

**ANALYSIS OF THE EFFECTIVENESS OF INTEGRATIVE COMMUNITY
THERAPY IN BIOPSYCHOSOCIAL HEALTH OF DIFFERENT POPULATIONS:
AN INTEGRATIVE REVIEW**

***ANÁLISE DA EFETIVIDADE DA TERAPIA COMUNITÁRIA INTEGRATIVA NA
SAÚDE BIOPSISSOCIAL DE DIFERENTES POPULAÇÕES: UMA REVISÃO
INTEGRATIVA***

***ANÁLISIS DE LA EFECTIVIDAD DE LA TERAPIA COMUNITARIA INTEGRATIVA
EN LA SALUD BIOPSISSOCIAL DE DIFERENTES POBLACIONES: UNA
REVISIÓN INTEGRATIVA***

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ABSTRACT: Integrative Community Therapy (ICT) is part of the Integrative and Complementary Practices (PICS). ICT, as a health care tool, promotes a welcoming space for suffering and is considered a lightweight technology for health promotion. This study aims to analyze the scientific production about the effectiveness of ICT in the biopsychosocial health of individuals and communities. Methodologically, the six stages of the Integrative Review method were followed, with the guiding question: what does the scientific production reveal in the period from 2008 to 2018 about the impact of ICT on health care? From the 15 scientific articles selected, a synthesis was elaborated on the theme: the effectiveness of Integrative Community Therapy in biopsychosocial health. This study systematized information on the effectiveness of ICT and verified the impact of this PICS on mental and social health, in addition to outlining the profile and gaps in scientific production.

KEYWORDS: Integrative community therapy. Mental health. Primary health care. Complementary therapies. Integrative review.

RESUMO: *A Terapia Comunitária Integrativa (TCI) pertence ao conjunto das Práticas Integrativas e Complementares (PICS). A TCI, enquanto ferramenta de cuidado em saúde promove um espaço de acolhimento ao sofrimento, sendo considerada uma tecnologia leve de promoção à saúde. Este estudo visa analisar a produção científica acerca a efetividade da TCI*

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na saúde biopsicossocial de indivíduos e comunidades. Metodologicamente seguiram-se as seis etapas do método de Revisão Integrativa, tendo como pergunta norteadora: o que revela a produção científica no período de 2008 a 2018 acerca do impacto da TCI no cuidado em saúde? A partir dos 15 artigos científicos selecionados foi elaborada uma síntese acerca do tema: a efetividade da Terapia Comunitária Integrativa na saúde biopsicossocial. Este estudo sistematizou informações sobre a efetividade da TCI e constatou-se o impacto desta PICS na saúde mental e social, além de traçar o perfil e as lacunas da produção científica.

PALAVRAS-CHAVE: Terapia comunitária integrativa. Saúde mental. Atenção primária à saúde. Terapias complementares. Revisão integrativa.

RESUMEN: La Terapia Comunitaria Integrativa (TCI) pertenece al conjunto de Prácticas Integrativas y Complementarias (PICS). TCI, como herramienta asistencial, promueve un espacio de acogida del sufrimiento, siendo considerada una tecnología ligera para la promoción de la salud. Este estudio tiene como objetivo analizar la producción científica sobre la efectividad de las TIC en la salud biopsicosocial de individuos y comunidades. Metodológicamente, se siguieron las seis etapas del método de Revisión Integrativa, con la pregunta orientadora: ¿qué revela la producción científica en el período de 2008 a 2018 sobre el impacto de las TIC en la atención de la salud? A partir de los 15 artículos científicos seleccionados, se elaboró una síntesis sobre el tema: la efectividad de la Terapia Comunitaria Integrativa en la salud biopsicosocial. Este estudio sistematizó información sobre la efectividad de las TIC y encontró el impacto de este PICS en la salud mental y social, además de rastrear el perfil y las brechas de la producción científica.

PALABRAS CLAVE: Terapia comunitaria integradora. Salud mental. Primeros auxilios. Terapias complementarias. Revisión integradora.

