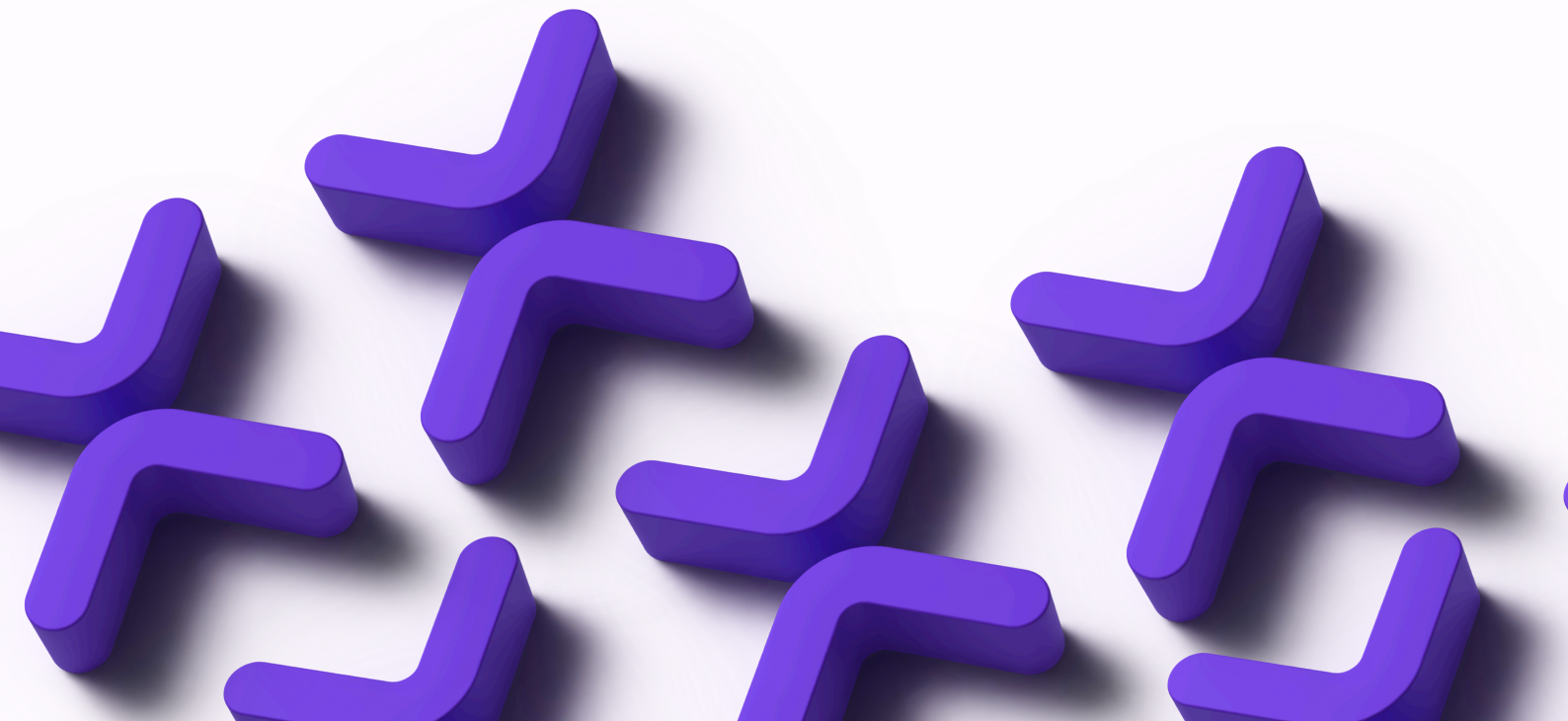


Position paper

**ASEC+ way to promote**

*mental health*

December 2024



# Who is ASEc+?

ASEc+, Association for Emotional Health, has been working to promote mental health in Brazil since 2004. It was a pioneer in bringing to Brazil the universal, evidence-based programs of the global network led by the British NGO Partnership for Children.

The essence of ASEc+ comes from its founders, volunteers from the Befrienders movement in Brazil (*Centro de Valorização da Vida, CVV*). This influence led to a unique approach to implementing programs, which combines the development of life skills with the construction of emotionally safe environments.

Founded in 2004, ASEc+ has been recognized as a Civil Society Organization of Public Interest since 2022. It is a member of the United Nations Portal and a signatory of the Global Compact. Recently, in 2023, it was granted special consultative status at the UN Economic and Social Council.

## Results of action over 20 years

**25,945**  
training  
hours

**almost  
half a million**  
beneficiaries

**116**  
Brazilian  
cities



This article is the result of the work of the Learning and Development Circle, in collaboration with other ASEc+ circles, working under the self-management paradigm. It was written by Leticia Rothen Sato with the collaboration of Andrea Monteiro. Proofreading by Lilian Casare, layout by Gabrielle Moura and Mateus Messias.

# ASEc+ way to promote mental health

ASEc+'s purpose statement is: Promoting mental health and well-being by developing life skills and building healthy relationship environments.

Adopting the purpose of 'health promotion' implies thinking of mental health within a more holistic definition of health, as proposed by the Ottawa Charter (1986)<sup>1</sup> and the subsequent guidelines of the World Health Organization (WHO), in particular the Geneva Charter for Well-being (2021)<sup>2</sup>.

## Fields of action proposed by the Ottawa Charter:

- 1 developing personal skills
- 2 creating health-friendly environments
- 3 strengthening community action
- 4 designing and implementing healthy public policies
- 5 reorienting the health system



Since 1946, when it defined health as a *“complete state of physical, mental and social well-being and not merely the absence of disease or infirmity”*, WHO has preferred to approach the subject from a positive or salutogenic perspective. This means that the focus that used to be solely on the treatment and prevention of mental disorders and emotional and social difficulties has been broadened to include the promotion of a state of well-being - which implies, for example, increasing people's level of happiness, vitality, sense of worth and care for themselves and others<sup>3</sup>.

Another implication of this positive perspective is that health is no longer seen as an idealized final state, but rather as a resource to be mobilized continuously, on a daily basis. As stated in the Ottawa Charter, *“to achieve a state of complete physical, mental and social well-being, individuals and groups must be able to identify aspirations, satisfy needs, and favorably modify the environment. Health should be seen as a resource for living, and not as the goal of living.”*<sup>4</sup>

<sup>1</sup> The Ottawa Charter was presented at the First International Conference on Health Promotion, held in Ottawa, Canada, in 1986. It proposes guidelines for achieving health for all by the year 2000 and beyond. Available at: <https://www.who.int/publications/i/item/WH-1987>

<sup>2</sup> The Geneva Charter for Well-being was approved at the 10th Global Conference on Health Promotion, held virtually in 2021, due to the Covid-19 pandemic. Available at: <https://www.who.int/publications/m/item/the-geneva-charter-for-well-being>

<sup>3</sup> Barry MM, Clarke AM, Petersen I, Jenkins R, editors. Implementing mental health promotion. Springer International Publishing. 2019.

