INTEGRATIVE COMMUNITY THERAPY IN THE APPROACH TO MENTAL HEALTH IN PRIMARY CARE: AN EXPERIENCE REPORT

A TERAPIA COMUNITÁRIA INTEGRATIVA NA ABORDAGEM DA SAÚDE MENTAL NA ATENÇÃO PRIMÁRIA: UM RELATO DE EXPERIÊNCIA

LA TERAPIA COMUNITARIA INTEGRATIVA EN EL ENFOQUE DE SALUD MENTAL EN ATENCIÓN PRIMARIA: INFORME DE EXPERIENCIA

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ABSTRACT: The Integrative Community Therapy (ICT), in addition to being a therapeutic method, is considered a community space to user embracement, where people can share their sufferings, life experiences, knowledge, problems, tough situations, victories and overcoming stories. The objective of this work is to report the experience and present the process of an ICT group's insertion in a primary care unit located in Curitiba-PR. The themes and achievements presented by the participants are discussed, as well as the role of the primary care professional as a therapist in an ICT circle, and its reverberations in the workplace and clinical practice. It is concluded that ICT has great value because it can be understood as a technology for mental health, as well as a collaborative practice of social intervention, given the greatness of its possibilities since it empowers the community in solving their problems, and humanizes the work of the health team.

KEYWORDS: User embracement. Complementary therapies. Primary health care. Community participation. Mental health.

RESUMO: *A Terapia Comunitária Integrativa (TCI), além de método terapêutico, é considerada um espaço comunitário de acolhimento, no qual ocorre partilha dos participantes de seus sofrimentos, experiências de vida, sabedorias, problemas, situações difíceis, vitórias e superações. O objetivo deste trabalho é relatar a experiência e apresentar o processo de inserção de um grupo de TCI em uma unidade básica de saúde localizada em Curitiba-PR. Os temas e superações apresentados pelos participantes são discutidos, assim como o papel do profissional de atenção primária como terapeuta de uma roda de TCI, e suas reverberações no local de trabalho e prática clínica. Conclui-se que a TCI tem capilaridade e pode ser entendida como uma tecnologia para a saúde mental, assim como também uma prática colaborativa de intervenção social dada a grandeza de suas possibilidades, uma vez que empodera a comunidade na resolução de seus problemas, e humaniza o trabalho da equipe de saúde.*

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***PALAVRAS-CHAVE**: Acolhimento. Terapias complementares. Atenção primária à saúde. Participação da comunidade. Saúde mental.*

***RESUMEN**: La Terapia Comunitaria Integrativa (TCI), además de ser un método terapéutico, se considera un espacio comunitario de acogida, donde los participantes comparten sus sufrimientos, vivencias, conocimientos, problemas, situaciones difíciles, victorias y superaciones. El objetivo de este trabajo es reportar la experiencia y presentar el proceso de inserción de un grupo de TCI en una unidad básica de salud ubicada en Curitiba-PR. Se discuten los temas y superaciones presentados por los participantes, así como el papel del profesional de atención primaria como terapeuta en una rueda de TCI, y sus repercusiones en el ámbito laboral y en la práctica clínica. Se concluye que la TCI tiene capilaridad y puede entenderse como una tecnología para la salud mental, así como una práctica colaborativa de intervención social, dada la grandeza de sus posibilidades ya que empodera a la comunidad en las soluciones de sus problemas, y humaniza el trabajo del equipo de salud.*

***PALABRAS CLAVE**: Acogimiento. Terapias complementarias. Atención primaria de salud. Participación de la comunidad. Salud mental.*

Introduction

The importance of the mental health approach in primary care is evidenced given the relationship between physical and mental health and the high prevalence of mental disorders, and as despite this high prevalence, few people really have an adequate treatment (WHO, 2008, p . 3).

