Articles

"We are also institutionalized!": everyday life, mental health and work processes in the perception of the teams of socio-educational units

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"¡Nosotros también estamos institucionalizados!": cotidiano, salud mental y proceso de trabajo en la percepción de los equipos de unidades socioeducativas (resumen: p. 16)

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The article aims to describe the perceptions of the workers about the institutional daily life and its possible correlations with the factors that generate mental suffering and crises in the public assisted in seven Socio-Education Youth Centers (Censes) in Paraná. Instruments of data collection were: focus groups, interviews and participant observations, being the data interpreted by the principles of hermeneutics. We observed a non-standardization of the Censes structures and the workers' perception indicated less institutionalized dynamics in smaller structures. Occupational deprivation seemed to signal the increase of mental suffering of the adolescents, contrary to the access to a repertoire of significant activities, which seemed to promote mental health. It is concluded that institutionalization can generate mental suffering for both the adolescents and the teams working in the Censes, with the structuring of daily life being one of its determinants.

Keywords: Institutionalized adolescent. Mental health. Activities of daily living.

Introduction

There is a long tradition of assistance-repression in the scope of caring for children and adolescents in Brazil, especially for those with law issues, making the objective of the socio-educational measure a challenge. This is due to the fact that between 1890 and 1989, the prevailing criminal codes differed from the guideline of the Statute of the Child and Adolescent (ECA)[1], which is based on the 1988 Federal Constitution. In addition to focusing on rights and not only on punishment, the ECA created a mechanism of accountability in the case of infractions committed by adolescents called "socio-educational measure". The socio-educational measure is a systematized and individualized pedagogical action, which varies from a warning to internment, the most severe among them[2]. Although internment lends itself as a necessary space for achieving legal and pedagogical objectives, it may generate countless phenomena due to its institutional nature. Among these are: loss of autonomy, and the repression of desires and individuality, as a result of the obligation, for example, to respect established schedules for engagement in activities[3]. Regarding this last item, the study of how a person engages in occupations and uses his or her time is relevant, because it influences individual performance and quality of life[4]. This is because it is closely linked to what is being done, with whom, and where, in addition to the congruence between one's environment, preferences, and behavior[5].

This study aims to analyze these issues in juvenile detention centers, which can manifest, in their essence, the concept of a total institution[6], a place where all aspects of the inmates' lives are developed in the same place and under the command of a single authority, and the daily activities are collective and scheduled[7]. The reduction in the ability of deprived persons to initiate and engage in occupations may result from the lack of opportunity to be oriented within the flow of time, a situation aggravated by little or no contact with the outside world[8]. In this situation, occupational choices are restricted and basic routine activities are unavailable, which may contribute to temporal disorientation and the constriction of occupational roles[9]. The difficulty of choice and opportunity to engage in occupations may negatively influence mental health and wellbeing, favoring occupational deprivation[10]. This phenomenon may have as one of its causes the long-lasting exclusion from meaningful occupations, due to circumstances beyond the individual's control, and may exist as a by-product of institutional policies[11]. The particular circumstances of deprivation of liberty are directly detrimental to the mental and physical health of adolescents in all situations of deprivation of liberty[12]. There is evidence of a high prevalence of mental disorders in populations of adolescents in detention for conflict with the law[13], and their prevalence is higher than in the free population of the same age group[14], even increasing up to ten times[12]. Furthermore, the cruelty and indignity that characterize the juvenile detention system may generate such suffering in the adolescents that, if escape is not possible, taking their own life sometimes seems to be a way out to end suffering[15].

Methods

This was a qualitative, observational, cross-sectional study. The data analyzed came from a basic project entitled "Managements and practices related to crises and suffering in mental health in the Socio-Education Centers (Censes) of Paraná. The project was cleared by the Research Ethics Committee (opinion no. CAAE 02353018.3.3003.0101). All participants signed the Informed Consent Form (ICF). The study included workers over 18 years of age, without any apparent cognitive deficit and who agreed to participate in the research. The exclusion criteria involved workers unable to participate in the interviews, focus groups, especially because of evident cognitive deficit, who did not agree to take part in the research and/or those who refused to sign the ICF.

The present research was conducted in seven Censes, contemplating large and small units, six of them destined to the male public and one to female individuals, in three regions enumerated by the Department of Socio-Educational Care (DEASE), thus enabling a more diverse data collection. This was carried out between May and December 2019, after prior scheduling with each unit. The Censes refer to the care units that carry out the deprivation of liberty socio-educational measures and integrate the network of attention to adolescents in conflict with the law in the State of Paraná. The number of openings offered in them can vary between 20 and 90, depending on the characteristics of the population and regional demand[16].