<sup>4</sup> WHO. Ottawa Charter, 1986. Available at: Disponível em: [https://bvsm.s.saude.gov.br/bvs/publicacoes/carta\\_ottawa.pdf](https://bvsm.s.saude.gov.br/bvs/publicacoes/carta_ottawa.pdf)

Furthermore, health promotion is not the sole responsibility of the health sector, but goes beyond a healthy lifestyle towards global well-being<sup>5</sup>. We see this broader view in the Ottawa Charter itself when it refers to the importance of the contexts in which health is developed and states that “health is created and experienced by people in the settings of their daily lives: where they learn, work, play and love”. Recognizing this context laid the foundations for what came to be called the “settings-based approach” to health promotion. Health promotion proposes that all elements of any setting, such as schools, workplaces, prisons and hospitals, promote health rather than being seen simply as places for health education activities.

From this perspective, promoting health means **expanding the possibilities and conditions for people to learn and cultivate an active process of identifying their aspirations, satisfying their needs and modifying their environment**. And it is this active process that, from this more holistic perspective, is called “health”<sup>6</sup>.

## Mental health promotion in today’s context

In its largest global review of mental health<sup>7</sup> since the turn of the century, the WHO states that in 2019 almost one billion people - including 14% of the world's adolescents - were living with a mental disorder. Suicide was responsible for more than one in every 100 deaths and 58% of suicides occurred before the age of 50.

### Data from 2022 indicates<sup>8</sup>:

Between 2016 and 2021, there was an increase in deaths by suicide of

**49.3%**

among adolescents aged 15 to 19

**45%**

from 10 to 14 years old

Notifications of self-harm in the 10-24 age group have increased

**29%**

per year, with the indigenous population leading the cases, but with less hospitalization, indicating barriers in access to emergency services

In Brazil, around

**16 thousand**

suicides occurred in 2022 (average of 44 people/day)

**11.8%**

more than in 2021 (14.475 registered cases)

<sup>5</sup> BRASIL. Secretaria de Políticas de Saúde. Projeto Promoção da Saúde. As Cartas da Promoção da Saúde. Brasília: Ministério da Saúde, 2002.

<sup>6</sup> Barry MM, Clarke AM, Petersen I, Jenkins R, editors. Implementing mental health promotion. Springer International Publishing, 2019.

<sup>7</sup> World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022. Licence: CC BY - NC-SA 3.0 IGO. Disponível em <https://www.who.int/publications/i/item/9789240049338>

<sup>8</sup> Alves F.J.O, Fialho E, Araújo J.A.P, et al. The rising trends of self-harm in Brazil: an ecological analysis of notifications, hospitalisations, and mortality between 2011 and 2022. *Lancet Reg Health Am*. 2024; 31: 100691

Among its many impacts, the COVID-19 pandemic has created a global mental health crisis, fueling short and long-term stresses and harming millions of people. Estimates point to an increase of more than 25% in anxiety and depression disorders during the first year of the pandemic.

One cannot fail to mention the risks that the growing climate crisis has imposed on both physical and mental health. Extreme weather events - such as storms, floods, landslides, heat waves and forest fires - have increased by at least 46% since 2000. It is estimated that, at current rates, children born in 2020 will experience a two to seven-fold increase in extreme events compared to people born in 1960<sup>9</sup>. Such events can result in depression, anxiety, post-traumatic stress and other related conditions. In addition, they can cause people to lose their homes and entire communities to be forced to move, which can result in financial and social stress, increasing the risks of poverty, food insecurity, violence, aggression and forced displacement.

These scenarios present numerous risk factors for mental health in the sense that they increase the likelihood of individuals or groups developing or worsening pre-existing mental disorders. It is important to consider which factors can act as protectors, moderating the impact of stress and eventual symptoms, reducing the effects of risk situations.

Thus, from the perspective of mental health promotion, we can identify risk or protective factors based on an understanding of the factors that determine and/or enable mental health. These protective factors can be of three kinds<sup>10</sup>:



**Individual:** such as the ability to increase control over one's own life, manage thoughts and feelings, acquire social and emotional skills, develop emotional resilience and the ability to cope with stressful or adverse situations;



**Family and community:** which includes a positive sense of belonging, social support, citizenship, social inclusion and participation in society;



**Structural:** which include environmental, social, economic and cultural factors that are conducive to positive mental health, including healthy structures such as good living environments, quality housing, education, employment, transportation, supportive political and social structures and cultural values.

<sup>9</sup> Wim Thiery et al. Intergenerational inequities in exposure to climate extremes. *Science* 374, 158-160 (2021).

<sup>10</sup> Barry MM, Clarke AM, Petersen I, Jenkins R, editors. *Implementing mental health promotion*. Springer International Publishing, 2019)

Bearing in mind that mental health is influenced by a complex combination of these factors (of an individual, social or structural nature), a socio-ecological approach is crucial to understanding and addressing its determinants. **In addition to what is happening to the person, it is also important to consider the environment and conditions around him or her. Furthermore, many of these factors, such as education and employment, are beyond the direct control of health services. It is therefore essential that different sectors and policies work together to address these challenges and support mental health more effectively.**

## The ASEc+ way to promote mental health

Consistent with this socio-ecological approach, which includes both the reduction of risk factors and the promotion of protective factors, ASEc+ works considering that, even if there is already an identifiable disease or problem, first and foremost there is a human being who feels, thinks and acts according to their needs and possibilities, and who interacts constantly with other human beings, environments and situations that challenge or disturb them.

Regardless of whether or not a person has a disease or disorder or is in an identifiable risk situation, they will still need to cope with life's stresses, work, develop and actively contribute to their community. Focusing only on eliminating diseases and preventing specific problems does not guarantee a state of physical and mental health. After all, the absence of identifiable diseases and disorders does not guarantee that a person will feel well, be able to connect, be functional, cope with difficulties and thrive - as the WHO defined mental health in its latest document<sup>11</sup>.

Promoting these aspects of mental health, in turn, implies that we ask the right questions and that we are able to understand the person as a whole: why does he or she feel, think and act in such a way? What influences his or her decisions regarding physical or mental health? What resources does he or she have to deal with his or her problems, and what resources does the environment in which he or she lives provide? Which relationships interfere, and how, with his or her choices and how do his or her choices affect his or her relationships?



