context-sensitive adaptations, although their empirical base remains limited and predominantly qualitative.

Within this context, Social Representations Theory provides a relevant framework for examining teachers' understandings of school mental health, shifting the focus from individual knowledge to collectively constructed systems of meaning that guide interpretation and action. From this perspective, mental health in schools is understood not only through what teachers know, but through how they collectively construct meanings about distress, well-being, care, professional roles, and institutional conditions. This approach is particularly relevant given the socially sensitive and multidimensional nature of school mental health.

This study aimed to examine changes in teachers' social representations of school mental health before and after a participatory mental health literacy training process. Specifically, it analyzed whether the intervention was associated with shifts in the content and symbolic organization of teachers' representations, including possible movements from individualized or problem-focused understandings toward more relational, collective, and context-sensitive meanings of school mental health.

Method

Study Design

This study used a qualitative pre–post intervention design grounded in Social Representations Theory. Data production and intervention were integrated within the same field process, consistent with an intervention-formative approach in which training activities functioned both as educational events and as opportunities for collective meaning-making.

The study was organized into three sequential phases: an initial free word association task, a participatory mental health literacy training process delivered through workshops and discussion circles, and a final free word association task. This structure enabled comparison of the representational fields produced before and after the intervention, using the structural approach to social representations based on frequency and mean order of evocation.

Setting

The study was conducted in the municipality of Galinhos, a small coastal community in the state of Rio Grande do Norte, Brazil. The local school system serves a predominantly rural and fishing-based population, characterized by strong community ties, geographic isolation,

and limited access to specialized mental health services. These contextual conditions shape how school mental health is understood and addressed in everyday educational practice.

The intervention was implemented within the municipal public school network in collaboration with the local Department of Education. Activities were conducted during scheduled professional development periods and pedagogical meetings, allowing integration within existing school routines and providing a naturalistic context for examining representational processes in situ.

Intervention

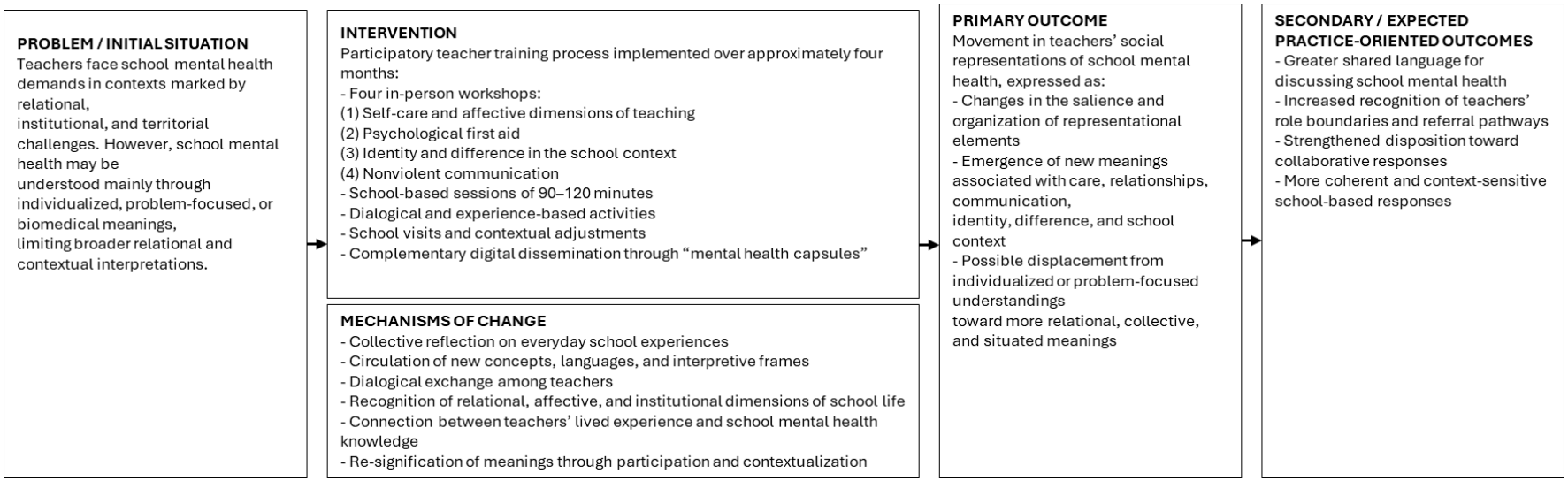
The intervention consisted of a participatory mental health literacy training process for school staff. It was informed by the initial free word association task, meetings with educational stakeholders, school visits, and ongoing dialogue with the local Department of Education. These inputs were used to adjust the content, timing, and format of the training according to locally identified needs.

