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RESEARCH ARTICLE

THE IMPACTS OF SELF-DEMAND ON THE MENTAL HEALTH OF STUDENTS DURING HIGH SCHOOL IN PUBLIC EDUCATION

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ABSTRACT

Introduction: Toxic positivity and the constant pursuit of high performance have led high school students to internalize excessive self-pressure, contributing to the development of mental disorders such as anxiety and depression. Mental health, historically neglected, has become a central topic in contemporary discussions about youth well-being, especially in contexts of social vulnerability. **Objective:** This study aimed to investigate the impacts of self-pressure on the mental health of public high school students, focusing on the psychosocial, academic, and lifestyle factors that influence this scenario. It also sought to quantify levels of self-pressure, identify access to psychological and psychiatric care, and correlate healthy habits with emotional well-being. **Methodology:** The research used a qualitative and descriptive approach, based on a literature review of articles published between 2015 and 2025, sourced from databases such as SciELO, PubMed, and BVS. The selection of texts was guided by descriptors such as “mental health,” “self-pressure,” and “public school system,” and was analyzed through thematic axes aligned with the study's specific objectives. **Results and Discussion:** The analysis revealed that factors such as social inequality, bullying, academic pressure, family conflicts, and lack of psychosocial support intensify self-pressure and worsen psychological distress. Young people with healthy habits — such as regular physical activity and a balanced diet — showed greater emotional stability, although socioeconomic barriers hinder the adoption of such behaviors. Premature and excessive use of medication was also observed, often without adequate psychosocial support. **Conclusion:** Excessive self-pressure negatively impacts the mental health of public school students, highlighting the need for schools, families, and public policies to promote emotional support, prevention, and emotional education. Integrated and non-medicalized strategies are essential to ensure the full development of young people in the school environment.

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INTRODUCTION

With its rhetoric that “everything is possible,” toxic positivity omits failure as an integral part of the human experience. This unrealistic optimism can serve the interests of certain groups, as in a world marked by constant competition, such belief pushes individuals to be productive at any cost, negatively affecting their mental health. In this context, according to philosopher Byung-Chul Han in his essay *The Burnout Society*, the positivity of power is much more effective than the negativity of obligation. In other words, productivity is driven more by internal motivation than by external imposition. Along these lines, ideas such as Barack Obama’s

2008 campaign slogan “Yes, We Can” and Nike’s “Just do it” lead individuals to internalize an excessive sense of self-pressure — a constant demand to be alert and ready to succeed. According to a study by Lopes (2020), in Brazil, 30% of adolescents presented common mental disorders, characterized by symptoms of anxiety and depression. Thus, it's evident that academic literature highlights similar gaps: how the pursuit of maximum and high performance aligns with self-exploitation, leading young people inevitably toward the exhaustion typical of today’s psychological distress. From this perspective, scientific research is essential to understand the causes of the mental health crisis. It is necessary for the scientific community to uncover the mechanisms and

consequences of toxic positivity on mental health, as the excessive self-pressure for productivity has been normalized. Based on the reality faced by Brazilian youth, it is clear that self-pressure in high school affects mental health due to factors such as: school insecurity; bullying; negative thoughts about reduced productivity, leading to school dropout; low school interaction, which increases the risk of depression and anxiety; and the conflicted relationship between teachers and students, which reinforces the risk of abnormal behaviors (Körne, 2016). From this angle, mental disorders account for 12% of global diseases, affecting 10% to 20% of children and adolescents (Nobre *et al.*, 2021). Worldwide, the prevalence of depressive disorders in childhood and adolescence is 4% to 5%, with girls being twice as affected as boys (Körne, 2016). The main symptoms include: lack of concentration, self-sabotage, bad mood, loss of interest in activities and leisure, social isolation, changes in appetite, insomnia, and suicidal thoughts (Körne, 2016). The World Health Organization (WHO) emphasizes the importance of preventing and promoting mental health, focusing on deconstructing the self-pressure students place on themselves (Nobre *et al.*, 2021). The literature points to common gaps: schools, psychosocial support services, and families must develop strategies to improve mental health literacy. Hence, there is a need for more national and evaluative intervention studies on mental health, to demystify self-pressure related to high school (Faria, Rodrigues, 2020).