*[...] ASEc+ works considering that, even if there is already an identifiable disease or problem, first and foremost there is a human being who feels, thinks and acts according to their needs and possibilities, and who interacts constantly with other human beings, environments and situations that challenge or disturb them.*

<sup>11</sup> World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO. Disponível em <https://www.who.int/publications/i/item/9789240049338>

When we investigate these points, we inevitably come face to face with a human dimension that is usually left in the background, or even ignored: the emotional dimension. It is in the emotional dimension that the main motivators of human behavior lie - the keys to understanding why people act as they do, both in the sense of feeling whole and fulfilled and in the sense of cultivating self-destructive attitudes.

Mental health and well-being depend to a large extent on people being aware of their own emotional process and, consequently, being able to make choices in line with their life purpose. What is healthy and good for one person may not be for someone else.

## Conceptual foundations of the ASEc+ way to promote mental health<sup>12</sup>

All human beings deal in some way with situations that they consider threatening, challenging or harmful. We make efforts to feel better and, often, to overcome, solve or transform the situation that generates suffering. Some people persist in fighting, searching, overcoming and living. Others struggle, look for solutions, but give up on themselves somewhere along the way.

What is behind the fact that some efforts to deal with challenges result in maintaining life and strengthening well-being while others cause self-destruction or a generalized malaise?

What makes some human beings adapt and move on, while others are caught in the traps of hopelessness and death?



These issues are key to understanding the struggles of human beings to adapt to the world. Many people have researched it and various names and concepts have been created to talk about it: "conflict", "frustration", "trauma", "anomie", "alienation", "anxiety", "depression", "emotional distress", etc. Today, the concept "stress" encompasses the meanings expressed by these various terms and is the most widely used in the field of studies about all kinds of struggles to cope with the pressures of life. It is in this field of study that Richard Lazarus<sup>13</sup> has based his research for over 40 years. It is from his theoretical framework that ASEc+ took the concept of coping.

<sup>12</sup> Referenced in:

LAZARUS, R. From Psychological Stress to the Emotions: A History of Changing Outlooks. Source: Annual Review of Psychology 44, pp. 1 - 22 (1993). Lazarus, R. S. (1999b). Stress and emotion: A new synthesis. New York: Springer.

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer.

Lazarus, R. S. Emotions and Interpersonal Relationships: Toward a Person-Centered Conceptualization of Emotions and Coping. Journal of Personality 74:1, February 2006.

<sup>13</sup> Richard S. Lazarus, PhD (1922-2002), was an emeritus professor of psychology at the University of California, Berkeley, and was named one of the most influential psychologists in the field by American Psychologist. He was a pioneer in the study of emotions and stress in their relation to cognition.

But beyond “coping with difficulties”, his theory deals more broadly with the emotional dimension of the human being and how it is intrinsically related to the way in which each human being perceives reality and, consequently, deals with it. By understanding the emotional dimension, we can find answers to the dilemma: why do some people overcome their difficulties and others not?

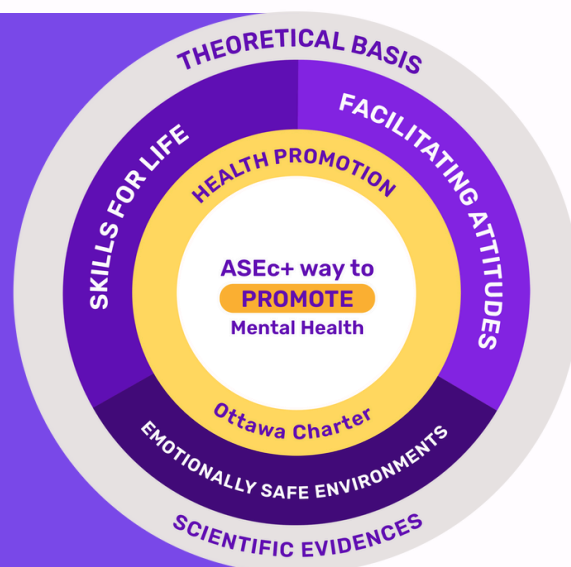
Contrary to common belief, emotions are not simply irrational physiological reactions that need to be suppressed or controlled. They are, in fact, a kind of language that reflects the way we evaluate what happens to us or the way we believe things are going, for or against us.

Emotions always depend on what is happening (or has already happened) between a person and the environment/other people. Emotions are shaped and defined by the meanings we give to what is happening to us and, depending on what is at stake, we take actions to manage these emotions and what they generate in us - which can lead to the emergence of new emotions, new reactions and so on, in a constant cycle.



ASEc+ programs and solutions are based on **Richard Lazarus'** consistent theoretical framework.

In addition to **solid scientific evidence** from extensive research in school, community and clinical settings regarding the effectiveness of mental health programs (**Brian Mishara**).



The moment a person is faced with a situation that activates their emotions - related to some perceived harm, threat, challenge or benefit - there is already an appraisal (conscious or unconscious) of what is needed and what options the person has to deal with it. If the person perceives the situation as difficult and feels unable to deal with it, the emotions will be of one kind; if the person feels they have the resources to deal with it, other kinds of emotions are triggered.

Richard Lazarus has thoroughly investigated the traumatic effects of stressful situations. From the very beginning of his research, he realized that the same situation could generate different levels of stress, depending on the person. However traumatic the situations might be, they didn't cause the same reactions in all people.

In his search for answers, he discovered that the basis of individual differences in the way we deal with situations (especially those that generate suffering) has to do with how the individual subjectively appraises the personal meaning of what is happening - which, in turn, depends on what is important and meaningful to them in terms of their needs, beliefs and values.

If something important is affected and the person has to make an effort to deal with it, this is a stressful situation that will instantly produce a set of physical and psychological responses (bodily sensations, thoughts and actions) in order to deal with this threat or damage, regardless of whether this strategy is effective or not (and it is this whole mechanism that Lazarus calls the “emotional process”).<sup>14</sup>.

When we say that efforts may or may not be effective, we mean that they are not always conducive to maintaining well-being, solving problems or even meeting people's expectations of the situation. There are a number of factors that influence the person's ability to analyze and make choices at any given moment - to the point of, sometimes, preventing them from considering more and better alternatives and adapting these alternatives flexibly to their needs. Lazarus dedicated himself to identifying and deepening his research about these factors: personal beliefs and meanings, the previous history of a relationship, personal resources (which include problem-solving and social skills, material and biological resources and the social network) and the flow of unpredictable actions and reactions in the present moment<sup>15</sup>.