The intervention was implemented over approximately four months and included 15 workshop sessions organized into four thematic modules: (1) self-care and affective dimensions of teaching, focused on teacher well-being, emotional demands, and care in educational work; (2) psychological first aid, focused on initial support, listening, crisis response, role boundaries, and referral; (3) identity and difference in the school context, focused on violence, stigma, discrimination, and relational dynamics; and (4) nonviolent communication, focused on communication patterns, conflict prevention, empathy, and relational care. Each session lasted between 90 and 120 minutes and was conducted during school-based professional development periods.

The training used participatory and dialogical strategies, including discussion circles, case-based reflection, group dynamics, and individual and collective reflective activities. Everyday school situations were used as triggers for discussion, allowing participants to connect conceptual content with their own professional experiences. Complementary content was disseminated through social media as short “mental health capsules,” reinforcing key themes beyond the face-to-face sessions. The theoretical logic guiding the intervention is summarized in Figure 1.

Figure 1

Theory of Change of the Intervention



Participants

Participants were basic education teachers from the municipal public school system. Participation was voluntary and mediated through coordination with the Municipal Department of Education and school leadership teams. Inclusion criteria were: being an active teacher during the research-intervention period, participating in at least one stage of the training process, and agreeing to the ethical terms of the study.

In the first application of the Free Word Association Task, conducted in July 2025, 52 teachers participated. Of these, 47 were female and 5 were male. Most participants were between 31 and 50 years old (n = 41). Regarding self-identified race/ethnicity, 24 identified as White, 26 as pardo, 1 as Indigenous, and 1 as Asian. In terms of educational attainment, 3 had completed secondary education, 3 were enrolled in undergraduate studies, 40 had completed higher education, 5 held a master's degree, and 1 held a doctoral degree.

The second application was conducted in December 2025, at the end of the training process, with participants who completed the workshop cycle. A total of 37 teachers participated, including 35 women and 2 men. Most were between 31 and 50 years old (n = 24). Regarding self-identified race/ethnicity, 24 identified as pardo and 13 as White. In terms of educational attainment, 3 had completed secondary education, 4 were enrolled in undergraduate studies, 26 had completed higher education, 2 held a master's degree, and 1 held a doctoral degree.

Although not all participants attended every workshop, the post-intervention assessment was conducted with the group that completed the training cycle, supporting consistency for the comparative analysis.

Data Production Technique

The Free Word Association Task (FWAT) was used as the main data production technique due to its ability to access spontaneous, shared, and socially organized contents of social representations (Sá, 1998; Abric, 2000; Wolter et al., 2016). Before and after the training process, participants were invited to freely evoke words or short expressions associated with the inductive term *school mental health*. Responses were recorded spontaneously, enabling comparison of representational structures across the pre- and post-intervention phases.

The use of FWAT is particularly suitable for examining symbolic change processes, as it allows identification of both central and peripheral elements of social representations, as well as continuities and transformations over time (Vergès, 1992; Sá, 1998; Abric, 2000; Wolter et al., 2016). In this study, the comparative analysis of evoked contents provided a means to examine mental health literacy not as a linear accumulation of knowledge, but as a transformation in the meanings attributed to mental health within the school context.