Introduction

The Integrative Community Therapy (ICT) was created in 1987 by Prof. Dr. Adalberto de Paula Barreto, psychiatrist and anthropologist and initially developed by the Department of Community Health of the College of Medicine of Ceará. Originating in the northeast of Brazil, ICT has been spread both nationally and internationally. Currently, ICT is present in countries in Europe, Africa and the Americas.

In ICT "therapy" means welcoming, being warm and caring for other people; "Community" expresses what people have in common; and "integrative" reports to the communities' integrated knowledge (BARRETO, 2019). Thus, ICT emerges as a welcoming space to share concerns, problems or difficult situations, as well as to express joy, celebrate victories and stories of overcoming (FERREIRA FILHA; LAZARTE; BARRETO, 2015; BARRETO, 2019).

ICT methodologically is supported by five intertwined and articulated pillars, namely: systemic thinking; communication theory; cultural anthropology; Paulo Freire's pedagogy; and resilience (BARRETO, 2019).

Systemic thinking allows us to perceive problems as belonging to a complex network, formed by interdependent parts. Thus, in the situations experienced, each individual is part of the problem and also of the solution, because the problems and solutions are systemic and are interconnected (BARRETO, 2019; DAMASCENO, 2011). Communication theory allows us to understand that all behavior has the function of communicating something through speech, writing and gestures (BARRETO, 2019; CARVALHO *et al.*, 2019). In this perspective, through communication, it is possible for the individual to understand the world, to transform his own reality and himself (DAMASCENO, 2011).

Cultural anthropology helps to understand the set of aspects that individuals inherit when integrating a society, allowing them to experience and behave in the social world (DAMASCENO, 2011). Paulo Freire's pedagogy awakens to the critical analysis of reality, with an emphasis on valuing the wisdom and life experience of individuals, with the aim of building critical awareness (BARRETO, 2019).

Finally, resilience means returning to the natural state, with an awareness based on stability, the power to adapt and overcome everyday problems (FERREIRA; FILHA; LAZARTE; DIAS, 2019).

For the Ministry of Health (MH), ICT is a psychosocial approach, which allows building solidary networks, which enhance individual and community resources and competences, generating autonomy (BRASIL, 2013). Recently, ICT was approved as an Integrative and Complementary Health Practice (PICS, Portuguese initials) in the Unified Health System (SUS, Portuguese initials) by Decree no. 849/2017 (BRASIL, 2017). PICS are health care with its own rationalities and unique worldviews according to culture and decade of origin (LUZ, 2003). In SUS services, the indication of PICS, as a form of health care, occurs predominantly in Primary Care (BRASIL, 2020).

The number of studies on ICT in Brazil reveals information gaps about this PICS, such as, for example, its impact on different populations and contexts. In this moment of intense debate about the maintenance or not of the PICS in SUS, including the ICT (SAVARIS, 2018), the need to produce solid evidence to support the decision-making process in the public sphere is imminent. Thus, this investigation aimed to analyze the scientific production about the effectiveness of ICT in the biopsychosocial health of individuals and communities, in the period between 2008 and 2018.

Method

The methodological trajectory selected in this study was the Integrative Review (IR), as it enables the condensation of results obtained in research on a theme, in a systematic, orderly and comprehensive manner, and aims, among other objectives, at the methodological analysis of studies on the theme in particular (MENDES, 2008), in this case: analysis of the effectiveness of Integrative Community Therapy in biopsychosocial health.

Following the six stages of the Integrative Review, proposed by Mendes (2008), in the first stage the research theme, identified above, was identified and the following research guiding question was chosen: what reveals the scientific production in the period from 2008 to 2018 about the impact of ICT on the biopsychosocial health care of individuals and communities?

In the second stage, considering that the term “community therapy” is not an indexed descriptor, the following keywords were used: “*terapia comunitária*” OR “*terapia comunitária integrativa*” OR “integrative community therapy” OR “community therapy”, and established the following inclusion criteria: articles published from 2008 to 2018, in Portuguese, Spanish and English and full text. Exclusion criteria were articles that did not present a theoretical basis in accordance with the methodology proposed by Adalberto Barreto, described in his work “Community Therapy: step by step”.