When we know the factors that interfere with efforts and the ability to choose, we can define which internal resources and/or skills a person needs to develop in order to increase the chances that their ways of coping will be favorable to promoting and maintaining their mental health.



*[...] the basis of individual differences in the way we deal with situations (especially those that generate suffering) has to do with how the individual subjectively appraises the personal meaning of what is happening - which, in turn, depends on what is important and meaningful to them in terms of their needs, beliefs and values.*

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<sup>14</sup> “Coping”, or the efforts a person makes to deal with stressful situations, is an integral part of what Lazarus calls the ‘emotional process’. See Lazarus, R. S. Emotions and Interpersonal Relationships: Toward a Person-Centered Conceptualization of Emotions and Coping. *Journal of Personality* 74:1, February 2006.

<sup>15</sup> See last article by Lazarus: Lazarus, R. S. (2005). Emotions and interpersonal relationships: toward a person-centered conceptualization of emotions and coping. *Journal of Personality*, 74(1), 9-46. <https://doi.org/10.1111/j.1467-6494.2005.00368.x>

Furthermore, considering that we cannot control life situations or relationships, a methodology for developing health-promoting skills needs to take into account the unpredictability and fluidity of relationships and situations in which emotions are activated. We can't restrict mental health promotion to individualistic training in "the most effective ways of coping" or "resources that fit all situations". Challenging situations require us to have a flexible capacity to read the situation and the demands that arise from it, to check our own conditions and the level of risk involved, to take into account previous effective and ineffective experiences, to analyze the resources available and to consider possible alternatives for dealing with what happens.<sup>16</sup>

This process of identifying, checking, analyzing, considering and choosing involves a flexible mental capacity<sup>17</sup> that is in turn associated with a high level of ego development in mature, high-quality decision-making processes - in other words, resilience.



On the one hand, the promotion of mental health would be related to the cultivation of these "mature processes" from which a person learns to move towards an awareness of their own emotional process. This implies learning to know oneself, to identify one's emotions, to analyze situations, to think of better behaviors and, above all, to be flexible in the face of life's impermanence. On the other hand, it also recognizes that this individual movement occurs immersed in a broader context, in which other people also exist, acting and reacting in a wide variety of ways. For this reason, mental health promotion initiatives cannot do without looking at the "other" and the constant process of "negotiation" between needs, expectations and interests that underlies human relationships and conflicts.

Mental health has to do with a continuous journey towards connection with oneself, contact with or awareness of one's own thoughts and desires and the constant questioning: am I where I really want to be right now? But also towards a conscious connection with others and an increased ability to relate in a healthy and constructive way, with a view not only to individual but also collective well-being. As a result, both small individual changes and large social transformations arise.

When these skills don't exist, there is a greater risk of losing or compromising mental health, since the person has never learned to connect with him or herself, to understand his or her natural mechanisms for dealing with emotions and difficult situations, to reflect on his or her choices and possibilities or to relate in a healthy way.

<sup>16</sup> Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.

<sup>17</sup> Pesquisas recentes apontam que a flexibilidade nas formas lidar, somada a uma boa adequação da estratégia à situação está relacionada com resultados adaptativos ou eficazes, tal como bem estar psicológico e físico, adaptação social e sintomas de tensão reduzida. Ver pesquisas citadas por Cheng C, Cheung MW. Cognitive processes underlying coping flexibility: differentiation and integration. *J Pers*. 2005 Aug;73(4):859-86.

Because of this disconnection and the lack of a sustained and coherent life plan, people in this case just react to situations. Their actions are inconsistent and disorganized, and they may even act against their desires and needs. Consequently, their efforts to cope with life's challenges and difficulties would only perpetuate situations of stress and imbalance, and could even lead to pathological states such as depression, panic, hopelessness and suicide.

## How does ASEc+ promote mental health?

Based on a view of the whole person, including their emotional dimension, and inspired by the fields of action proposed by the Ottawa Charter, ASEc+'s mental health promotion actions are based on **three key concepts**, which are behind ASEc+'s **three action fronts**.



### Conceptual triad: Environments - Attitudes - Skills

For ASEc+, promoting mental health involves providing **environments** where it is possible, on the one hand, to develop skills to deal healthily with emotional processes and life situations and, on the other, to learn how to relate in a healthy way.

These **environments**, supported by agreements that effectively foster and maintain a space of emotional safety, can be built through the development of systematized programs or one-off projects. These programs or projects, of short or long duration, provide a structured step-by-step guide on how to develop **mental health-promoting skills** within an **emotionally safe environment**, built and maintained by certain **facilitating attitudes**.

## Environments

*Emotionally safe environments promote trust and emotional security for each person to be more integrally open to their inner (with themselves) and outer (with their environment) experience.*

Within a more holistic perspective of health, which includes expanding opportunities and conditions so that people can learn and cultivate life skills, there is an implicit need to build environments that favor this learning<sup>18</sup>. Thus, it is as much an individual responsibility to develop skills to better cope with life situations as it is a collective responsibility to foster emotionally safe relationships and **environments** that are favorable to the development and maintenance of these individual skills.

This is why health promotion has to do with creating emotionally safe **environments**: so that people can develop and exercise the ability to look at themselves and recognize their emotional process, their ways of dealing with life situations and making choices. When we mention “**environments**”, we are talking about a collective reality, in which we practice “interbeing”<sup>19</sup> - since other people or other groups are also experiencing their own processes and learning to cope with their difficulties.

When such an **environment** exists, we expand the possibilities for people themselves to define what is a 'problem' for them and make choices based on getting in touch with their needs, making their actions effective in terms of adjusting to themselves and their expectations of the outcome.

These **environments** also enable people to exercise their ability to look at others and recognize their emotional process and, more than that, to communicate, relate and resolve conflicts in a more empathetic and supportive way. For this reason, mental health promotion initiatives cannot do without looking at the “other” and the constant process of “negotiation” between needs, expectations and interests that underpin human relationships and conflicts.

- Emotional security
- Feeling of belonging, welcoming and exchanging
- Fostering actions to promote mental health
- Building collective actions based on the needs and desires that emerge in these environments

## Environments

<sup>18</sup> Carl Rogers, in the chapter “Meaningful Learning: in therapy and education” of his book “On Becoming a Person”, states that an emotionally favorable environment not only facilitates meaningful learning, but also promotes personal growth and the development of the individual. An environment where learners feel supported, understood and valued is more likely to cultivate an enriching and transformative learning experience.