Data Analysis

Data were first subjected to a cleaning and standardization process. This included correcting spelling variations, standardizing semantically equivalent expressions, removing unnecessary punctuation and spaces, converting all terms to lowercase, and replacing spaces in compound terms with hyphens.

The data were then analyzed using the structural approach to Social Representations Theory (Abric, 1994, 2000). A prototypical analysis was conducted based on two criteria: frequency of evocation and mean order of evocation (MOE), following established procedures (Vergès,

1992; Wachelke & Wolter, 2011). Frequency indicates how often a term is evoked, whereas MOE refers to its average position in participants' lists.

Analyses were conducted using OpenEvoc (Sant'Anna, 2012, 2025), which enabled the construction of four-quadrant matrices and comparison of representational structures across the two time points. For the inductive term school mental health, the analysis used a frequency cutoff of $f > 5$ and an MOE reference value of 2.5. Terms were classified into central core, first periphery, contrast zone, and second periphery.

Comparative analysis focused on identifying continuities, displacements, and reconfigurations in the representational structure between the two time points.

Procedures

The study began with an initial coordination phase that included meetings with educational authorities, school visits, and agreements regarding the implementation of the training process during the second semester of 2025. Before the intervention, the Free Word Association Task was administered using the inductive term "school mental health."

The training process was implemented between September and December 2025 through workshops and discussion circles conducted during scheduled professional development periods. Activities were progressively adjusted according to emerging contextual needs and school dynamics. At the end of the intervention, the Free Word Association Task was administered again using the same inductive term. All data were subsequently prepared and analyzed using the same procedures across both time points.

Ethical Considerations

The study was approved by the Research Ethics Committee of the Universidade Federal de Minas Gerais under protocol number 88507325.8.1001.5149. Participation was voluntary, and all participants were informed about the study aims, procedures, and use of data before providing informed consent. Data from the Free Word Association Task were analyzed in aggregated form, without identifying individual participants. Given the sensitive nature of school mental health, the workshops were conducted in a respectful and non-exposing environment.

Results

Pre-training social representation

From the application of the FWAT to the inductive term *school mental health*, a structural analysis of the evocations was conducted based on the intersection between frequency and mean order of evocation (MOE), resulting in the construction of a four-quadrant table. The frequency cutoff adopted was $f > 5$ and the reference MOE was 2.5 (Table 1).

Table 1

Prototypical four-quadrant model of teachers' social representations of "school mental health," first application (n = 52)

	OME < 2.5			OME ≥ 2.5		
	f	**OME**	**termo**	**f**	**OME**	**Termo**
f > 5	18	2,17	acolhimento	16	2,81	Empatia
	6	2,33	bem-estar	11	2,55	Cuidado
				9	2,78	Apoio
				9	2,78	Respeito
f ≤ 5	4	2,25	ansiedade	5	3,2	Diálogo
	4	2	comportamento	4	4	Aprendizagem
	3	2	aceitação	4	3,5	Compromisso
	3	1	Estresse	4	3,5	Cuidar
	3	2,33	importante	4	2,5	Escuta
	2	2	Amor	3	2,67	Cansaço
	2	2	Atenção	3	3,33	Prevenção
	2	1	dores	3	4,67	Resiliência
				2	3,5	Ajudar
				2	3,5	ambiente saudável
				2	3	Autoestima
				2	2,5	Compreensão
				2	3	Conscientização
				2	4,5	Convivência
				2	3	Emoções
				2	3,5	Equilíbrio
				2	4	Família
				2	2,5	Inclusão
				2	4	Parcerias
				2	4,5	Paz
				2	3	pedir ajuda
				2	4	Prioridade
				2	4	Produtividade
				2	5	relacionamento afetivo
				2	4	Responsabilidade

In the upper left quadrant, corresponding to the probable central core of the representation, the terms *welcoming* (*acolhimento*) (f = 18; MOE = 2.17) and *well-being* (*bem-estar*) (f = 6; MOE = 2.33) are located. These elements present high frequency and low mean order of evocation, indicating that they are readily accessed and widely shared by the group studied.