In the third stage, to extract information from the articles included in the study, the following variables were defined: population studied; scenario/service where the study took place; region of Brazil where the study was conducted; type of research and approaches; used tools; approach of the research; analysis references; the impacts achieved; formation area of researchers; scientific journal/notebook and their respective qualifications and scientific funding.

In the fourth stage, tables were prepared to allow the ordering, classification and evaluation of the information extracted from the articles. From the quantitative approach, the data were selected and analyzed statistically through simple percentage calculations.

In the fifth stage, we sought to analyze the information in order to interpret the results. The information was assessed using descriptive epidemiology, with absolute and relative frequencies.

Finally, in the sixth stage, a dialogue was sought between the variables selected in the third stage, in favor of the synthesis of knowledge about the impact of ICT in health care. The

classification of the impact of ICT was categorized as social, mental/emotional, biological and spiritual, in view of the effects perceived by the participants of the circles.

We clarify that the results of the fourth, fifth and sixth stages make up the results and the final considerations of this work.

Results

Based on the guiding question and search strategy, 23 articles from the BVS, 07 from Pubmed and 06 from Scielo were selected, totaling 36 articles, 05 (13.8%) of which were duplicated. Of the 31 articles found, only 15 (48.4%) met the inclusion criteria.

The number of articles found and published on the topic of the effectiveness of ICT in health is very low compared to the amount of publications on other PICS, such as traditional Chinese medicine, acupuncture or herbal medicine. There are several challenges when it comes to research in the field of ICT, either because of its historical, social and methodological specificities or because of the Brazilian scenario when it comes to promoting research within the scope of PICS.

In general, despite the growth of research on PICS in Brazil in recent decades, it is still necessary to expand studies. According to Tesser, Sousa and Nascimento (2018), in the Bireme database (Latin American and Caribbean Center for Health Sciences Information), of 7,243 scientific publications on PICS between the years 2006 and 2016, only 3% (285) have Brazilian institutional affiliation. This fact can be justified by the reduced funding for research on this topic.

According to Tesser, Sousa and Nascimento (2018, p. 182) in 2013 PICS research had its first specific call for proposals, unique in 10 years of PNPICS (2006). The call notice MCTI/CNPq/MS - SCTIE - Decit no. 07/2013 - National Policy of Integrative and Complementary Practices (PICS) in SUS, contemplated researchers from 10 states, however no research was aimed at community therapy, as it was privileged PICS instituted by PNPICS, such as acupuncture (26%) and herbal medicine (21%).

Among the challenges of research in ICT, it was noticed the absence of studies with institutional funding for its realization in the analyzed articles. For Dudziak (2018) the main research funding agencies - CNPq and Capes - face problems with the scarcity of resources. Based on research on the promotion of studies in Brazil, from the years 2011 to 2018, the Brazilian state with the highest productivity and costing was São Paulo, followed by Rio de Janeiro, Minas Gerais, Rio Grande do Sul and Paraná. The three agencies that most invested in

research in Brazil were CNPq, CAPES and FAPESP. The most prominent areas regarding the subsidy were Molecular Biology and Biochemistry, Plant Sciences/Biology, Materials Science, Pharmacy and Pharmacology.

These data prove the already reported need for economic resources for groups of researchers from other regions of Brazil, as well as in other areas - such as health promotion -, since research on ICT is currently being carried out by personal aspiration and without budget support

In addition, ICT, which is a PICS that was born in and for communities, and has strengthened itself as a tool for social transformation and health promotion, where - despite the fact that by 2011, over 30 thousand community therapists were formed in the national context (REIS, 2017) - few community therapists have a dialogue with universities, making it difficult to establish networks and partnerships for scientific production.

Of the 29 PICS institutionalized in SUS, only ICT has a genuinely Brazilian origin, being one of the most recent compared to other practices, which are ancient, such as traditional Chinese medicine, Ayurvedic medicine or herbal medicine. This fact may justify the reason why ICT is still a free topic and not a health descriptor (DECS, 2020).