<sup>19</sup> Interbeing is a combination of the word “inter” and the verb “to be”, and describes the reality that all things exist in interrelation and are inseparable. According to Thich Nhat Hanh, nothing can exist in isolation; all beings and events are interconnected and interdependent on each other. For example, he uses the concept of interbeing to explain that a simple object, such as a piece of paper, does not exist on its own. For paper to exist, it needs an environment, people, trees, water, and much more. Thus, the existence of anything is the result of a complex network of relationships and interactions.

## Attitudes

*Facilitating attitudes for mental health intentionally promote emotionally safe environments, based on openness, empathy and non-judgment, encouraging autonomy.*

When volunteers from the Befrienders movement in Brazil (Centro de Valorização da Vida, CVV) brought Zippy's Friends program to Brazil, they also developed a teacher training process inspired by what was already being done at CVV. The emphasis of CVV's work was, and still is, on emotional support and suicide prevention, by listening to others and providing an environment for them to freely express their anguish. This approach is inspired by the humanistic approach of the american psychologist Carl Rogers<sup>20</sup>.

According to Rogers, every living being has within them a natural tendency to develop, grow and learn, which allows them to expand their capacities and therefore maintain life. However, for this to happen, there needs to be a psychologically favorable climate - not just between therapist and patient, but in any relationship where human development is the goal. According to him, any interpersonal relationship carries with it aspects that can favor the health or illness of the people involved. The logical consequence of this fact is that we all contribute to the psychological health or illness of those we live with<sup>21</sup>.

It is possible to think of certain attitudes that facilitate the construction of an emotionally favorable climate so that people feel heard, welcomed and accepted in their differences.

From the ASEc+ perspective, facilitating attitudes are a set of ways of conducting relationships with professionals in training, as well as with the children and young people who experience ASEc+ methodologies (programs and solutions). These attitudes provide a more suitable emotional climate for the development of life skills and foster respectful interpersonal relationships, opening up space for the other person to be who they are, possibly feeling more confident in experimenting with new ways of thinking and expressing themselves.

- Listening and understanding without judgment, without minimizing or invalidating feelings.
- Looking at progress and achievements, rather than focusing on what's missing.
- Simply being there as a human being in front of another human being.
- Facilitating reflection through open questions, not by inducing choices.

## Attitudes

<sup>20</sup> Monteiro, Camila Rodrigues de Freitas ; Andrade, Ikaro Cruz de ; Farias, Thayna Teixeira ; Cunha, Erika Conceição Gelsenske . CENTRO DE VALORIZAÇÃO DA VIDA: O SERVIÇO FILANTRÓPICO DE APOIO EMOCIONAL E A PANDEMIA DE COVID-19. Saúde Coletiva e Saúde Pública: highlights da Pandemia de Covid-19. 1ed.: Atena Editora, 2021.

<sup>21</sup> ALMEIDA, Laurinda R. A psicologia de Carl Rogers na formação e atuação de orientadores educacionais. Revista de Educação PUC-Campinas, vol. 23, núm. 2, pp. 311-327, 2018.

## Skills

*Skills that promote mental health are those that enable people to be more in touch with themselves and to make choices in line with their desires and needs.*

As has already been said, various factors interfere in the way a person deals with the various situations in life, especially those that arouse feelings of harm, threat, challenge and provoke adverse emotional reactions. Personality characteristics (which include goals and purposes, beliefs and resources of intelligence, health, friendships, energy, social support, etc.) and the history of a specific relationship or situation, added to the flow of actions and reactions that are taking place at the time of the encounter (and which can generate new emotional reactions) are the factors that shape how each person evaluates the significance of a specific encounter for their personal well-being and, consequently, the corresponding emotional process.

Depending on this significance and the resources a person has, they can make efforts that will go towards promoting their mental health and well-being, or not. Therefore, when we think about what kind of skills a person should possess in order to cope better with life's situations, we need to take these factors into account - all of them analyzed by Richard Lazarus.

From ASEc+'s perspective, based on the theories mentioned above, life skills are those that expand a person's resources, both to become more aware of their emotional process and the natural mechanisms for dealing with situations (self-knowledge), and to be able to regulate their own emotions, face problem situations and relate in an empathetic and collaborative way with others.



These skills increase a person's ability to make choices that are favorable to their mental health insofar as they allow them to move away from a state of automatic, reactive response and to be able to actively and consciously think about the best strategies for each type of situation. This implies that they are able to consider different alternatives (going beyond their conditioning and impulses) and be flexible enough to adapt their strategies according to their needs and the demands of the environment at a specific time.

Teaching skills is not about teaching the right ways of thinking or acting to deal better with difficulties. Firstly, because it's not possible to define universal correct ways that fit all situations (what may help in one case, may be disastrous in another). Secondly, what's at issue here is the way people appraise each situation (this can't be defined out of context). This appraisal is what will generate the corresponding emotional process.

What we need to promote, rather, is a capacity (or competence) that allows people to perceive this process taking place: how they think, how and what they feel, how they consider (or not) alternatives, and how they choose (or not) the best possible ways to deal with their emotions and/or with problem situations - to be solved on the basis of a reflection on the consequences of individual choices.

It is important to notice that this list of skills is not restricted to looking at oneself and one's emotions (what is often called emotional education or emotional literacy), since the core of health promotion is the individual-in-relationship. Thus, it is also a life skill to be able to communicate assertively and respectfully, collaborate to resolve conflicts peacefully, and offer and receive help in challenging moments.

• Perceiving how you feel • Naming what you feel • Speaking up • Naming what you perceive • Understanding (the meaning of) situations • Listening • Being assertive • Asking for help • Offering help • Evaluating situations and relationships • Dealing with what you feel and perceive • Solving problems • Differentiating between situations that can and cannot be changed • Considering various possibilities • Choosing after analyzing the consequences • Mediate conflicts • Adapt choice according to context

Skills

## Action Fronts: Education - Communities - Advocacy

### Education

When we talk about developing skills and facilitating attitudes within emotionally safe **environments**, we are essentially referring to an educational process that promotes mental health.



ASEc+, inspired by the Ottawa Charter<sup>22</sup> and the conceptual triad proposed above, believes that educating for health or promoting mental health entails creating emotionally safe environments for adults, young people, and children to develop emotional skills and social policies that promote healthy choices throughout life.