The presence of these terms suggests that the social representation of school mental health, at this initial moment, is organized around a relational and affective dimension, associated with the idea of interpersonal care, emotional protection, and the promotion of positive subjective states. The term *welcoming* (*acolhimento*) points to an understanding of the school as a space of reception, listening, and support for emotional demands, while *well-being* (*bem-estar*) refers to a broader conception of mental health linked to the quality of experiences lived within the school context. This central core therefore reveals a representation oriented by positive normative values, in which mental health is conceived less as the absence of illness and more as the presence of supportive relationships that promote well-being.

In the lower left quadrant, corresponding to the contrast zone, the terms *anxiety* (*ansiedade*), *behavior* (*comportamento*), *acceptance* (*aceitação*), *stress* (*estresse*), *important* (*importante*), *love* (*amor*), *attention* (*atenção*), and *pain* (*dores*) are found. These elements have lower frequency but are evoked early, indicating symbolic relevance for specific subgroups or experiences. The presence of *anxiety* (*ansiedade*), *stress* (*estresse*), and *pain* (*dores*) introduces a dimension of psychological distress into the representation, tensioning the positive core identified. These terms refer to concrete experiences of discomfort in everyday school life, affecting both students and teachers, suggesting that although mental health is idealized in terms of welcoming and well-being, it is also traversed by experiences

of emotional overload and tension. At the same time, terms such as *love* (*amor*), *attention* (*atenção*), and *acceptance* (*aceitação*) reinforce the affective dimension of the representation, functioning as elements that both contrast with and reinforce the central core by highlighting the centrality of interpersonal relationships in understanding school mental health.

In the upper right quadrant, corresponding to the first periphery, the terms *empathy* (*empatia*) (f = 16; MOE = 2.81), *care* (*cuidado*) (f = 11; MOE = 2.55), *support* (*apoio*) (f = 9; MOE = 2.78), and *respect* (*respeito*) (f = 9; MOE = 2.78) are located. These elements present high frequency but are evoked in less prioritized positions. They function to sustain and operationalize the central core, translating into concrete practices and attitudes the values associated with welcoming and well-being. *Empathy* (*empatia*), *care* (*cuidado*), *support* (*apoio*), and *respect* (*respeito*) appear as necessary dispositions for promoting mental health in schools, reinforcing a representation strongly anchored in ethical-relational principles. This configuration suggests that, although these elements do not occupy the highest level of symbolic salience, they are widely shared and recognized as fundamental in everyday school life, acting as mediators between the representational core and concrete practices.

In the lower right quadrant, corresponding to the second periphery, less frequent and less readily evoked terms are concentrated, such as *dialogue* (*diálogo*), *learning* (*aprendizagem*), *commitment* (*compromisso*), *caring* (*cuidar*), *listening* (*escuta*), *fatigue* (*cansaço*), *prevention* (*prevenção*), *resilience* (*resiliência*), *healthy environment* (*ambiente saudável*), *self-esteem* (*autoestima*), *coexistence* (*convivência*), *family* (*família*), *inclusion* (*inclusão*), *partnerships* (*parcerias*), *peace* (*paz*), *productivity* (*produtividade*), and *responsibility* (*responsabilidade*), among others. These elements are more directly associated with the

immediate context of action and with everyday school practices. This periphery incorporates pedagogical dimensions (*learning* [*aprendizagem*], *productivity* [*produtividade*]), institutional dimensions (*commitment* [*compromisso*], *responsibility* [*responsabilidade*], *partnerships* [*parcerias*]), and psychosocial dimensions (*listening* [*escuta*], *dialogue* [*diálogo*], *prevention* [*prevenção*], *resilience* [*resiliência*]). The diversity of content in this quadrant highlights the complexity of the represented object and points to a social representation that articulates mental health, educational practices, and institutional conditions, although in a less structured and less consensual manner.