Conceptually, health sciences descriptors (DeCS) are vocabularies necessary to describe, organize and provide access to information in the health field. Its use allows the researcher to retrieve the information with the exact term used to describe the content of that scientific document. In the case of ICT, which is not yet a DeCS, articles published in this area are at risk of not being found and therefore, not even cited, losing information (BRANDAU; MONTEIRO; BRAILE, 2005).

Table 1 – Characterization table of published studies on the effectiveness of ICT in health, 2008-2018

Categories	N	%	Categories	N	%
Language			Research focus		
Portuguese	15	100	Health promotion	9	60
English	0	0	Permanent education	1	6.6
Spanish	0	0	Rehabilitation	5	33.3
Period			Researchers' area of formation		
2008-2013	7	46.6	Nursing	40	81.6
2014-2018	8	53.3	Medicine	3	6.1
Brazilian Regions			Psychology	2	4
Northeast	11	73.3	Community therapists	2	4
Midwest	3	20	Others	2	4
Southeast	1	6.6	Brazilian States		
South	0	0	Paraíba	7	46.6
North	0	0	Mato Grosso	3	20
Financing of scientific research			Ceará	2	13.3
No	15	100	Rio Grande do Norte	2	13.3
Yes	0	0	Rio de Janeiro	1	6.6

Source: Devised by the authors

Of the publications to be found from the selected articles and the scope of the investigation (n = 15), Table 1 shows that most studies were carried out from 2014 to 2018 corresponding to 53.3%, justifying the insertion of the Therapy Integrative Community Development in PNPIC from an ordinance published in 2017.

The northeastern region obtained 73.3% of the published articles, 46.6% of which were only in the state of Paraíba. This state presents the Group of Studies and Research in Community Mental Health-GEPSMEC, which is dedicated to the studies of ICT in greater depth, boosting academic productions based on research carried out in undergraduate and graduate courses at the Federal University of Paraíba - UFPB (FILHA *et al.*, 2019).

As for the focus given to studies, 60% is focused on health promotion, a fact that can be justified by the nature of the ICT and its characteristics. In this article, the concept of health promotion fits as a community learning process for improving the quality of life and health, through autonomy, identifying aspirations and meeting needs (BRASIL, 2002). In this perspective, ICT can be considered as a resource for health promotion by creating spaces for listening and inclusion in the territory, valuing diversity and rescuing popular culture and life history of individuals, strengthening bonds and support networks. It stands out as an important instrument of care and of extreme relevance for the consolidation of several public policies,

mainly, such as that of integrative and complementary practices, primary care and mental health (AZEVEDO *et al.*, 2013).

The area of formation of the researchers with the greatest emphasis in the ICT intervention studies was nursing, with 81.6% of published articles. For Backes (2012), nurses have a decisive and proactive role in identifying the population's care needs, as well as in promoting and protecting the health of individuals in their needs. There is a link between health promotion, primary care and nursing in the results of this integrative review, exposing the predominance of publications in their fields of action, especially in the Family Health Strategy (FHS), in which this actor is part of the team together with general practitioners/family and community health professionals, dentists, nursing and oral health technicians, in addition to community health and endemic agents.

ICT is widely used by these professionals, as it makes it possible to achieve the desired goals in the care of users, in addition to recognition by themselves as a self-care tool (GUIMARÃES; SOARES; SANTOS, 2019).

The fact that the researchers are formed in the nursing field justifies the data presented in table 2, which refers to the journals that have published the most articles - 60% are journals in this area of knowledge. The magazines with the highest acceptability on the theme of ICT, in the analyzed period, were Revista Eletrônica de Enfermagem (33.3%) and Revista Gaúcha de Enfermagem (22.2%). In the analysis it was also observed that the magazines with the largest number of publications were Qualis B2 (53.3%) and Qualis B1 with 20%.