Additionally, the social impacts of mental disorders in youth include food insecurity, low income, and unequal access to healthcare. In this context, students from the public school system who live under such socioeconomic conditions are directly affected by disorders like anxiety and depression — particularly those aged 15 to 17 (26.5%), girls (23.3%), individuals of Asian or Indigenous descent (25%), and students living in urban areas (23.6%) (Ribeiro *et al.*, 2020). Regarding the socioeconomic impacts on mental health, food insecurity — directly linked to the onset and worsening of mental disorders — affects 91.8% (Jabena *et al.*, 2016), in addition to low economic status and social inequalities. Despite the mental health demands among adolescents, scientific output on the subject in developing countries represents only 6% (Souza *et al.*, 2021), indicating that research is insufficient to address this issue. Schools, however, are more accessible spaces for discussing and addressing this topic, as they offer adolescents less stigmatizing environments for action (Vieira *et al.*, 2014). Thus, education is a vital tool to combat the high rates of anxiety and depression among students in the public school system. In this sense, new research using local mental health indicators can help create effective social strategies to improve this group's quality of life.

Therefore, it is clear that mental health care for adolescents is essential, as it enhances their overall well-being and quality of life. These young individuals, immersed in a new environment of high self-pressure caused by uncertainty and new high school experiences, often feel overwhelmed. According to Moura (2023), “[...] high school is a transitional stage between childhood and adulthood, a moment in which students face significant changes in their lives.” From this perspective, the aim of this research is to investigate the impact of self-pressure associated with lifestyle, academic, and psychosocial factors among some high school students at Colégio Assis Chateaubriand in Feira de Santana, Bahia. This project seeks

to assess how these factors influence students' mental health, focusing, for instance, on the role of physical activity in academic life. As such, this scientific study is important both socially, by identifying aspects of mental health in need of improvement among students at this school, and academically, by mapping the profile of youth who experience excessive self-pressure during this life stage.

METHODOLOGY

This was a bibliographic, descriptive study with a qualitative approach, and the data collected were used to develop the scientific article. Data collection was based on a literature review of scientific publications related to the proposed topic, covering the period from 2015 to 2025. The inclusion criteria for content selection were: full-text publications aligned with the topic “*The impacts of self-pressure on the mental health of public high school students*”, including documents, regulations, health entity guidelines, scientific articles, and institutional directives published in Portuguese, English, or Spanish. Exclusion criteria included: articles not directly related to the topic, duplicate or incomplete materials, reviews, abstracts, debates, and content not available in full. The literature search was conducted using the following databases: SciELO, PubMed, and BVS. The search terms were based on the Health Sciences Descriptors (DeCS) from the Regional Library of Medicine (BIREME), using the descriptors: “Mental Health” AND “Self-pressure” AND “Students” AND “Public School System.”

The methodology used in this study began with the careful selection of descriptors from DeCS and BVS, followed by a search in indexed databases. Using the main keywords and their equivalents, tables were created listing the articles found in each database. Duplicate articles were eliminated, followed by a relevance screening based on titles. After that, abstracts were read, and the full articles that met the established criteria were reviewed. For data analysis, the following thematic axes were defined: “Self-pressure,” “Mental Health,” “Students,” “High School,” and “Public School System,” built from the study's specific objectives, which were: “Quantify the number of students suffering from excessive self-pressure,” “Classify school-related self-pressure on a scale from 0 to 10,” “Identify how many students receive psychological/psychiatric care and use medication,” “Correlate self-pressure with lifestyle habits,” and “Evaluate levels of psychophobia (denial or stigma).” These were framed as guiding questions that directed the reading and critical analysis of the selected articles, forming the conceptual foundation for the discussion and interpretation of data. The responses obtained provided theoretical support for constructing the results and the reflections proposed in this study.