In the primary care setting, people have better access due to the proximity to their places of residence, and are also less discriminated against or stigmatized for their problems, decreasing the chance of suffering human rights violations as in the case of hospitalizations in psychiatric hospitals. A treatment performed in primary care, with care coordinated with the other points in the care network, has a greater chance of a better outcome (WHO, 2008, p. 3).

For these reasons, it is necessary to seek technologies and strategies that can be applied in the context of primary care, enabling success and flexibility with regard to cost-effectiveness, as well as training health professionals to provide qualified assistance to these people (WENCESLAU; ORTEGA, 2015, p. 1124). The objective of this work is to report the experience of inserting a group of Integrative Community Therapy (ICT) in a basic health unit and to reflect on this practice.

ICT was created in 1987 in Fortaleza, Ceará, by the psychiatrist and anthropologist Dr. Adalberto de Paula Barreto, when he decided to visit the people supported by the Quatro Varas Project at the University Hospital of the Federal University of Ceará in their context, in a

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vulnerable community called Pirambu, with groups of conversation circles. The Quatro Varas Project started with the assistance of people, with mental health problems, that his brother, Airton Barreto, lawyer and coordinator of the Human Rights Center of Pirambu sent him (CISNEIROS, 2012, p. 469; BARRETO, 2008, p. 23).

According to Ferreira, Lazarte and Barreto (2015, p. 172, our translation), ICT is actually considered a community welcoming space, and it takes place in a common place where "people position themselves horizontally and circularly, side by side, for sharing of their sufferings, life experiences, wisdom, problems, difficult situations, victories and overcoming".

Theoretical Pillars of Integrative Community Therapy

ICT is based on five theoretical pillars: Systemic Thinking, Communication Theory, Cultural Anthropology, Paulo Freire's Pedagogy and Resilience (BARRETO, 2008, p. 27).

The General Systems Theory was first published in 1968 by biologist Ludwig Von Bertalanffy. This brought Systemic Thinking as a scientific movement, with the understanding that living organisms are open systems, which interact in a continuous flow of matter and energy coming and returning to the environment. Since the concept of a system is characterized by a complex of elements in interaction/relationship, and therefore interdependent, it can be understood that are considered systems not only those of biological nature, but also physical and social (GOMES, 2014, p. 7).

In ICT, in order to be able to understand and seek solutions together for the problems brought up by the participants, it is necessary to perceive these problems as belonging to a complex network, that is, a system, which connects people as a whole. Suffering may be due to a socioeconomic or family context, and in the group, systemic responses can be mobilized, bringing community resources to the fore and also pointing to co-responsibility (BARRETO, 2008, p. 181-185).

In the 70s, the Theory of Communication was developed by Gregory Bateson in partnership with Paul Watzlawick. According to the authors, there are five axioms proper to communication: (1) it is impossible not to communicate - this means that even if people do not speak, all behaviors and actions have a communicative value; (2) all communication has two factors: the content and the relationship and, therefore, not only means a transfer of content (information), but also how the recipient behaves with the information; (3) all communication depends on the punctuation, which defines a sequence to be followed, and organizes the contents; (4) communication can be digital (verbal communication) or analog (non-verbal

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communication) which are complementary or contradictory; and (5) communication can be symmetrical and complementary - when symmetrical, interlocutors share an equal relationship, when complementary, interlocutors have a difference relationship, which can occur through a social or cultural context (LUISI, 2006, p. 46-50).

These notions of communication imply understanding that everything has a communication value, including the physical symptoms, diseases and problems that appear in the ICT. There can be ways of communicating a family or social imbalance (CISNEIROS, 2012, p. 471). The therapist must understand the importance of clarity and sincerity in communication, as an instrument of personal and collective growth and transformation (BARRETO, 2008, p. 28).