Three different data collection techniques were used in the qualitative research: focus groups, interviews, and participant observation.

Interviews: carried out individually, according to the availability of each worker so as not to disrupt the ongoing activities on that day/timetable. Eight semi-structured interviews were carried out with workers from the Censes, selected by the coordinator of the units. The interview script was about mental health crisis management practices and the work arrangements/processes that influenced this management. The average time for the interviews was 30 to 60 minutes, and they were audio-recorded and later transcribed in full. All the information that could incur in the identification of the participants was erased.

Focus Groups: the focus groups[17] were conducted based on triggering questions related to the description by the workers of the adolescents' routine, the workshops offered, and their possible effects on the health of the adolescents, mental suffering of the adolescents, and of the teams. Seven focus groups were held and the participation of different professional categories was suggested, with the intention of favoring a greater representativeness. The director of the units invited the participants, and those who were available and interested participated. The groups were conducted by the researchers of the research and lasted about an hour and a half each. The focus groups were held in quiet, reserved places, with audio and video recording. Seventy-nine workers participated in the focus groups, with a minimum of six, a maximum of 17, and an average of 11 participants per group. Of this total, 18 were psychologists, 8 pedagogues, 6 college professors, 4 nurses, 4 nursing technicians, 3 occupational therapists, 3 social workers, 2 administrative technicians, 2 nursing assistants, and 29 social-educational

security agents. The number of participants was defined by saturation, when there is the suspension of inclusion of new participants once the data present, in the view of the researchers, repetition or redundancy (table 1).

Participant observation: the study conducted four moments of participant observation[18], aiming to get closer to the reality of the teams by means of the monitoring of training sessions directed to them and visits to the Censes. These trainings intended to discuss the teams' management of mental health crises in the Censes. The researchers of the team carried out the trainings. Due to the dynamics of the institutional routine, the trainings occurred before the focal groups, and the discussions complemented the information later collected in them. During the participant observations and visits to the units, the descriptive records of comments were made through the use of field notes. In this way, we tried to describe the teams' reports of experiences, reflections, as well as the facilities of the Censes visited.

Using this material as the basic element, narratives were built based on the hermeneutic approach of Ricoeur[19], seeking their meanings from the phenomena emanating from the speeches, benefiting a greater coherence and depth of interpretation. During the reading of the excerpts, the vices of language were suppressed, making them more understandable, keeping, however, the essence of the workers' statements, synthesizing them in order to have a more accurate analysis.

 After the data analysis, an extensive reading was made of the narratives coming from both the interviews and the focus groups. The core argumentative nuclei were identified and, according to the thematic similarities, consolidated as follows[20]: a) The environment and its possible influences on mental health b) The procedures for the care of mental health crises and c) The institutionalization and the work processes.

One of the limitations of this study involved the impossibility of making more than one trip to the municipalities where the Censes were located. As a consequence, one single meeting was used for the execution of the focus groups and interviews. Moreover, the participant observations were also restricted to moments of team training and visits to the units. Another limitation, inherent to the research methodology, was that the data is based on the workers' perceptions, and what was mentioned was not verified through other ways.

Results and discussion

In relation to the number of adolescents, the data collected point out that in 2018 there were 887 interned in nineteen Censes within the State of Paraná. Of this total, 390 were interned in the Censes where the research took place, representing 43% of the total public interned that year. The analysis of the argumentative nuclei revealed details about the physical structure of the units, offer of activities, regulations, human resources, work processes and possible influences on the daily life of the units.

The ambience and its possible influences on mental health

The excerpts below discuss the relation between the physical structure of the units and its repercussions on the mental health of the adolescents in the perception of the workers:

[...] the teens are in lodgings, which are cells [...] there is a routine of suffering... (Worker 09, CENSE 7)

The physical environment is not made for good mental health... not at all, quite the opposite, it aggravates the issues. (Worker 3, CENSE 1)

Other excerpts cited details such as the holes and the color of the walls of the units, as well as the lack of natural lighting in some spaces for safety reasons, recognizing such issues as inadequate and generators of suffering in the public served. During the participant observation carried out in one of the Censes, one of the lodgings visited had artificial lighting 24 hours a day due to the total darkness of that space. The team described that if the light bulb were turned off, it would be impossible to monitor the behavior of the adolescents via a camera installed in the room. The absence of light control and the use of colors that influence the ambiance of the units were factors already found in other studies and that negatively affect the experience of the adolescents[21], being, also, contrary to the current regulations of the architectural parameters of the units[2]. The inadequate physical structure was listed as prejudicial even to the services provided by the team:

[...] our work space is very bad, it is terrible, it is a space that does not offer conditions, neither for professionals, nor for adolescents... (Worker 4, CENSE 4)

Even though the physical structure may not be the only determining factor for the success or failure of the socio-educational measure, it is impossible to disregard its influence on the human being[22]. A detention unit is a highly complex facility, as it involves a place that must include spaces for the promotion of education, health, leisure, shelter, and security. Furthermore, the socio-educational units contain walls and surveillance systems, materializing the deprivation of freedom, without being a prison[6]. In this sense, according to the excerpt above, the word "cell" was sometimes used by the teams to describe the adolescents' living quarters, signaling the dichotomous aspect of the socio-educational system, which proposes to socio-educate them, but in an environment with correctional characteristics, having in mind the sequence of fences, sentry boxes, walls, and restricted circulation lanes that impede free transit[6]. The teams described the size of the structure as influencing the care provided and access to the various daily activities. The teams attributed characteristics of relaxation and humanization to units with smaller structures and a smaller number of interned adolescents:

> [...] a small unit, with 30 adolescents, it relaxes it, that makes the unit quiet. (Worker 02, CENSE 7)

> [...] a small CENSE is all very close and dealing with teens ends up being much more humanized because you are all the time and there, taking care... (Worker 1, CENSE 1)

The structures of the social-educational units play a relevant role in the functioning of the activities offered by regulating the flows and ordering the control and security of various spaces[6]. Although Brazilian laws do not specify the parameters related to the physical structure for the fulfillment of the socio-educational measure, it requires that the offer of services be personalized, in small units and with reduced groups of adolescents[2], with no more than forty adolescents per unit[23], architecturally designed to approximate a residential structure[23]. Following these lines, the goal is to enable better monitoring and social insertion, mitigating the harmful effects of deprivation of liberty that may involve affective deprivation, low self-esteem, distance from family and community life, and difficulties in understanding common daily relationships[2]. However, it was observed that some units were not compliant with some of these norms[2], by presenting structures, for example, in the form of complexes, with more than two floors or by underusing places such as soccer fields, ecumenical space, internal and collective dining halls due to the lack of human resources. In this way, the deficit of human resources seemed to affect the service provided to the adolescents, the use of the different spaces in the unit and, consequently, the offer of activities:

> [...] our reality today is the lack of staff. It's of no use to create a whole structure if you don't have an educator to take, accompany the workshop and have the routine. (Worker 5, CENSE 3)

The negative effects of the deprivation of freedom on the mental health of the interned adolescents were perceived in numerous narratives. Other excerpts described that, beyond this deprivation, the non-engagement in activities generated mental suffering:

> [...] I consider the adolescents, this community, a universe apart... they get into psychic suffering by the deprivation itself. I usually say 'put me inside to see if I don't freak out too' (Worker 1, CENSE 5)

The excerpt above remarks how health and wellbeing can be negatively influenced by the restriction in the choice and opportunity of a person to engage in occupations, generating the phenomenon known as occupational deprivation[10]. There is a state of difficult, if not impossible, engagement in meaningful occupations that have social, cultural, and personal relevance[24]. The teams constantly discussed suicide planning in the adolescents' discourse. It is recognized that suicide attempts and suicide in total institutions are influenced by a multiplicity of factors, occupational deprivation being one of them, a situation that clearly requires further investigation[24]. A possible

hypothesis to be construed may point out that the occupational deprivation of institutionalized adolescents or their engagement in activities that are not meaningful to them could accentuate the use of time for suicide planning. One of the teams described an episode in which a 12 year-old adolescent was left in his underwear, rubbed soap all over his body, and when they opened his room, he tried to escape from the unit, managing to pass by 5 social-educational agents before being restrained. So many other reports in this sense generated, therefore, reflections about the amount of time invested by the adolescents in escape and suicide attempts. Studies evidence the correlation of suicide with the context of deprivation of freedom of adolescents in several countries, such as Iran[25], Germany[26] and Australia[27]. This situation could result from the fact that, in a context of freedom deprivation, individual lose the right to choose how to occupy his or her time and engage in life roles for a predetermined period of time[10], since total institutions present numerous barriers are generated to the performance of primary occupations of human existence, such as working, taking care of oneself, or resting[28]. On the other hand, the teams signaled that the expressive and corporal activities seemed to have beneficial effects on the mental health of the public attended:

> [...] the workshop that used to take place with the art and physical education teacher ended up in a theater group, then a dance group... the boys started getting involved, they wanted to participate... it had an effect on all the other activities. (Worker 6, CENSE 7)

Additionally, the activities appeared to be directly influenced by the security rules of the units. These activities were pointed out as ensuring a safe environment, but at the same time, they were considered a risk, requiring constant control and vigilance:

> [...] they have to have activities...if they have 24 crayons for them to paint, that's cool as hell, but that thing there can also be 24 daggers (weapons)...it's a potential risk. (Worker 6, CENSE 4)

The report of some teams pointed out the absence of meaning in some activities offered, showing the apparent inexistence of a space to listen to the interests of the adolescents. Such data refers to the concept of occupational alienation, in which there are prolonged experiences of disconnection, isolation, limited expression, or lack of meaning related to daily activities[29]. On the other hand, when the activities are designed based on the sociocultural universe, of identification, and belonging of young inmates, it is possible to have a wider range of training to promote their autonomy[30], as well as the planning of a life project, strengthening in this way the sense of personal identity[31].

Some teams described "systems of progression" inside the Censes, which were directly related to the access of the adolescents to the countless activities. The progression systems were described by the teams through the use of terms like "advances", "benefits" and "achievements" and could generate the offer of activities to the adolescents:

> [...] there is a system of levels of progression of the measure, phases of the formative path...the Alpha and Bravo Houses are the ones that have TV, which would be the last phases, as if he had conquered this benefit. (Worker 3, CENSE 2)

Access to such activities was through "evaluations" carried out by the teams, for example, evaluations with scores and court reports. Some teams signaled that the progression system was also used as a possible form of behavioral control of the adolescents:

> [...] 'here you'll have plenty of activity; here if you behave right you'll get the favorable reports for you to go away'...these are arguments we use of persuasion, dissuasion...so you're molding the teens day by day [...] (Worker 2, CENSE 7)

The idea of rewarding or favoring adolescents through the provision of care or activities was addressed not only in the collective sense, but also as directed to the individual. One of the speeches analyzed drew attention by the fact that, apparently, the worker exemplified that an individual service to deal with a situation of aggressiveness arising from a mental disorder would not be possible, because it would somehow favor such an adolescent:

> [...] he presents an aggressive behavior because of a disorder...then I propose an individualized activity for him for the promotion of mental health. But that would set a bad example for others, because in a way, he is being benefited with a workshop. (Worker 1, CENSE 4)

It is evident, in this way that the process of socio-education appeared to be a continuous assessment, the behavior of the adolescent being the generator of consequences in his/her experience in the Censes. The behavior would, therefore, cease to be a sign for reception and become an indicator of vigilance.

As a final note, in dealing with the engagement in occupations, according to the teams, family members verbalized that they would not visit the adolescents due, among other factors, to the need to get naked in front of a socio-educational agent. This situation exposed the limitations arising from the security routines of the units for the performance of co-occupations, in which the involvement of two or more people in an occupation[32] occurs, such as a family conversation.

The procedures for handling mental health crises

The mental health crises of the adolescents were expressed mainly through their suicide attempts. All the teams described that the main strategy to deal with this aspect was the removal of objects from the adolescents. It was observed that, according to the description of one of the teams, the removal of objects could extend to the clothing of the adolescents, with such conduct being questioned, even by the workers themselves:

> I particularly thought that the use of handcuffs in many cases is less psychologically aggressive than leaving them in their underwear. (Worker 1, CENSE 2)

According to the teams most suicide attempts were by hanging, including with items such as underwear (in the case of one adolescent who had both personal items and clothes removed). Other attempts involved, for example, self-mutilation by piercing with manufactured objects and ingestion of mattress foam. Moving the teenager to another room, increasing the number of individual consultations, and requesting the help of other teenagers to supervise the one with suicidal ideation were also strategies described by the teams to avoid suicide attempts. The teams also pointed out that suicide attempts could manifest themselves as possible articulations of the adolescents seeking transfers from the unit to get away from other adolescents, thus avoiding unpleasantness. The transfer from the social-educational unit to psychiatric hospitals was also described, given the apparent greater possibility of escape in those places. Besides this, the teams said that the adolescents compared the routine in the psychiatric hospital with the one in the unit, preferring the former because of the possibility of access to TV, free movement around the yard, and the existing hierarchy resulting from "good behavior", manifested by the possibility of becoming "monitors".