RESULTS AND DISCUSSION

Mental Health in Contemporary Times: Mental health does not have a single, objective definition and is widely debated in the scientific community, especially within the field of psychiatry. Manwell *et al.* (2015) state that mental health can be understood as the absence of mental disorders, but also as a multifactorial condition involving biological, psychological, and social dimensions. These aspects influence an individual's adaptability and their ability to function in society. Furthermore, Wandschneider (2024) emphasizes that although

recognition of mental health has increased, its appreciation is still insufficient. This neglect reveals the difficulty of integrating mental health as an essential component of quality of life and human well-being, particularly when compared to the attention given to physical health. According to Alcântara *et al.* (2022), the Brazilian Psychiatric Reform proposed a paradigm shift by moving the focus away from clinical diagnosis and mental illness toward the individual's existential suffering. This represents progress in understanding mental health as a subjective experience rather than a mere pathology. Manwell *et al.* (2015) support this idea by highlighting that, in contemporary times, the term "mental health" is often used as a euphemism for "mental illness", indicating a process of terminological softening. According to Carvalho *et al.* (2011), various aspects of contemporary life negatively affect young people's mental health. Situations such as bullying, sleep disorders, sadness, loneliness, suicidal ideation, and substance use—such as alcohol—compromise emotional stability and make it difficult to establish healthy social relationships. These elements show that young people's mental health is increasingly vulnerable, requiring specific care and prevention strategies. This demonstrates that external and social factors exert a strong influence on this population's psychological balance.

Historically, the concept of mental health has undergone significant transformations. Costa (2014) explains that in Antiquity and the Middle Ages, madness was associated with supernatural phenomena and relationships with deities, being seen as something incomprehensible and unreachable. It was only at the end of the 18th century that mental disorders began to be treated through institutionalization in asylums, marking the beginning of an institutionalized approach. From that point on, a broader understanding of mental health began to take shape, going beyond the mere absence of visible symptoms of disease. In Brazil, according to Sampaio and Júnior (2021), mental health care has evolved from the institutionalization of madness to the implementation of community services that prioritize comprehensive and humane care. This process culminated in the Psychiatric Reform, which aims to prevent the emergence or worsening of mental disorders through preventive and multidisciplinary approaches. Cardoso and Galera (2010) point out that psychiatric hospitals are no longer the cornerstone of treatment, being replaced by more dynamic and accessible extra-hospital services. Onocko-Campos (2019) highlights the CAPS (Psychosocial Care Centers) as the main representatives of this shift, although there are still monovalent hospitals with outdated and often abusive practices.

Mental Health in Youth: Adolescence is a phase marked by emotional vulnerabilities, making it a critical period for the onset of mental disorders such as anxiety and depression. These vulnerabilities are intensified by the physical and emotional changes typical of this stage of life. Another factor that worsens this scenario is the influence of digital technologies, especially social media, whose excessive use contributes to feelings of anxiety and low self-esteem. According to Santos *et al.* (2023), adolescents are more sensitive to social information and seek immediate rewards, making them particularly susceptible to the negative effects of these platforms. In this regard, Nesi (2020) points out that the internet can lead to negative experiences such as cyberbullying and become a hostile environment, where aggression, humiliation, and exclusion are common. These negative virtual interactions are associated with the emergence or worsening of

anxiety and depression, as well as encouraging self-destructive behaviors such as self-harm and suicide. Thus, the uncontrolled use of social media and prolonged screen exposure—especially on smartphones—have been identified as harmful to young people's mental health. According to Santos *et al.* (2023), such behavior can trigger or worsen psychological disorders like anxiety and depression. Constant contact with potentially harmful content, coupled with social comparison, reinforces feelings of inadequacy. This happens at a time when adolescents are shaping their identities, which makes them more vulnerable to the emotional impacts of the digital environment. Moreover, among the main factors associated with the mental health of children and adolescents are recurring psychological symptoms, such as sleep and appetite disturbances, as well as difficulties with social interaction. In this regard, Meherali *et al.* (2021) highlight that the COVID-19 pandemic significantly worsened these factors, as isolation, changes in school routines, and fear of the disease increased stress and anxiety levels among young people, leaving psychological effects that may persist over long periods.

Therefore, effective interventions are needed to prevent these mental disorders, such as mental health literacy from a young age. Nobre *et al.* (2021) state that by providing knowledge and developing healthy attitudes and behaviors, such literacy contributes to a more balanced adult life. Furthermore, initiatives like the +Contigo and YAM (Youth Aware of Mental Health) programs are concrete examples of strategies aimed at raising awareness and promoting mental health, also seeking to reduce suicide attempts and highlighting the importance of education and open dialogue from an early age.