Anthropology emerged at the end of the 19th century as a different view of the dominant unilinear evolutionism, which considered that there was an "evolution" in cultures (for example, from savagery to barbarism, from barbarism to civilization). This way of looking at the world was ethnocentric and comparative, with European society as a point of reference for the civilizing process. After all, cultures were observed in a distant way, from the European's point of view and without living in the field. Franz Boas proposes the concept that each culture must be defined by its own history, that is, without comparisons. Thus, the importance of field studies was observed to study each culture deeply and separately (LIDÓRIO, 2009, p. 7).

For Godoy (2004, p. 31), the end of the 20th century in anthropology was marked by the observation of the failure of globalizing schemes and the existence of a new model of discussion between resources and ideals in the multicultural context.

Barreto (2008, p. 29) already demonstrates this view under consideration in ICT, pointing out that

> [...] when we recognize that, even in a single country, several cultures coexist and we learn to respect them, we discover that cultural diversity is good for everyone and a true source of wealth for a people and a nation. If culture is seen as a value, a resource that must be recognized, valued, mobilized and articulated in a complementary way with other knowledge, we will be able to see that this resource will allow us to add, multiply our potential for growth and to solve our social problems and build a more fraternal and just society (our translation).

Paulo Freire's pedagogy, another pillar of ICT, shows that the person is not a passive being in the face of learning. In a non-liberating education, in the education that the author calls “bank education”, the educator, instead of communicating, makes announcements, which the students inertly memorize and keep in “deposits” (FREIRE, 2003, p. 60). In Freire's education,

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it is considered that the student is not just a blank canvas, but already full of their experiences of life and culture. Education is a dialogue where an educator learns how to educate and vice versa, and at ICT the therapist has characteristics that are similar to those of an educator (BARRETO, 2008, p. 29). And at the circle, everyone exchanges their knowledge, learning from each other.

The term "resilience", now widely used in health and psychology, has its origin in a concept in physics that defines as "the property of some materials to return to their original shape after being subjected to deformation" (LUISI, 2006, p. 58, our translation). According to Braga (2009, p. 20, our translation), we can understand human resilience today as the "capacity to face adversity, to strengthen or actively transform reality".

At ICT, resilience is valued as the ability of each participant to transform the difficulties experienced in life into overcoming. From the history of suffering, a competence or learning emerges. When participants are asked to share their coping victories according to the chosen theme, the resilience of that community stands out, as well as the opportunity to seek support (BARRETO, 2008, p. 101-105).

Stages of Integrative Community Therapy

In this conversation circle method created by Professor Dr. Adalberto Barreto, there are definite steps to be followed. In addition, the therapist must have formation in ICT, which is currently offered by centers accredited to the Brazilian Association of Community Therapy (ABRATECOM, 2020) in several cities in Brazil and even in locations abroad.

The steps of the ICT are described below, in their order of events, according to Barreto (2008, p. 63-86): Reception, Choice of Theme, Contextualization, Problematization, Closing and Appreciation.

The Welcoming moment is usually done by the co-therapist and a reception with welcome and music is held to receive the arriving participants. Then there are celebrations of the participants' lives and achievements. At this point, the purpose of the ICT and the rules of the wheel are briefly explained.

Rules are an important element that are agreed with all participants for the best development of the circle. These are the rules: (1) be silent so that you can hear who is speaking, (2) speak from your own experience, using the first person singular - I, (3) do not give advice, do not give speeches or sermons, (4) offer to the group songs, jokes, proverbs or poetry related to the topic being discussed.

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At Welcoming there is also a warm-up activity (dancing, playing, music) so that people can relax. Then, the co-therapist introduces the therapist and proceeds to the next step.

When choosing a theme, the therapist invites participants to briefly speak about their anguish, problems and concerns, emphasizing the importance of speaking so as not to get sick. The therapist makes sure that he/she understands the main theme brought up by the person and after some participants speak, the rest of those present are asked who identified with the themes and why. After some speak, a vote in the group is opened so that each one can vote on the topic with which they most identified.

The person with the most voted theme is selected to talk more about the problem in the Contextualization stage, in which all participants can address questions to that person in order to make it clearer what is the essence of the problem, the emotion involved. The attentive therapist collects keywords from the report to build a motto.