Post-training social representation

The second application of the Free Word Association Task (FWAT) to the inductive term *school mental health* (*saúde mental na escola*) was conducted in December 2025, after the completion of the workshops and discussion circles on mental health, with the participation of 37 basic education teachers (Table 2).

In the second application, an assessment of risk and protective factors for mental health was added (Oliveira & Ribeiro, 2025). Overall, the data from the second application indicate a group of teachers who, for the most part, reported sleeping between 6 and 7 hours per night, although a relevant portion presented reduced sleep patterns (4 to 5 hours) or, to a lesser extent, prolonged sleep (8 hours or more), often associated with difficulties in resting and maintaining healthy habits. Self-reported non-use of alcoholic beverages predominated, although some participants reported weekly consumption or consumption on two to three days per week.

Table 12

Prototypical four-quadrant model of teachers' social representations of "school mental health," second application (n = 52)

	OME < 2.5			OME ≥ 2.5		
	F	**OME**	**termo**	**f**	**OME**	**termo**
f > 5	10	2,4	Respeito	15	2,53	Acolhimento
				8	3,25	bem-estar
				7	3,14	Empatia
f ≤ 5	3	1,67	Diálogo	5	3	Convivência
	3	2	Paz	5	2,6	Escuta
	2	1,5	desafios	4	3,25	Apoio
	2	1	prioridade	4	2,5	Equilíbrio
				4	4,25	Saúde
				3	3,33	Compreensão
				3	2,67	Cuidado
				3	3,33	Harmonia
				3	3	Importante
				2	3	Atenção
				2	4,5	Compartilhar
				2	4,5	Comunicação
				2	3	Equidade
				2	2,5	equilibro emocional
				2	4,5	Ouvir
				2	2,5	Parceria
				2	3,5	Reciprocidade
				2	4,5	Segurança
				2	3	Sobrecarga
				2	2,5	Solidariedade

Regarding sexual orientation and gender identity, there was a predominance of participants who identified as heterosexual and cisgender. In relation to physical activity, reports were heterogeneous, ranging from no practice to irregular and regular practice, revealing diverse modes of self-care in everyday life. Concerning psychosocial conditions, the simultaneous

presence of support networks of friends and family, access to healthy spaces of coexistence, and participation in collective activities stands out, coexisting with experiences of overload, sleep difficulties, feelings of loneliness, experiences of prejudice, or situations of violence. This set of data reveals a scenario marked by ambivalences: the coexistence of protective resources and vulnerability factors, configuring a complex context within which social representations and practices related to school mental health are situated.

The structural analysis of the evocations was conducted based on the intersection between frequency and mean order of evocation (MOE), resulting in the construction of the four-quadrant table, considering a cutoff point of $f > 5$ and a reference MOE of 2.5.

In the upper left quadrant, corresponding to the probable central core of the representation, the term *respect* (*respeito*) (f = 10; MOE = 2.4) stands out. It is the only element that simultaneously presents high frequency and low mean order of evocation, indicating high symbolic salience and broad sharing among participants. The centrality of *respect* (*respeito*) suggests a reorganization of the social representation of school mental health around an ethical-relational principle, referring to how individuals recognize one another, interact, and build relationships within the school space. Rather than a conception centered on individual suffering or isolated subjective states, *respect* (*respeito*) points to an understanding of mental health as a relational condition, linked to everyday interactions, coexistence, and mutual recognition. This central core thus reveals a more normative and collective representation, in which mental health is conceived as a value that guides practices, relationships, and ways of being in the school context.