Mental Health of Youth in Public School Environments: Various factors negatively impact the mental health of young people in public schools. Among them are precarious economic conditions, urban and school violence, family instability, prejudice, lack of emotional support at school, academic pressure, and the absence of future prospects. Symbolic and physical violence—including from teachers—turns the school into a space of fear, generating anxiety and withdrawal. In this context, the lack of appropriate welcoming spaces, such as libraries and green areas, undermines students' well-being. Additionally, the absence of active listening and the rigidity of school relationships further intensify students' emotional distress. (Lawal *et al.*, 2025).

Internet addiction and a negative self-perception of quality of life are cited as factors associated with low self-esteem and emotional dissatisfaction among public school youth. In this context, the absence of continuous health promotion actions hinders the early identification of mental issues. Moreover, the lack of coordination between schools and health services impairs the necessary support. Teachers and administrators can detect signs of suffering by observing depressive symptoms, a negative outlook on life, and problematic internet use. These signs require attentive observation and active psychological support policies. (Brito *et al.*, 2019). Social vulnerability, combined with the limitations of the school infrastructure itself, also contributes to the deterioration of students' mental health. Factors such as the presence of drugs around the school, weak family ties, and lack of future expectations are central to this scenario. At the same time, full-time schooling, although idealized as a protective measure, is often seen by many young people as a barrier to

entering the job market. Instead of serving as a space for empowerment, school may become a reflection of social exclusion. As a consequence, behavioral changes, isolation, the desire to drop out, and closeness to at-risk groups should be treated as warning signs. (Pires; Souza; Medeiros, 2020). Violence, bullying, and the lack of safe and welcoming spaces also deeply affect students. Many young people express suffering through isolation, aggressiveness, and declining academic performance, but these signs are often ignored. The structure of public schools, when centered on active listening and dialogue, can be transformed into a space of protection. In this regard, it's worth noting that accessible technological tools—such as the *Fala S3rio* app, developed with student participation—have proven effective in promoting mental health. On the other hand, the lack of listening aggravates suffering and contributes to students' detachment from the school environment. (Aparecida, 2018). Instability in living conditions, family conflicts, and social pressures directly affect young people's mental well-being (Lachtim *et al.*, 2022, p. 10). When schools fail to offer psychological support or treat social issues as individual shortcomings, they fall short of their formative role. However, with an emancipatory approach, schools can help students understand and transform their realities. To do so, it is necessary to break with hierarchical structures and invest in dialogue circles, active listening, and critical reflection. In this sense, adolescents report that the lack of empathy and support from teachers deepens isolation and suffering (Kravetz *et al.*, 2021). Additionally, the absence of systematic behavioral screenings in schools and the unequal implementation of educational policies hinder early detection of problems (Auerbach *et al.*, 2020).

Neglect of Young People's Mental Health: The regular practice of physical activity is directly associated with the prevention of common mental disorders (CMDs), highlighting the importance of healthy lifestyles starting in youth. Mental health issues manifest from childhood and are frequent throughout different life stages. Among university students, factors such as family separation, social adaptation, difficulties in relationships, balancing work and studies, and uncertainty about professional futures increase stress levels. Additionally, living with chronic illnesses during youth compromises psychological development, cognitive skills, and interpersonal relationships, potentially leading to risky behaviors (Gomes; Silva, 2023; Trajano *et al.*, 2024). Multimorbidity in young people goes beyond clinical symptoms, also affecting cognitive and social development. Supportive environments such as school, work, and family are essential to reducing harmful behaviors like physical inactivity, poor diet, and smoking. Thus, understanding the prevalence of multimorbidity among Brazilian youth and its correlations with social factors and lifestyle habits is crucial for planning effective public policies. Programs focused on isolated diseases become obsolete in the face of the need for comprehensive care that addresses the complexity of youth mental health (Gomes; Silva, 2023). Sociodemographic factors such as income, age, gender, marital status, and religion directly influence young people's emotional responses. Participants with lower incomes showed a higher incidence of depressive symptoms, revealing the impact of socioeconomic inequalities on mental health. At the same time, the sense of coherence—the ability to cope with adversity—was low among these individuals, compromising their ability to deal with symptoms. The lack of adequate support contributes to