<sup>22</sup> This front of action is mainly related to two areas of action proposed by the Ottawa Charter, as cited in Barry MM, Clarke AM, Petersen I, Jenkins R, editors. Implementing mental health promotion. Springer International Publishing. 2019: 1) CREATING SUPPORTIVE ENVIRONMENTS ("creating supportive environments moves mental health beyond an individualistic focus to consider the influence of wider social, physical, cultural and economic environments. This action area emphasises the importance of the interaction between people and their environments and highlights the importance of mediating structures such as homes, schools, communities, workplaces and community settings as key contexts for creating and promoting positive mental health") and 2) DEVELOPING PERSONAL SKILLS ("developing personal skills involves enabling personal and social development through the provision of information, education and enhancement of life skills. Improving people's knowledge and understanding of positive mental health as an integral part of overall health is an important part of this action area, highlighting the need to improve mental health literacy. The development of social and emotional skills, such as self-awareness, improved self-esteem, sense of control and self-efficacy, relationship and communication skills, social skills, problem-solving, and coping skills, has been shown to improve mental health and facilitate the exercise of more control over one's life and environment.

In this sense, ASEc+ works with systematized programs aimed at children and young people, in accordance with the S.A.F.E guidelines, as well as with solutions aimed at the public in its surroundings (school community, parents, protection network, etc.) in their demands for more information, knowledge and experiences related to mental health and well-being:

## S.A.F.E. Programs

The programs that ASEc+ uses were developed by a multidisciplinary team from the English NGO Partnership for Children, under the leadership of Prof. Brian Mishara<sup>23</sup> (University of Quebec). Based on the solid theoretical framework of Richard Lazarus<sup>24</sup> and robust scientific evidence derived from extensive research in school, community, and clinical settings, the researchers were able to clearly define which skills would be developed, why they would be built in relation to each other over time, and how their development would be monitored – a factor widely considered to be characteristic of effective programs.

The programs were built according to the approach known as S.A.F.E, which is characteristic of numerous programs known for their good results:

- 1 Sequenced:** activities organized in a way that each step builds upon the previous one, leading in a coordinated and connected manner to the development of skills. In other words, the activities progress incrementally, with each step reinforcing and advancing the prior one.
- 2 Active:** active forms of learning that enable children to practice and master new skills. Instead of just sitting, listening, and watching, they engage in hands-on activities and actively practice what they are learning.
- 3 Focused on some specific skills:** they focus on one thing at a time, avoiding the attempt to do everything simultaneously or teach too many different concepts at once.
- 4 Explicit:** the definition of the skills that will be worked on is explicit and objective, that is, the program makes its objectives clear and what should be done at each step.

Structured according to the guidelines for effective social-emotional skills development programs outlined by researchers from the Collaborative for Academic, Social, and Emotional Learning (CASEL), programs should: have a solid theoretical

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<sup>23</sup> Check out <https://www.capable.info/en/about>

<sup>24</sup> The SPARC Resilience Program, with a similar purpose, developed by Prof. Ilona Boniwell and her team between 2009 and 2010, was recently added to the list of PFC Programs. It is a universal positive education intervention in schools, aimed at children aged 11 to 14, which is based on resilience, cognitive-behavioral therapy, mindfulness and positive psychology literature, with the explicit goal of promoting emotional resilience and associated skills, as well as preventing depression.

basis and be developmentally and culturally appropriate; foster a welcoming, mutually supportive, and challenging classroom and school climate; teach a broad range of skills; be delivered by a well-trained staff with adequate and ongoing support; foster partnerships between school, family, and community; and be systematically monitored and evaluated<sup>25</sup>.

There is evidence from 18 meta-analyses and 13 systematic reviews that school-based program development has a positive impact on social and emotional learning, mental health and well-being, behavior, and academic performance of children and young people<sup>26</sup>.



The programs, in turn, have been extensively evaluated in a large number of studies that have shown that the effects of the problems faced by children are related to their ability to deal with them and that such programs can increase these capacities<sup>27</sup>.

Although the main objective of these programs is to develop life skills, they are not focused solely on training individual skills – quite the opposite, they are ecologically oriented. They seek to expand the potential of not only children and young people, but also to introduce a common language of information processing into the environment. Both children and adults can use this language to communicate more effectively about problematic situations and decisions.

In this sense, programs must address adults' behavior, relationships, classroom climate, and resources that strengthen/reward adaptive problem-solving efforts. Effective programs typically encourage children to perceive adults as supportive and seek their help in making choices, and develop skills with adults on ways to facilitate children's efforts to make responsible decisions when faced with personal and social dilemmas<sup>28</sup>.

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<sup>25</sup>Joseph\_E.\_Zins,\_Roger\_P.\_Weissberg,\_Margaret\_C.\_Wang,\_Herbert\_J.\_Walberg\_Building\_Academic\_Success\_on\_Social\_and\_Emotional\_Learning\_What\_Does\_the\_Research\_Say\_(Social\_Emotional\_Learning,\_5)(2004).pdf

<sup>26</sup> Barry, M. M. (2001). Promoting positive mental health: Theoretical frameworks for practice. *International Journal of Mental Health Promotion*, 3(1), 25–43.

<sup>27</sup> Clarke, A. M., Bunting, B. & Barry, M. M. (2014). Evaluating the implementation of a school-based emotional well-being programme: a cluster randomized controlled trial of Zippy's Friends for children in disadvantaged primary schools. *Health Education Research*, 29(5), 786–798. doi: 10.1093/her/cyu047

Denoncourt, J. (2012). Le soutien social des enfants de premier cycle primaire : résultats de l'évaluation des effets d'un programme de promotion de la santé mentale en milieu scolaire Les amis de Zippy (Ph. D, Université du Québec à Montréal, Montréal, Canada).

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Mishara, B.L., & Ystgaard, M. (2010). Exploring the Potential of Primary Prevention: Evaluation of the Befrienders International Reaching Young Europe Pilot Programme in Denmark. *CRISIS*, 21(1), 4–7.

Monkeviciene, O., Mishara, B. L., & Dufour, S. (2006). Effects of the Zippy's Friends programme on children's coping abilities during the transition from kindergarten to elementary school. *Early Childhood Education Journal*, 34(1), 53–60.

<sup>28</sup> Roger P. Weissberg, Maurice J. Elias, Enhancing young people's social competence and health behavior: An important challenge for educators, scientists, policymakers, and funders. *Applied and Preventive Psychology*, Volume 2, Issue 4, 1993.

That is why, over the decades, ASEc+ has always focused on the training and monitoring process of professionals who will act as agents of mental health promotion. The ASEc+ professional training model does not only aim to transmit theoretical knowledge about the programs and their theoretical-methodological foundations, but also to transform them personally, resulting from the experience of these principles throughout the training process and/or the development of methodologies with their children and young people.