In the lower left quadrant, corresponding to the contrast zone, the terms *dialogue* (*diálogo*) (f = 3; MOE = 1.67), *peace* (*paz*) (f = 3; MOE = 2), *challenges* (*desafios*) (f = 2; MOE = 1.5),

and *priority* (*prioridade*) (f = 2; MOE = 1) are found. Although less frequent, these elements are evoked early, indicating strong symbolic relevance for certain participants or subgroups. The presence of *dialogue* (*diálogo*) and *peace* (*paz*) may suggest an understanding of mental health associated with conflict mediation, coexistence, and the construction of less violent and more cooperative school environments. The terms *challenges* (*desafios*) and *priority* (*prioridade*) indicate that mental health is recognized as both a central and complex issue, shaped by institutional, personal, and contextual constraints. These elements both tension and deepen the central core, revealing that, for part of the group, school mental health involves not only desirable values but also recognition of the concrete difficulties involved in their implementation.

In the upper right quadrant, corresponding to the first periphery, the terms *welcoming* (*acolhimento*) (f = 15; MOE = 2.53), *well-being* (*bem-estar*) (f = 8; MOE = 3.25), and *empathy* (*empatia*) (f = 7; MOE = 3.14) are located. These elements present high frequency but higher mean orders of evocation. They function as practical and affective supports for the central core, translating the value of *respect* (*respeito*) into concrete attitudes and dispositions in everyday school life. *Welcoming* (*acolhimento*) appears as the most frequent element in this periphery, indicating its wide diffusion within the group, although it does not occupy the highest level of cognitive priority. *Empathy* (*empatia*) and *well-being* (*bem-estar*) reinforce the affective and relational dimension of the representation, pointing to the importance of understanding others, caring for relationships, and promoting positive experiences in the school environment. This configuration suggests that, after the training process, participants share a more elaborated repertoire of practices and values associated with mental health promotion, even if these elements are not yet fully stabilized in the central core.

In the lower right quadrant, corresponding to the second periphery, a variety of less frequent and less readily evoked terms are concentrated, such as *coexistence* (*convivência*), *listening* (*escuta*), *support* (*apoio*), *balance* (*equilíbrio*), *health* (*saúde*), *understanding* (*compreensão*), *care* (*cuidado*), *harmony* (*harmonia*), *attention* (*atenção*), *communication* (*comunicação*), *equity* (*equidade*), *partnership* (*parceria*), *solidarity* (*solidariedade*), *overload* (*sobrecarga*), and *safety* (*segurança*), among others. This periphery reflects an expansion and diversification of the representational field, incorporating elements that articulate relational, institutional, and organizational dimensions of school mental health. The simultaneous presence of terms associated with cooperation (*partnership*, *solidarity*), communication (*listening*, *sharing*, *communication*), and recognition of everyday tensions (*overload*) can be observed. The diversity of content in this quadrant indicates a more complex and contextualized representation, sensitive to the concrete conditions of teaching work and to the institutional relationships that shape the promotion of mental health in the school context.

Discussion

The findings of this study indicate that the participatory training process was associated with a partial reorganization of teachers' social representations of school mental health. Rather than showing a simple expansion of vocabulary, the results suggest changes in the symbolic structure through which teachers interpret mental health within the school context. This is relevant because most studies on teacher mental health literacy have focused on knowledge, attitudes, stigma, and self-efficacy, while less attention has been given to the shared interpretive frameworks that organize teachers' everyday understanding of mental health in

schools (Kutcher et al., 2015, 2016; Bichoualne et al., 2023; Bowyer et al., 2023; Liao et al., 2023; Prabhu et al., 2024; Figas et al., 2024; Wei et al., 2015; Yamaguchi et al., 2020).

Before the intervention, the probable central core was organized around *welcoming* and *well-being*. This suggests that teachers initially understood school mental health mainly through affective and relational meanings associated with care, support, and positive socioemotional experiences. This finding is consistent with previous research showing that teachers tend to define mental health by integrating emotional, relational, and practical dimensions, often including well-being, distress recognition, support, and referral (Moon et al., 2017; Deaton et al., 2022; Reinke et al., 2025; Liang et al., 2025). However, this initial structure also suggests a broad and relatively undifferentiated understanding, in which mental health appeared as a desirable relational condition but was less clearly connected to institutional arrangements, role boundaries, or structural constraints.