Table 2 - characterization of scientific journals and quality of journals analyzed on ICT in health, 2008-2018

Journals with publication	Qualis	N	%
Nursing area journals		9	60
Revista Eletrônica de Enfermagem	B2	3	33.3
Revista Gaúcha de Enfermagem	B1	2	22.2
Revista Latino Americana de Enfermagem	A1	1	11.1
Revista de Enfermagem da UFSM/RS	B2	1	11.1
Revista Brasileira de Enfermagem	A2	1	11.1
Revista Texto e Contexto/Enfermagem	A2	1	11.1
Outras		6	40
Revista de Pesquisa: Cuidado é fundamental online	B2	3	50
Caderno de Saúde Pública	A3	1	16.6
Revista de Atenção à Saúde	B2	1	16.6
Revista Eletrônica de Saúde Mental – Álcool e Drogas	B1	1	16.6

Source: Devised by the authors

Table 3 shows the characterization of publications according to methodological issues in the various studies. Primary Health Care (PHC) is the research scenario where there was a higher prevalence of ICT wheels (50%). According to the Ministry of Health website, the ESF and the teams of the Extended Nucleus for Family Health and Primary Care (NASF-AP) concentrate 78% of the PICS performed in SUS, standing out in relation to the other levels. In the study by Tesser, Souza and Nascimento (2018), which analyzed data from PMAQ-AB, ICT was the fourth PICS (10.4%) most offered by PHC teams in Brazil, behind only the body practices of traditional medicine Chinese (16.6%), medicinal plants and herbal medicine (14.9%) and acupuncture (12.7%).

Table 3 – characterization of the studies analyzed according to the methodological issues of the articles published on the effectiveness of ICT in health, between 2008-2018

Categories	N	%	Categories	N	%
Number of articles per target population	15	100	Quantitative of the target population participating in the ICT circles	995	100
PHC users and professionals	5	33.3	PHC users and professionals	354	35.6
Family members/users of CAPS and therapeutic community	3	20	Family members/users of CAPS and therapeutic community	336	33.7
Others	3	20	Elderly	279	28
Elderly	2	13.3	University students	10	1
University students	1	6.7	Others	9	0.9
Women	1	6.7	Women	7	0.7
Research scenario	10		Approaches of the study	15	
Primary Health Care	5	50	Qualitative	13	86.6
CAPS e community therapy	3	30	Quali-Quantitative	2	13.3
University	2	20	Quantitative	0	0
Research type	19		Type of instruments utilized	21	
Exploratory	6	27.2	Interviews	8	38.1
Documentary	5	22.7	Documents	4	19
Descriptive	3	13.6	Field journal	4	19
Experience report	2	9	Filming	2	9.5
Oral story	2	6	Questionnaires	2	9.5
Ethnography	1	4.5	Free word association test	1	4.8
Experimental	0	0	Analysis referential	15	
Study temporality	15		Content Analysis	10	66.7
Retrospective	11	73.3	Not informed	2	13.3
Transversal	2	13.3	Statistical description	2	13.2
Prospective	2	13.3	Method triangulation	1	6.6

Source: Devised by the authors

The relevance of ICT as a resource of comprehensive therapeutic care in SUS can be justified considering the magnitude of mental suffering in PHC (MENEZES *et al.*, 2019) and mild mental disorders (9 to 12%) in addition to the prevalence of severe and persistent mental disorders (3%), who need continuous care (BRASIL, 2010; SILVEIRA; VIEIRA, 2009). According to the National Mental Health Policy, this population must be accompanied by PHC, which promotes spaces for health care in the territory, close to the individual's family, social and cultural network (BRASIL, 2010). Another aspect to note is that despite the insertion of ICT in several areas, such as justice, education and social assistance, it was in the area of health that, in 2017, ICT became a public policy, given its benefits for health promotion, disease prevention and rehabilitation (CEZÁRIO *et al.*, 2015).

As a model of successful experience in PHC, it is worth recognizing the study by Corrêa and Silveira (2015), about the process of implementing the psychosocial care network (RAPS) in the municipality of Santa Terezinha de Itaipu - PR, in which one of the care actions in mental health was the implementation of Integrative Community Therapy in PHC. To achieve this goal, PHC professionals were trained in Integrative Community Therapy, offered by the partnership between Itaipu Binacional, University of Latin American Integration (UNILA) and Federal University of Paraná (UFPR), training 70 community therapists from Brazil and Paraguay.