## ASEc+ Solutions



Since its foundation, the most significant part of ASEc+'s work has consisted of training educators to develop programs with their children and maintaining a permanent support structure for any needs.

Thus, far beyond the programs, the focus of ASEc+'s work has always been to develop a positive outlook and attitude towards emotional issues – welcoming rather than judging, understanding in order to support, and cultivating empathy to promote children's autonomy and self-esteem.

Because of this, over the years, ASEc+ has established itself as a differentiator in human training, which seeks to balance, on the one hand, the construction and maintenance of an environment for welcoming and listening to professionals with, on the other hand, the need to equip them with the concepts of programs and solutions, thinking about the development of children and young people's skills<sup>29</sup>.

Over time, the effects of this training process on teachers' personal and professional lives meant that ASEc+ was increasingly asked to hold courses and events aimed at promoting emotionally safe environments for other education professionals and their support network, seeking to transform the way we view emotional issues.

It was in this movement that the ASEc+ solutions were born, which aim to promote environments for reflection and personal development for professionals in areas other than education, such as health, social assistance and others in various fields.

<sup>29</sup> In 2013, the ASEc+ Educator Training methodology was recognized by the Ministry of Education as a promoter of Comprehensive and Integrated Education, fulfilling the requirements of the Pre-qualification Notice for Educational Technologies that collaborate with comprehensive and integrated education and with the articulation of the school in its territory. Published in the Official Gazette of the Union, Ordinance No. 10, of March 14, 2013.

On the other hand, the know-how acquired by ASEc+ with the systematized programs allowed the development of a more versatile solution, the Toolbox<sup>30</sup>, based on the concept of structured conversation circles and the fundamentals of promoting protective factors for mental health. Originally created to be implemented by educators, the methodology was also adapted to be offered from young people to young people, based on peer education.

## Healthy and Welcoming School

Consistent with the socio-ecological perspective of mental health promotion, ASEc+ prioritizes the "whole school approach" to foster a school environment that is fully focused on promoting mental health, with the aforementioned conceptual triad (environments – attitudes – skills) as its axis.



The "Healthy and Welcoming School" – as ASEc+ has named this approach – proposes that all aspects of the school, from the curriculum to daily interactions, are aligned with the goals of promoting mental health. S.A.F.E. programs provide a solid foundation for the development of life skills throughout the school. When integrated into this approach, the programs allow the development of skills to be a coherent and continuous part of the school experience. Additionally, ASEc+ solutions strengthen this integration by equipping the school community – which includes parents, educators, administrators and other school staff and departments – with tools to promote mental health, in addition to fostering the creation of emotionally safe environments, fostering a culture of mutual support and empathy.

This combination not only improves the school climate, but also promotes an ecological approach that benefits students and staff, creating a more inclusive and healthy learning environment for all.



This perspective aligns with the core principle that guides the National Common Curricular Base (BNCC, in the Portuguese acronym), which is the holistic development of students. This approach emphasizes the need to consider the various dimensions of a person—intellectual, physical, emotional, social, ethical, moral, and symbolic—while overcoming the traditional division and hierarchy between intellectual and emotional development.

Although the BNCC presents, throughout its extension, the competencies and skills to be developed in a school environment, it does not explain how to implement them. On the other hand, since planning is now based on skills rather than content, pedagogical mediation takes on a new focus, in which the teacher acts as a guide

<sup>30</sup> Toolbox was selected, from 400 participants, as an innovation in 21st-century skills by HundrED, a global non-profit educational organization based in Finland. HundrED researches impactful and scalable innovations in the context of Early Childhood Education through to Secondary Education (K-12) and is also a member of the 21st Century Skills Coalition. The initiative aimed to identify and select innovations that are promoting 21st-century competencies, both within and outside of formal education, through digital, musical, sports, citizenship, and entrepreneurship programs

and encourager – becoming a partner of the student and encouraging them to share and reflect.

There is no denying the impact that such a change of focus has on the school community, posing an enormous challenge for everyone in its implementation. Therefore, the programs and solutions offered by ASEc+ act as an important support point in this process of change, equipping teachers with tools to improve their role as mediators of skills, especially in relation to their socio-emotional aspects.

The ASEc+ programs enhance the 10 BNCC Competencies and directly impact 6 of them<sup>31</sup>. By working on the program activities, teachers learn in a practical way how to develop various socio-emotional skills, transferring this learning to other areas of knowledge. On the other hand, with the methodology proposed by the programs, teachers create a safe environment in the classroom, open to the fundamental needs of any human being: recognition, support, listening and mutual respect. An emotionally healthy environment is one of the main factors that impact children's learning<sup>32</sup>.

The ASEc+ programs enhance all Competencies of the National Common Curricular Base, acting directly on six.



**Knowledge**  
Value and use knowledge about the physical, social, cultural, and digital world.



**Scientific, critical, and creative thinking**  
Exercise intellectual curiosity and use science with critical thinking and creativity.



**Cultural repertoire**  
Appreciate various artistic and cultural expressions.



**Communication**  
Use different forms of language.



**Digital culture**  
Understand, use, and create digital technologies in a critical, meaningful, and ethical way.



**Responsibility and citizenship**  
Act individually and collectively with autonomy, responsibility, flexibility, resilience, and determination.



**Empathy and cooperation**  
Practice empathy, dialogue, conflict resolution, and cooperation.



**Self-awareness and self-care**  
Know oneself, understand human diversity, and appreciate oneself.



**Argumentation**  
Present arguments based on facts, data, and reliable information.



**Work and life projects**  
Value and take ownership of knowledge and experiences.

## Communities

To strengthen mental health at the community level, individuals and groups must actively participate in identifying their needs, prioritizing goals, and planning and

<sup>31</sup> ASEc+ has even developed an e-book entitled *Programas Amigos do Zippy, Amigos do Maça, e Passaporte e as competências gerais da BNCC - Base Nacional Comum Curricular* (Zippy's Friends, Apples' Friends and Passport Programs and the General Competences of the National Common Curricular Base), where it shares how its programs, in a practical way, benefit and develop these skills (competencies) and how they enhance the various socio-emotional dimensions of the BNCC.

<sup>32</sup> There are several studies that point to this correlation. Check out mainly: CASSASUS, J. *School and Inequality*, Ed. Liber Livro; THAPA, A., COHEN, J., GUFFEY, S., & HIGGINS-D'ALESSANDRO, A. (2013). *A Review of School Climate Research*. *Review of Educational Research*, 83, 357-385 or even LOUKAS, A., & MURPHY, J. L. (2007). Middle school students' perceptions of school climate: Examining protective functions over subsequent adjustment problems. *Journal of School Psychology*, 45(3), 293-309.

executing initiatives. This process enables them to enhance their well-being and take charge of their daily lives, as proposed by the Ottawa Charter<sup>33</sup>.