the worsening of psychological conditions, underlining the importance of welcoming strategies and continuous follow-up (Silva *et al.*, 2022). The abandonment of psychotherapy among adolescents is alarming, especially among those already diagnosed with mental health conditions (Essarts *et al.*, 2022). Inadequate parenting practices are among the main factors leading to referrals to child and adolescent mental health services, particularly in cases involving substance use or aggression (Menezes *et al.*, 2022). The interaction between parents and children is complex and shaped by personal, demographic, and sociocultural factors, with neglect being a direct predictor for referral, while maternal presence as the primary caregiver reduces this need. Psychoanalytic psychotherapy, in turn, has shown effectiveness in supporting adolescents (Midgley *et al.*, 2017; Essarts *et al.*, 2022). The lack of mental health initiatives in schools and teachers' unpreparedness contribute to underdiagnosis and worsening of symptoms (Borba *et al.*, 2018; Wendt, 2021). Anxiety, for example, is associated with school dropout, excessive use of health services, and difficulties in socialization (Almeida *et al.*, 2022). Social isolation intensifies feelings of depression and anxiety, alters hormone levels, and impairs cognitive development. Cyberbullying has an independent and severe effect on depressive conditions, requiring specific attention from professionals (Wendt, 2021). Adolescence—a stage marked by family distancing and the search for peer acceptance—makes early detection of emotional suffering difficult for both teachers and family members (Borba *et al.*, 2018).

The Influence of Self-Demand Among High School Students: Self-demand in young people is often accompanied by feelings of tension, restlessness, and anxiety, which manifest both in specific situations and throughout the school routine. Even students who recognize their own abilities show increased anxiety in the face of exams and assignments. High-achieving students, despite the stress, tend to view challenges as goals, using them as motivation. However, when self-demand is combined with perfectionism and the simultaneous execution of multiple tasks, anxiety intensifies, leading to heightened tension. Assessment situations are identified as sources of stress, provoking feelings of inadequacy and psychophysiological symptoms, due to the decisive role of these exams in their educational and professional trajectories (Batista *et al.*, 2017).

Test anxiety manifests in three distinct phases: anticipatory, confrontation, and waiting, and is triggered by concerns about potential failure and its consequences. Students with high levels of anxiety experience difficulties in learning, retaining information, and performing well, which may lead to school dropout. There is a negative correlation between test anxiety and academic performance: the higher the anxiety, the lower the performance. This is because anxiety impairs attention and concentration, affecting memory. Although considered subclinical, test anxiety shares traits with other types—such as performance, sports, and public speaking anxiety—and may indicate more severe disorders (Gonzaga *et al.*, 2016). In addition to test-related anxiety, young people face multiple sources of psychological distress, such as performance pressure, social expectations, hormonal and physical changes, excessive activities, and experiences with bullying (Rodrigues; Wolter, 2022; Moura, 2023). The search for group acceptance can lead to substance use and risky behaviors. The difficulty of balancing schoolwork and preparation for exams such as the

ENEM exacerbates this situation, especially among low-income students, who often see the job market as their only viable option after high school. This pressure, combined with material barriers, compromises access to higher education. Data from SEDUC-SP (2022), analyzed by Moura (2023), show that 70% of high school students reported symptoms of depression and anxiety. Among them, one-third had difficulty concentrating, 18.8% reported exhaustion, and 13.6% indicated a loss of self-confidence. This scenario is worsened by the typical demands of high school, particularly in the third year, which intensify issues related to self-esteem and stress. As a result, students experience emotional burnout, sleep disorders, and reduced time for self-care and leisure. Altogether, these factors directly compromise the mental health of school-aged adolescents.

On the other hand, education plays a protective role in mental health. A study by Fjolla Kondirolli and Naveen Sunder (2022) showed that one additional year of schooling reduced the incidence of depression symptoms by 6.1% and anxiety by 5.6%. However, during transitional moments into adulthood, as highlighted by Sümeýra N. Tayfun *et al.* (2022), psychosocial challenges emerge that affect the self-esteem and mental well-being of 15- to 16-year-olds. The educational stressor hypothesis, proposed by Björn Högberg (2021), argues that the increasing reliance on academic performance in knowledge-based societies raises stress levels and mental health issues among adolescents, reinforcing the urgency for balanced educational policies and effective emotional support in schools.