After the intervention, *respect* emerged as the only element in the probable central core, while *welcoming*, *well-being*, and *empathy* moved to the first periphery. This shift should not be interpreted as a loss of relevance of affective-relational elements, but as a reorganization of their symbolic function. In the post-training structure, welcoming and well-being appear to operate as practical and affective expressions of a broader ethical-relational principle. Mental health is therefore no longer represented primarily as an individual state or as a general experience of emotional support, but as a condition produced through recognition, dignity, coexistence, and everyday relationships within the school.

This movement is theoretically important because it supports the use of Social Representations Theory to examine school mental health as a socially constructed object. Teachers' understandings are not merely individual beliefs or technical knowledge, but

shared systems of meaning shaped by professional experience, institutional culture, and interaction with school realities. In this sense, the shift from *welcoming* and *well-being* to *respect* suggests a movement from a more affective and subjective representation toward a more normative, relational, and collective one. This finding is aligned with the view that schools are not only settings for identifying distress, but also social environments where mental health is constructed through relational climates, institutional practices, and collective norms (Evans et al., 2023; Hoover & Bostic, 2020; Margaretha et al., 2023).

The post-training structure also showed the increased presence of terms such as *dialogue*, *listening*, *coexistence*, *communication*, *partnership*, *reciprocity*, *equity*, *safety*, and *overload*. Although many of these elements remained in peripheral zones, their emergence is relevant. From the structural approach to Social Representations Theory, peripheral elements are more sensitive to new information, contextual experiences, and everyday practices, and they often operate as the first space where representational change becomes visible (Abric, 1994, 2000; Vergès, 1992; Wachelke & Wolter, 2011). Therefore, the location of these terms in the periphery suggests that the intervention may have initiated a process of symbolic elaboration that is not yet fully stabilized.

From a mental health literacy perspective, these findings suggest that the intervention contributed to an expansion of teachers' interpretive repertoires. This expansion was not limited to recognizing symptoms or learning referral procedures. Instead, it involved the incorporation of categories that allowed participants to name relational, institutional, and contextual dimensions of school mental health. This is consistent with broader definitions of MHL that include knowledge, attitudes, stigma reduction, practical skills, and the promotion of well-being (Kutcher et al., 2016; Chen et al., 2021; Gilham et al., 2023; Marinucci et al.,

2023; Suwanwong et al., 2024). In this study, mental health literacy appears less as the individual acquisition of technical information and more as the collective capacity to produce shared meanings for interpreting and addressing mental health in school life.

The participatory nature of the intervention is central to this interpretation. Workshops and discussion circles functioned as spaces in which teachers could connect conceptual content with their own professional experiences, discuss everyday school situations, and collectively elaborate meanings around care, coexistence, and role boundaries. This supports the relevance of participatory and dialogical approaches, which shift the focus from content transmission to co-construction of meaning, contextualization, and shared ownership (Neill et al., 2021; Semchuk et al., 2022; Ching et al., 2024; Wilcock et al., 2025). The findings therefore suggest that participatory MHL training may be especially useful when the aim is not only to increase knowledge, but also to transform the symbolic frameworks that guide interpretation and action.

These results have practical implications for school mental health promotion. First, teacher training should not be limited to psychoeducation about symptoms, disorders, and referral pathways. Although these contents are necessary, they are insufficient when teachers must act in complex school contexts where mental health problems are intertwined with coexistence, classroom relationships, institutional routines, and social vulnerability. Training initiatives should therefore include dialogical and reflective methodologies that allow teachers to examine how they understand mental health, how they respond to distress, and how school relationships can become protective or harmful.