The teams also said that both the adolescents signaled the engagement in activities as a way to deal with the mental health crisis, and the teams themselves made use of this strategy:

> [...] it is very common to send the adolescent to the Occupational Therapy service when he/she is flipping out, at the beginning of a crisis, anxious, too sad... (Worker 7, CENSE 4)

It has been affirmed that the engagement in activities favors the expression of the anguish generated by the internment, contributing to reflections on the actions of adolescents and alternatives for coping with the reality experienced[33]. Another frequent strategy described by the teams for the management of the mental health crises of the adolescents involved the use of psychotropic drugs. This strategy was described as a form of behavioral control, having in mind that, according to the teams, conducting daily life in the unit without medication was "impractical:

> You may contain them at the housing with medication and with rules all the time, because that's what you can do within that proposal. (Worker 2, CENSE 1)

> [...] the adolescent, when he/she is not taking anything, there is pressure from the staff, because it 'bothers' him...and when they take medication they are calmer. (Worker 3, CENSE 6)

Some statements suggested, however, alternatives to deal with the situations presented by the adolescents in another way that not only through drug therapy:

> [...] sport does a lot of good, it will avoid medication, it will make you sleep better, we could think of something in the way of sport... (Worker 2, CENSE 6)

This finding agrees with descriptions in the literature about the use of sports activities as a way for adolescent inmates to release tensions and revisit concepts such as discipline and respect for rules and others[6].

Institutionalization and the work processes

The third and last semantic category is related to the work processes of the teams and their clear institutionalizing experience. The difficulties in communication among the workers, in access to information about the adolescents, as well as the scarcity of team meetings were among the more frequently reported issues.

Several teams reiterated complaints about the working conditions, involving, for example, aspects such as the physical structure and human resources. Regardless of what the complaints were, a commonly described factor involved the distance from management, a situation signaled as harmful to the cohesion and organization of workflows. On the other hand, communication between teams and management seemed to positively influence work processes:

> [...] the director listened to us and that was a crucial point, it gave autonomy to the team. We were calming down as the adolescents were calming down, one thing brought the other. (Worker 8, CENSE 7)

Furthermore, there were reports of lack of human resources as an important influence upon the mental health of the workers. The teams talked about the feeling that, just like the adolescents, they also felt, in a certain way, institutionalized. When questioned about the impact on the workers' health of experiencing the mental suffering of the adolescents, the teams alleged that such suffering accompanied them even when they left the units after a day of work. Not infrequently, the teams reported that they worry about the adolescents continuously. Many workers stated that this and other constant worries led them to self-medicate to sleep. In addition, the teams reported feeling helpless by the State, aggravating the mental suffering experienced:

We are deprived of freedom together with the adolescents. I joke: 'when I leave on vacation I'll go to my semi-liberty'. (Worker 4, CENSE 6)

The follow-up of situations of suicide attempts was described as an impacting aspect on the mental health of the teams. However, this situation was described as apparently inherent to the work in the socio-educational units:

After three situations of suicide within the unit, two in less than nine months, the unit totally unravels, it's very heavy, it's very heavy indeed...we don't know what to do. (Worker 4, CENSE 5)

...the first time I took out an adolescent that was hanging there...until today it is not pleasant at all...forgive me here what I am about to say, but it starts to become part of your work, it is part of your work. (Worker 8, CENSE 5)

Through the analysis of the statements of the teams, it was perceived that the Censes made them institutionalized. Environments with insufficient spaces for communication and listening between workers and management, extensive and continuous work protocols and a feeling of devaluation by the State were aspects described that contribute to this argument. The teams also pointed out that there was constant surveillance of their activities, coming from the management itself, but also from judgment and prejudice from society in general:

[...] society has an idea that those who work with adolescent offenders, and I'm going to speak vulgarly here, 'Ah if they work with bandits, they are bandits too, they get drugs, they kill adolescents!'...that for us is very heavy. (Worker 4, CENSE 5)

Through their own institutionalizing experiences, the teams seemed to replicate and normalize forms of authoritarianism in the daily lives of the adolescents themselves. However, since the social-educational units are spaces for re-socialization, a dichotomy seemed to be apparently generated: sometimes the teams talked about re-socializing postures, sometimes about the repressive postures of the units:

[...] the State demands from us a posture of guardianship and over-repression instead of a posture of caregiver...you do the socio-education and take an interest in the life of the inmate if you want. We are not required in any way to be like that. (Worker 11, CENSE 4)

The perceptions related to the statements of the Censes' teams resembled, in parts, those of prison environments. Although it was perceived that the teams differentiated the social-education units from prison environments, justifying such a difference essentially by the "possibility of activities", the description of professional anguish due to the context of the Censes was recurrent. The teams described feeling constantly bothered by the adolescents "boring" or "drugged", terms alluding to idleness. This aspect is similar to the descriptions of studies on prison environments, which essentially generate such a sensation to those imprisoned there[10,34]. It was perceived that the teams from the Censes lived a work process that was also institutionalized and reproduced the institutionalizing experience in the daily life of the adolescents. This daily routine did not seem to consider the real needs of the adolescents, since the needs of the teams themselves did not seem to be taken into consideration.

Final remarks

It was concluded that there was lack of standardization of the Censes, either in the structural sense, in the offer of certain activities, in some regulatory aspects and in the configuration of human resources. The smaller structure units had better staff communication and better crisis management practices for the adolescents, considering the existence of a better bond between the adolescents and the workers. Furthermore, occupational deprivation seemed to signal an increase in the adolescents' suffering. On the other hand, access to a repertoire of activities, as long as they were meaningful to the public attended, seemed to promote mental health.

Mental health crises are frequent in environments of deprivation of freedom. These phenomena are often credited to a diagnosis, limiting their understanding to the sphere of only the characteristics of the adolescents who are there. This research leads to a reflection on how important the environment, the organization of the work process, and other elements of the deprivation of freedom itself are either as potentializers or mitigators of this issue. Such elements must be taken into consideration in the management and creation of strategies for this public in order to avoid the traditional phenomenon of medicalization.

Although emphasis was given in this research to the physical-material and human resource aspects of the units, we reiterate the necessary criticism of the macro-determinants involved in the work processes of the units, such as the existing socio-educational model itself, from a dynamic, historical, and ecological perspective. Finally, it was perceived that institutionalization was described by the teams as generating intense and constant mental suffering for both the adolescents and themselves. Therefore, the identification process generated by the effects of institutionalization was shown to be a preponderant factor when considering the health of the adolescents and the teams from the Censes researched.

Authors' contribution

All authors actively participated in all stages of preparing the manuscript.

Conflict of interest

The authors have no conflict of interest to declare.

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O artigo pretende descrever as percepções do(a)s trabalhadore(a)s quanto ao cotidiano institucional e suas possíveis correlações com os fatores que geram sofrimento mental e crises no público atendido em sete Centros de Socioeducação (Censes) do Paraná. Utilizou-se como instrumentos de coleta de dados grupos focais, entrevistas e observações participantes, sendo os dados interpretados pelos princípios da hermenêutica. Observou-se uma não padronização das estruturas dos Censes e a percepção dos trabalhadores indicou dinâmicas menos institucionalizadas em estruturas menores. A privação ocupacional pareceu sinalizar o aumento do sofrimento mental do(a)s adolescentes, contrariamente ao acesso a um repertório de atividades significativas, as quais pareceram ser promotoras de saúde mental. Conclui-se que a institucionalização pode gerar sofrimento mental tanto ao(a)s adolescentes quanto às equipes que trabalham nos Censes, sendo a estruturação do cotidiano um de seus determinantes.

Palavras-chave: Adolescente institucionalizado. Saúde mental. Atividades cotidianas.

El artículo pretende describir las percepciones de los trabajadores y trabajadoras en lo que se refiere al cotidiano institucional y sus posibles correlaciones con los factores que generan sufrimiento mental y crisis en el público atendido en siete Centros de Socioeducación (Censes) de Paraná. Como instrumentos de colecta de datos se utilizaron grupos focales, entrevistas y observaciones participantes, siendo los datos interpretados por los principios de la hermenéutica. Se observó la no estandarización de las estructuras de los Censes y la percepción de los trabajadores indicó dinámicas menos institucionalizadas en estructuras menores. La privación ocupacional pareció señalizar el aumento del sufrimiento mental de los adolescentes, contrariamente al acceso a un repertorio de actividades significativas que parecían ser promotoras de salud mental. Se concluye que la institucionalización puede generar un sufrimiento mental tanto a los adolescentes como a los equipos que trabajan en los Censes, siendo la estructuración del cotidiano uno de sus factores determinantes.

Palabras clave: Adolescente institucionalizado. Salud mental. Actividades cotidianas.