The Relationship Between Social Factors and the Mental Health of Young Students: It is evident that adolescents belonging to sexual minorities face social inequalities worsened by a lack of peer belonging, prejudice, and school bullying, which lead to the development of disorders such as anxiety and depression (Lima *et al.*, 2024). Family situations marked by mental disorders in parents—such as depression, isolation, and substance dependence—have long-lasting effects on their children's mental health, impairing academic development and increasing the risk of addiction and psychological disorders. Physical and psychological abuse causes serious harm to young people's well-being, affecting their academic performance. Histories of childhood mistreatment can manifest early in school through psychiatric disorders, difficulties with socialization, and risky behaviors (Arisanti *et al.*, 2024). The absence of social support is a determining factor in worsening mental disorders among young people, making them 1.93 times more likely to develop such conditions compared to those who receive adequate support. High family and community expectations surrounding education as a means of social mobility generate emotional overload, anxiety, and stress in students. Students from underserved regions face even greater challenges due to poor school infrastructure, inadequate nutrition, lack of safety, and low-quality education. The lack of emotional support at home contributes to feelings of invisibility, deepening students' emotional distress (Bezie *et al.*, 2025). Family conflicts and parental pressure are also responsible for the increase in cases of anxiety, depression, and hopelessness among adolescents, who feel misunderstood during a period marked by intense change (Moura, 2023). Factors such as social expectations, life transitions, parental abandonment, structural racism, and bullying further intensify students' psychological vulnerability. These experiences—along with the physical

changes of puberty and the influence of others' opinions—negatively shape the psychological state of youth during the school years. The lack of future prospects, especially among low-income teens, makes entering higher education seem like a distant dream, leading many to opt for early entry into the job market (Rodrigues; Wolter, 2022 apud Moura, 2023).

The structure of family relationships has a direct influence on adolescents' emotional well-being. Insecure and conflictive bonds are associated with behaviors such as substance use, violence, self-harm, anxiety, and depression. In this regard, family support proves essential for strengthening young people's psychological health. In its absence, self-harming behaviors tend to occur more frequently, made worse by the lack of emotional support during this transformative phase. Fragile self-esteem—often affected by school bullying—contributes to the emergence of various mental disorders. Fifteen-year-old girls are particularly vulnerable, as they often face anxiety and depression in addition to early household responsibilities and frequent family pressures (Santana *et al.*, 2023). It is also important to highlight that social and economic inequalities were exacerbated by the COVID-19 pandemic, disproportionately affecting low-income youth in the United States and globally, with significant impacts on mental health—particularly regarding anxiety and depression. Children and adolescents living in poverty and marginalization suffer more intensely from psychological disorders, worsened by the lack of access to qualified mental health services. These populations experience social invisibility and institutional neglect on a daily basis, which intensifies their suffering and compromises their psychological and emotional well-being. This situation highlights the urgent need for public policies that promote equity in the mental health care of children and adolescents (Weist *et al.*, 2023).

The Relationship Between Economic Factors and the Mental Health of Young Students: From this perspective, mental health knowledge among young people is directly associated with socioeconomic status—those with higher incomes and better academic performance demonstrate a greater understanding of the topic. Income influences how individuals perceive and understand mental health, while factors such as gender and nationality are more closely tied to stigma. In other words, youth living in more economically advantaged areas tend to show higher levels of mental health literacy. This pattern was also observed in Portugal, where under-resourced public schools showed lower performance regarding mental health knowledge compared to higher-income schools (Amado-Rodríguez *et al.*, 2024). Additionally, students from socially vulnerable groups face a higher incidence of mental disorders, such as episodes of polycrisis—especially those living in contexts of economic, gender, and sexual orientation fragility. Four key aspects stand out in explaining this phenomenon: the perceived proximity to crises, the stress levels triggered by them, the feeling of responsibility to solve them, and their connection to everyday moral dilemmas. Compared to other university students, those from vulnerable groups report a higher frequency of such episodes, reinforcing the impact of social inequalities on the mental health of this population (Katwak *et al.*, 2024). During the COVID-19 pandemic, a strong association emerged between economic inequality and elevated anxiety levels, particularly among low-income individuals (Benny *et al.*, 2023). Studies show that after the onset of the pandemic, the link between income inequality and anxiety scores intensified. This