Second, MHL programs should explicitly address the boundaries of teachers' roles. Strengthening teachers' ability to identify distress and provide initial support should not

imply transferring clinical responsibility to them. The findings show that teachers' representations moved toward more collective and relational meanings, but this symbolic expansion must be accompanied by clear institutional pathways, interprofessional collaboration, and access to specialized support. Otherwise, the discourse of care may increase teachers' burden in contexts already marked by limited time, high workload, and insufficient coordination with mental health services (O'Farrell et al., 2022; Mansfield et al., 2021; Maclean & Law, 2022).

Third, the centrality of *respect* suggests that school mental health promotion should be integrated with broader work on school climate, coexistence, inclusion, and relational justice. Mental health should not be treated as an isolated topic or as the exclusive responsibility of specialized professionals. Rather, it should be embedded in everyday pedagogical and institutional practices, including communication, conflict management, student participation, family-school relationships, and collaborative decision-making. In this sense, the findings support whole-school perspectives that understand mental health as part of the relational and organizational life of educational communities.

The study also has several contributions and limitations. Its main contribution is theoretical and methodological: it articulates mental health literacy with Social Representations Theory, showing that participatory training can be examined not only through changes in knowledge or attitudes, but also through transformations in representational structure. Methodologically, the use of the Free Word Association Task in a pre–post intervention design made it possible to identify continuities, displacements, and emerging meanings in teachers' representations. This approach provides a complementary strategy for evaluating formative processes in school mental health.

At the same time, the study has limitations that must be considered. The sample was relatively small and context-specific, involving teachers from a municipal public school system in a coastal community in Brazil. Therefore, the findings should be interpreted as situated and exploratory rather than generalizable. In addition, the pre–post design does not allow causal attribution, since changes in representations may also have been influenced by broader contextual, institutional, or professional experiences occurring during the intervention period. The analysis was also based on prototypical evocation procedures, which are useful for identifying probable representational structures but do not definitively confirm centrality. Future studies should combine this approach with complementary techniques, such as similarity analysis, centrality testing, interviews, focus groups, and observation of school practices.

Another limitation concerns the time frame of the post-intervention assessment. Because the second application was conducted shortly after the training process, it is not possible to determine whether the observed changes will remain stable over time. This is especially important because several new terms appeared in peripheral zones, suggesting an emerging but not yet consolidated process of representational change. Future research should adopt longitudinal designs to examine whether these peripheral elements become more stable and whether symbolic changes are translated into concrete practices, such as improved referral processes, more consistent initial support, better teacher-student interactions, or stronger school-wide mental health strategies.

Future studies should also examine the territorial and cultural dimensions of school mental health more deeply. Although the intervention took place in a coastal municipality with strong links to rurality, fishing, community life, and local forms of sociability, these elements were

not clearly reflected in teachers' evocations. This absence raises important questions about how school mental health frameworks may overlook local knowledge, community practices, and culturally situated forms of care. Research in this area should explore how territorial resources can be incorporated into MHL initiatives, particularly in communities marked by social inequality, geographic isolation, or limited access to specialized services.

In conclusion, this study suggests that participatory mental health literacy training can contribute to meaningful, although still partial, shifts in teachers' social representations of school mental health. The movement from *welcoming* and *well-being* toward *respect* as the organizing element of the representation indicates a transition toward more relational, collective, and ethically grounded understandings. However, these symbolic changes should not be understood as sufficient on their own. For school mental health promotion to become sustainable, representational change must be accompanied by institutional support, clear role definitions, intersectoral coordination, and working conditions that allow teachers and schools to care without being overburdened.

Declarations

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Ethics approval and consent to participate

The study was approved by the Research Ethics Committee of the Universidade Federal de Minas Gerais (UFMG), Brazil, under protocol number 88507325.8.1001.5149. Participation was voluntary, and informed consent was obtained from all participants prior to their participation in the study.

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