With the investment in permanent education and the organization of the municipal RAPS, the practice of ICT wheels was established for PHC users, who were identified and stratified so that they received the health care necessary to their demands. This strategy resulted in the elimination of the waiting list for individual assistance in psychology and psychiatry in the Basic Health Units, increasing PHC resolution with relief of individuals' mental suffering (CORRÊA; SILVEIRA, 2015).

Regarding the methodological approaches of the studies (table 2), the most frequent was the qualitative one (86.6%), referring to the resource of the experience and the experience felt by the individual and the collective in ICT, being one of the relevant premises for understand their contribution to people's health.

When considering the analyzed studies, no experimental article involving ICT was found, needing to advance in epidemiological research with a higher level of scientific evidence. The lack and importance of further research in this context are justified by the complementary character of qualitative research, promoting a more general and broad view of the object of study, emphasizing deductive reasoning, the rules of logic and the measurable attributes of human experience.

The exploratory study was used in 6 articles (27.2%), already expected due to its incipient character aiming at greater familiarity with the problem, aspiring to its understanding and the construction of hypotheses, since there is little research on the topic studied.

Retrospective articles represented 73.3%, and as instruments for data collection, interviews were present in 34.8% of studies. The choice of reference for the analysis of results was content analysis, which has an interpretative and investigative character in communications, corresponding to 66.7% of the articles.

Table 4 – characterization of the impacts of ICT from the articles selected for an integrative review on ICT in health between 2008 and 2018 (n = 48)

Categories	N	%
ICT Impacts	48	100
Mental/emotional impact	28	58.3
Relief from suffering	12	25
Empowering, self-confidence and self-esteem	7	14.5
Autonomy promotion	4	8.3
Resilience building	3	6.2
Space to express feelings and reflection	2	4.2
Social impact	15	31.2
Strengthening of bonds	9	18.7
Sharing space	6	12.5
Biological impact	3	6.2
Disease prevention	2	4.2
Psychosocial rehabilitation	1	2.1
Spiritual impact	2	4.2
Stimulating emotional support and overcoming difficulties from the rescue of hope and faith	2	4.2

Source: Devised by the authors

ICT's greatest contribution is due to its impacts being on the emotional/mental dimension of the health of people and communities with 58.3% of the total, with the relief of suffering (25%), the strengthening of empowerment and the recovery of self-esteem and self-confidence (14.5%) the most frequent results.

For Cassel (1982), suffering can be considered a state of severe distress, resulting from events that threaten the person's integrity, requiring self-awareness, involving emotions with effects on the personal relationships of individuals and on the social, family, physical dimensions, emotional and spiritual. Diseases, conflicts, unemployment, financial problems,

social inequalities, violence and losses are sources of negative emotions, which can cause organic symptoms, anguish and psychosocial problems.

Therefore, what ICT provides is the management of suffering in a culturally sensitive and socially relevant way, on the one hand by de-medicalizing health services, recognizing the deleterious impact of social determinants on the health-disease process and on the other, valuing the integral dimension of individual, with its internal resources, such as confidence and self-esteem (14.5%), resilience (6.2%), empowerment and autonomy (8.3%).

Thus, the ICT acts positively in the illness caused by the chronic stress and hopelessness that Barreto calls Psychic Precariousness Syndrome, which is the loss of confidence in oneself, in others and in the future, stimulating the transformation of deficiencies in skills and suffering in resilience and overcoming (FILHA; LAZARTE; BARRETO, 2015).

The social impact was observed in 31.2% of the articles, being evident in the strengthening of collective bonds, fundamental in the spaces of sharing and connecting individuals with the community and culture, valuing the sense of belonging to a group from the construction of relational bonds and social awareness, with transformative actions to solidify support networks (MOURA *et al.*, 2017).