correlation deepened as economic hardships worsened, especially for lower social classes. Anxiety is described as a state of nervousness and concern for the future, present in several psychiatric disorders such as generalized anxiety disorder, panic disorder, and phobias (Moura, 2023). Furthermore, for many young people from lower social classes, access to higher education is hindered by both material and subjective barriers, such as pressure to perform well in entrance exams like the ENEM (Moura, 2023). The development of mental health in children and adolescents remains a challenge, aggravated by the absence of effective policies and family neglect. In this context, schools should be recognized as strategic spaces to promote health and address social determinants such as equity and social justice, while also fostering collective and individual empowerment. These aspects are part of the health promotion guidelines and are fundamental to addressing inequalities (Brito *et al.*, 2019).

Globally, young people living in poverty were disproportionately affected by the COVID-19 pandemic, particularly in terms of increased mental health disorders such as anxiety and depression. Poor and marginalized children and adolescents without adequate access to mental health services suffer the consequences of structural inequalities and social invisibility. This reality shows that, beyond a lack of resources, these young people face exclusion from health care, which further intensifies their psychological suffering. Addressing these inequalities requires integrated public policies that ensure universal access to mental health care and place social determinants at the center of action (Weist *et al.*, 2023).

Psychological Follow-up and the Use of Medication Among Young People: The use of psychiatric medications among young people typically begins around the ages of 13 to 14 and is related to family, school, social, and emotional factors (De Oliveira Gracini *et al.*, 2022). The primary diagnoses justifying medication prescriptions include Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), and depression (Iagor Brum Leitão *et al.*, 2025). Medicalization often emerges as a response to symptoms of anxiety and depression, particularly when psychosocial interventions fail (Almeida, Bruna Teixeira de *et al.*, 2024; Mattos, 2024). However, its excessive use can turn social and school-related issues into purely biomedical problems (Almeida, Bruna Teixeira de *et al.*, 2024). One of the main risks of over-medicalization is the normalization of psychoactive substance use, which can negatively impact adolescents' brain and emotional development (Mesas-Hueraman *et al.*, 2023). Studies also reveal the non-prescribed use of tranquilizers and stimulants among youth aged 12 to 18, with a direct association to self-harming behaviors (Rangel-Navia *et al.*, 2022b). Thus, the prolonged and unsupervised use of psychotropics can lead to dependency and worsen emotional disorders (Morais Júnior *et al.*, 2023).

Early and excessive medicalization is driven by a culture of overdiagnosis and stigmatization, which treats medication as "brain intoxicants," often disregarding the impact on comprehensive development (Iagor Brum Leitão *et al.*, 2025). In this light, the early labeling of youth with psychiatric diagnoses can intensify emotional and social harm, reinforcing stigma (Almeida, Bruna Teixeira de *et al.*, 2024). Therefore, a broader psychosocial approach and the valorization of non-medicalizing practices—with sustained engagement from

qualified professionals—are essential (Mattos, 2024). It is crucial to avoid reducing youth suffering to mere pharmaceutical intervention. In this context, reducing the stigma associated with medication use and mental disorders in adolescence requires integrated strategies. Promoting open and horizontal dialogue among adolescents, families, and health professionals is a key path to co-managing treatment (Paula; Caliman; Mariano, 2021). Furthermore, intervention programs that respect young people's individuality and take into account their social and family context can help dismantle prejudices (Mesas-Hueraman *et al.*, 2023). Thus, critical education about substance use and the emotional and social reasons behind it is fundamental to broaden understanding and reduce judgment (Vista de Percepción..., 2025).

Finally, authors like PORTA *et al.* (2020) advocate for the creation of an intersectoral care network involving schools, families, mental health services, and the judiciary to address early medication use and the associated social vulnerabilities. This network should promote support and coordination among the sectors involved in adolescents' lives. Likewise, training teachers and healthcare professionals to identify early signs of distress and substance use is another essential measure (Mattos, 2024). Only through a comprehensive and interconnected approach will it be possible to ensure that youth mental health care goes beyond medicalization.