Inspired by this ideal and guided by ASEC+'s expertise and references, the Community of Young Ambassadors for Mental Health was founded to recognize and promote the power of collaborative actions. Its mission is to not only enhance youth leadership and the development of personal skills but also to foster healthy environments and build support networks that prioritize well-being and reduce risk factors for mental health disorders in this age group.

Thus, the community fosters a safe space that encourages learning, experience-sharing, bond-building, and collaborative efforts to promote mental health in Brazil. With the support of ASEC+ professionals, it works with and for young people to create meaningful and sustainable change.

In this same sense, the Alumni Community was created to foster reconnection and connection among professionals who have previously participated in ASEC+ programs or solutions. With the collective goal of building a supportive environment, the community promotes exchange, learning, self-care, and emotional health for adults.

With over **20 years of impact** and more than **400,000 people benefited**, ASEC+ firmly believes that a sense of belonging (fostered through communities) is a powerful **protective factor for mental health**. Both projects aim to create safe spaces that nurture **belonging, acceptance, and exchange**, empowering participants to promote mental health within their communities. They also strive to collaboratively develop initiatives driven by the needs and aspirations that arise from the group.



## Advocacy

ASEC+ understands that enhancing its purpose and intervention strategies, based on consistent principles and evidence of their effectiveness, includes being present and actively participating in forums and environments for the exchange of knowledge, innovation and the promotion of lasting changes, with public policies. Only in this way, by combining knowledge with best practices, which emerge in the community, national and international context, will we have structural changes in the scope of mental health promotion, benefiting, in the medium and long term, the entire society. Actions like this contribute to making mental health, in fact, a human right, as pointed out by the WHO.

For an institution's strategies to result in broad social transformations, they need to be integrated at an intersectoral policy level, involving a capacity for articulation and

<sup>33</sup> As cited by Barry MM, Clarke AM, Petersen I, Jenkins R, editors. Implementing mental health promotion. Springer International Publishing. 2019.

strategic partnerships. Similarly, it is essential to develop a shared language on the importance of good mental health and well-being, along with a deeper understanding of which intersectoral policies and actions can be implemented to promote these values to the population as a whole<sup>34</sup>.

In this regard, the ASEc+ advocacy front aims to nurture the mental health ecosystem based on its experience with implementing programs, training professionals and building communities, Its actions are informed by real-world experiences and, where possible, supported by implementation science<sup>35</sup>. In collaboration with local, national, and international partners, ASEc+ seeks to contribute to the development of a shared language and offer solutions to address the challenges associated with mental health promotion.

Through its advocacy, ASEc+ offers a perspective on how to understand and promote mental health, emphasizing the importance of viewing the individual in the context of the broader social system to which they belong.



## Advocacy ASEc+

### National Participation

Founding organization of Vertentes - Mental Health Ecosystem  
Co-facilitation in the Mental and Neurological Health WG of the CCNTs Forum  
Member of the National Youth Council - CONJUVE - alternate chair of Health  
Adherence to the Global Compact  
Associated with ACT - Health Promotion  
Adherence to the 2030 agenda (for implementation of the SDGs)  
Young Ambassadors for the Promotion of Mental Health Project

### International Participation

Representative of the Americas on the Council and member of the Child and Adolescent GT and Climate Change and Mental Health GT of the Global Mental Health Action Network (GMHAN)  
International Union for Mental Health Promotion (IUHPE) Global Working Group on Mental Health Promotion  
UN ECOSOC consultative status with participation in the ECOSOC Youth Forum and UN General Assemblies (UNGA)

<sup>34</sup> Barry MM, Clarke AM, Petersen I, Jenkins R, editors. Implementing mental health promotion. Springer International Publishing. 2019.

<sup>35</sup> A Ciência de implementação nada mais é do que o estudo científico de métodos para promover a adoção de resultados dos estudos científicos na prática rotineira dos serviços de saúde com objetivos claros de melhorar a saúde da comunidade. Em outra definição, ciência da implementação é uma ciência na medida em que: 1) previsões são feitas, assim como em qualquer estudo científico; 2) essas previsões são testadas na prática usando o método científico. Ver BOMFIM, Rafael Aiello (org). Introdução à ciência de implementação para profissionais da saúde [recurso eletrônico]. Campo Grande, MS : Ed. UFMS, 2021.

## Results monitoring

The methodologies mentioned above are the strategies ASEC+ employs to put into practice what we refer to as the “ASEC+ way of promoting mental health,” grounded in the triad of skills, attitudes, and environments. This approach is supported by theoretical principles derived from scientific evidence accumulated over decades, particularly the works of Richard Lazarus and Brian Mishara.

The clear connection between theory and practice forms the foundation of the intervention monitoring plan, which primarily seeks to evaluate whether the strategies are effectively translating evidence into action and whether the intended results—namely, the development of skills, attitudes, and environments that promote mental health—are being achieved. To this end, ASEC+ has developed a Theory of Change for each program, outlining its objectives, activities, and specific indicators (measured throughout implementation) to ensure that the desired outcomes are met.

The commitment to ensuring alignment with the proposed theory mirrors a current concern among researchers at the EASEL Lab (Harvard University), who are working to better understand the field of Social-Emotional Learning (SEL). These researchers emphasize the lack of clarity regarding the concepts and effective methods for promoting and measuring skills. They note that, while many systems and organizations aim to develop the non-academic skills essential for life, there is no consensus on the precise meaning or implications of each skill, with even conflicting definitions existing. This diversity of perspectives complicates the implementation of SEL initiatives in schools or institutions, as it becomes challenging for those seeking to launch programs to determine which approach to follow, which skills to prioritize, and how to assess them effectively.

In response to this gap, ASEC+ seeks to offer a clear and consistent model, making its conceptual premises and success indicators transparent. These indicators are directly related to the conceptual triad, seeking to monitor, through questionnaires and assessments, the development of mental health-facilitating attitudes by professionals trained by ASEC+, the construction of emotionally safe environments, both for professionals during training and for the target audience of programs and solutions, and the development of life skills in this same audience.

This monitoring system not only measures the effectiveness of programs and solutions, but also ensures that ASEC+ is faithful to its purpose of promoting mental health consistently and effectively.

## Sources

Scan the QR code with your camera to access the sources referenced in this position paper.



ASEC<sup>+</sup> 20  
years

Association for Emotional Health