The biological repercussions appeared in 6.2% of the studies, through disease prevention and the promotion of psychosocial rehabilitation. The spiritual impacts corresponded to 4.1% of the results, considering the support through the rescue of faith and hope.

Final considerations

This study systematized information about the effectiveness of the ICT and the impact of this PICS was found mainly on mental and social health, in addition to tracing the profile and gaps of scientific production with this scope in ICT.

Community therapy is an integrative practice that has gained space as a public health policy in Brazil due to its impacts on health promotion and disease prevention, based on an accessible and participatory methodology that, through words and life stories, values personal and cultural resources - such as self-confidence, rescue of self-esteem, autonomy, strengthening bonds - with low costs, against the biomedical model that medicalizes life and suffering.

In research there is a fertile field for the production of knowledge in the area, especially in mixed research, case studies and epidemiological studies, with the consolidation of partnerships, institutions and researchers in ICT being extremely important, with perspectives

of support and financing, to expand the evidence on health, which are fundamental for decision-making in health management and which lead to the strengthening of ICT as a public policy.

In this historical and political moment of dismantling the public structure in Brazil, including the Unified Health System and its Mental Health and PHC Policies, ICT as a PICS with a genuinely Brazilian group approach, is consolidated, despite the context, as a tool of mental health care, empowerment, building bonds that make the right and access to health effective for the population, especially the most vulnerable, in a universal, equitable and comprehensive way.

REFERENCES

- AZEVEDO, E. B. de *et al.* Pesquisas brasileiras sobre terapia comunitária integrativa. **Revista Brasileira de Pesquisa em Saúde**, Vitória, v. 15, n. 3, p. 114-120, jul./set. 2013.
- BACKES, D. S. *et al.* O papel profissional do enfermeiro no Sistema Único de Saúde: da saúde comunitária à estratégia de saúde da família. **Ciência e Saúde Coletiva**, Rio de Janeiro, v. 17, n. 1, 2012. Available: www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232012000100024&lng=en&nrm=iso. Access: 11 Mar. 2020.
- BARRETO A. P. **Terapia comunitária: passo a passo**. 5. ed. Fortaleza: LCR, 2019.
- BRANDAU, R.; MONTEIRO, R.; BRAILE, D. M. Importância do uso correto dos descritores nos artigos científicos. **Revista Brasileira Cir Cardiovascular**, São José do Rio Preto, v. 20, n. 1, p. 8-9, mar. 2005.
- BRASIL. Ministério da Saúde. Secretaria de Políticas de Saúde. Projeto Promoção da Saúde. **As Cartas da Promoção da Saúde**. Brasília: Ministério da Saúde, 2002.
- BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. **Diretrizes do NASF: Núcleo de Apoio a Saúde da Família**. Brasília: Ministério da Saúde, 2010. 152 p. (Caderno de Atenção Básica, n. 27)
- BRASIL. Ministério da Saúde. **Saúde mental**. Cadernos de Atenção Básica, n. 34. Brasília: Ministério da Saúde, 2013. Available: http://189.28.128.100/dab/docs/portaldab/publicacoes/caderno_34.pdf. Access: 15 July 2020.
- BRASIL. Ministério da Saúde. **Portaria n. 849, de 27 de março de 2017**. Available: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt0849_28_03_2017.html. Access: 26 Jan. 2020.
- CARVALHO, M. A. P. *et al.* A terapia comunitária integrativa enquanto intervenção psicossocial avançada: uma trama de aparelhamento comunitário. *In*: FERREIRA FILHA, M. de O.; LAZARTE, R.; DIAS, M. D. (Org.). **Terapia comunitária integrativa e a pesquisa ação/intervenção: estudos avaliativos**. João Pessoa: Editora UFPB, p. 33-49, 2019.

CASSEL, E. J. A natureza dos sofrimentos e os objetivos da medicina. **N Engl J Med**, Massachusetts, v. 306, n. 11, p. 639-645, mar. 1982.

CEZÁRIO, P. F. O. *et al.* Integrative Community Therapy and its Benefits for Primary Care: an Integrative Review. **International Archives of Medicine**, v. 8, n. 267, p. 1-9, 2015.