The Influence of Healthy Habits, Such as Physical Activity, on the Mental Health of Young People: Physical activity has proven to be a powerful tool for the rehabilitation and promotion of mental health among young people, especially university students diagnosed with depression (Ele *et al.*, 2022). In this context, activities such as Tai Chi Chuan have promoted improvements in sleep quality, interpersonal communication, and self-perception. From this perspective, after just 16 weeks of regular practice, the group that engaged in physical exercise showed significant progress compared to the one that relied solely on medication. The benefits of physical activity are now considered comparable to those of psychotherapy. Furthermore, habits such as healthy eating and aerobic exercise are recognized as factors that enhance students' mental health.

In this regard, the positive influence of physical activity also extends to sports like badminton, which promote physical and mental relaxation, especially when practiced for at least 30 minutes per day (Yue *et al.*, 2023). The dynamic nature of such sports enhances positive emotions and physical performance. In addition, breathing and strength exercises stimulate the parasympathetic nervous system and support vascular remodeling and neuroplasticity (Cunha *et al.*, 2023). Group practices, by encouraging socialization and cooperation, also contribute to better mental health profiles among students, reinforcing collective well-being. Moreover, regular physical activity is associated with improvements in psychosocial factors such as self-esteem, self-efficacy, and social support (Coledam *et al.*, 2023). The mechanisms extend beyond biological effects and include antioxidant and anti-inflammatory benefits. Active leisure time, communication, and social interaction play an essential role in preventing mental disorders. Authors recommend an average of 60 minutes per day of moderate to vigorous physical activity. When promoted in educational environments, these habits can improve autonomy, body image, and emotional health among adolescents and young adults.

The effects of physical activity on mental health also occur through neurobiological changes: increased production of neurotransmitters like serotonin, dopamine, and norepinephrine, in addition to the activation of genes that support neuronal growth and function (Silva *et al.*, 2025). This results in improved reasoning, pain relief, and enhanced mood. The psychosocial aspect also stands out, with the strengthening of self-image, confidence, socialization, and bond-building. Physical exercise also impacts behavioral habits, such as improved sleep, which is essential for emotional balance and cognitive functioning. Therefore, structured programs in schools—with regular exercise sessions during Physical Education classes—have promoted significant mental health benefits (Silva *et al.*, 2025). These sessions, organized into warm-up, training, and relaxation stages, were designed to foster autonomy, competence, and peer relationships. Studies with nursing students have also shown that, beyond physical activity, factors such as screen time moderation and balanced nutrition positively affect psychological health (Ramón-Arhués *et al.*, 2023). These combined habits are identified as effective strategies to strengthen young people's mental well-being.

CONCLUSION

Based on the bibliographic analysis conducted, it was possible to understand the impacts of self-demand on the mental health of 1st, 2nd, and 3rd-year public high school students, considering the specific social, economic, and personal aspects of these individuals. In this regard, when analyzing the general objective of comparing the psychological health profile of these students, it was highlighted that social and economic factors, hormonal changes, lack of regular physical activity, and experiences with bullying all influence the mental health of these young people. From this perspective, regarding the specific objectives, it was necessary to identify students who suffer from excessive self-demand, as well as to quantify variations in self-demand levels using a scale from 0 to 10. Accordingly, it was observed that a significant portion of these students seek psychological and/or psychiatric support and use psychotropic medications, which reinforces the negative impact of self-imposed pressure in the school environment on their mental well-being. The study also emphasized a strong correlation between self-demand and lifestyle. In this sense, young students with healthier lifestyle habits—such as regular physical activity, balanced diet, abstention from alcohol and drug use, and reduced screen time—demonstrate greater emotional balance. However, many young people lack the social and financial resources needed to maintain such habits, which contributes to rising levels of anxiety and stress.

Furthermore, the data collected from the referenced studies reveal the presence of psychophobia—discrimination against individuals with mental disorders—within the school context, evident through the denial and trivialization of psychological suffering. This prejudiced stance contributes to the silencing of students and the perpetuation of stigma surrounding mental health, thereby hindering access to appropriate interventions. Thus, it can be concluded that excessive self-demand and associated psychosocial factors directly influence the mental health of public school youth. Therefore, it is urgent that schools, families, and government institutions implement preventive actions that promote emotional support and the recognition of mental health within the school environment, in

order to ensure equal opportunities for the full development of students throughout all years of high school.

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