CORRÊA, R. S. **Uma análise estratégica do processo de implementação da rede de Atenção em saúde mental no município de Santa Terezinha de ITAIPU: as Rodas de Terapia Comunitária Integrativa como um instrumento de Educação Permanente em Saúde.** 2015. 35. Monografia (Trabalho de Conclusão do Curso de Especialização Gestão do Trabalho e da Educação na Saúde) – Escola de Saúde Pública do Paraná/Escola Nacional de Saúde Pública Sergio Arouca/FIOCRUZ, Curitiba, 2015.

DAMASCENO, R. C. **Terapia comunitária integrativa: construção de um espaço de escuta para os trabalhadores da saúde da atenção básica.** 2011. 99 f. Dissertação (Mestrado) – Universidade Federal do Rio Grande do Norte, Natal, 2011.

DECS. **Descritores em Ciências da Saúde.** 22. ed. São Paulo: BIREME, OPAS, OMS, 2020. Available: <http://decs.bvsalud.org>. Access: 07 mar. 2020.

DUDZIAK, E.A. **Quem financia a pesquisa brasileira? Um estudo InCites sobre o Brasil e a USP.** São Paulo: SIBiUSP, 2018. Available: <https://zenodo.org/record/1317042>. Access: 10 Mar. 2020.

FERREIRA FILHA, M. de O.; LAZARTE, R.; BARRETO, A. de P. Impacto e tendências do uso da Terapia Comunitária Integrativa na produção de cuidados em saúde mental. **Revista Eletrônica De Enfermagem**, v. 17, n. 2, p. 172-173, abr./jun. 2015.

FERREIRA FILHA, M. de O.; LAZARTE, R.; DIAS, M. D. (Orgs). **Terapia comunitária integrativa e a pesquisa ação/intervenção: estudos avaliativos.** João Pessoa: Editora UFPB, 2019.

LUZ, M. T. **Racionalidades médicas e terapêuticas alternativas.** Rio de Janeiro: UERJ/IMS, 1993.

MENDES, K. D. S.; SILVEIRA, R. C. C. P.; GALVÃO, C. M. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. **Texto Contexto Enferm.**, Florianópolis, v. 17, n. 4, p. 758-764, out./dez. 2008.

MENEZES, A. L. do A. *et al.* Narrativas de sofrimento emocional na Atenção Primária: contribuições para uma abordagem integral culturalmente sensível em Saúde Mental Global. **Interface**, Botucatu, v. 23, 2019. Available: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832019000100222&lng=en&nrm=iso. Access: 21 Apr. 2020.

MOURA, S. G. *et al.* Representações sociais sobre terapia comunitária integrativa construídas por idosos. **Revista Gaúcha de Enferm. Porto Alegre**, v. 38, n. 2, p. 1-6. jun. 2017.

REIS, M. L. de A. **Quando me encontrei, voei: o significado da capacitação em terapia comunitária integrativa na vida do terapeuta comunitário.** Porto Alegre: Caifcom, 2017.

SAVARIS, L. E. **O cuidado integral na saúde coletiva: interfaces da dimensão religiosa/espiritual, práticas integrativas e complementares e saúde mental no Sistema Único de Saúde de Curitiba.** 2018. 117 f. Dissertação (Mestrado em Saúde Coletiva) – Universidade Federal do Paraná, Curitiba, 2018.

SILVEIRA, D. da; VIEIRA, A. L. S. Saúde mental e atenção básica em saúde: análise de uma experiência no nível local. **Ciência e Saúde Coletiva**, Rio de Janeiro, v. 14, n. 1, p. 139-148, fev. 2009.

TESSER, C. D.; SOUSA, I. M. C. de; NASCIMENTO, M. C. do. Análise da efetividade da Terapia Comunitária Integrativa na saúde biopsicossocial de diferentes populações: uma revisão integrativa. **Revista Saúde em Debate**, Rio de Janeiro, v. 42, n. 1, p. 174-188, set. 2018.

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