The motto is used in the next stage of problematization. The participant with the chosen theme is instructed to restrain himself and listen to the group's contributions, without anyone addressing him directly. The group responds to the chosen motto, which usually includes a keyword or emotion perceived in the context. The motto should be more generalized, so that more people identify and respond with their experiences of overcoming similar situations.

In closing, which is usually conducted by the co-therapist, people are called to form a circle embraced in a smooth rocking motion. The therapist verbalizes what was positive in the story of each person who contributed speeches in the circle. The group is then asked to bring to the group what each one has learned, or what they have been touched by, indicating the people who brought such reflection to them. It ends with goodbyes and usually hugs between the participants.

The last stage, Appreciation, is carried out with the group that coordinated the circle, to reflect on the circle's performance, point out strengths and constructive criticisms for learning.

Methodology

This paper details an empirical experience report on the implementation of ICT circles in a Family Health Strategy health unit in the Unified Health System network of the Municipal Secretariat of Curitiba, Paraná, in which one of the authors works as a doctor at family health strategy.

The reported experience took place at the Sambaqui Health Unit, which is located in the Ganchinho neighborhood. It is a neighborhood on the outskirts of the city, and is part of the

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Bairro Novo district. The total population registered at this unit at the beginning of this report was 16,415 people. There are three health teams. In this area there are housing developments called Parque Iguaçu, which were made available in 2013 with 2,572 housing units. They were destined to families that were registered in the Curitiba Popular Housing Company (Cohab) or resettled from risk areas (CURITIBA, 2020). For this reason, it is understood that it is a population with economic and social vulnerability.

In this work, the circle registration data performed by the authors that took place from 04 July 2019 to 17 March 2020 were used in this work, according to the registration protocol defined by the formative center in ICT *Acreditar & Compartilhar*, and based on online virtual registration data on the website.

The records include the names of the participants, age group, whether they brought a theme to the circle and which one, the participant voted on the day, the topic discussed, resilience resources and testimonials.

Experience Description and Discussion

Initially, the proposal was made to implant ICT circles for the unit's local health authority, in view of the great demand for mental health issues. There was a great search for renewal of prescriptions for psychotropic medications, in addition to many hyper-users of health services. It has been shown in studies that hyper-users have a prevalence of 50% or more of mental disorders (CARVALHO; CARVALHO; LOPES, 2015, p. 2). The manager agreed to put it into practice. It is noteworthy that generally in Brazil, innovative mental health actions in primary care depend on the autonomous mobilization of professionals in their jobs, or on local managers (WENCESLAU; ORTEGA, 2015, p. 1127).

It was decided a fixed day and place in the week to start the circles, initially on Thursdays at 4 pm due to the availability of schedules. The disclosure was made first among the unit's employees, and a brief explanation of the ICT was made during the monthly employee meeting. Printed invitations were made to be delivered to people who demonstrated any kind of suffering when attended to by professionals: in the evaluation made by nursing technicians, in dental evaluations, in nursing consultations and in medical consultations.

The circles started on 04 July 2019, and at first few participants came. Some weeks it was not possible to have a circle due to the absence of participants. It was noticed that the main publicizing happened by only one of the teams and mainly by medical recommendation in the consultations.

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The hypothesis was raised that the general team of the unit did not understand for sure what ICT was, and for that reason, on 03 October 2019, the authors held a circle with all employees of the unit on the day of the meeting general monthly.

As of November 2019, more participants began to appear, indicated by other members of the health unit team. Despite the circle break in December with a return in January, participants continued to show up. Starting in January a change of time and day was made to Tuesdays from 1:00 pm until 2:30 pm for schedule reasons, and on the advice of the community health agent who warned that the previous schedule made it difficult for many interested women to participate, because the end of the circles coincided with the time to pick up children or grandchildren from daycare centers or schools.

The community health agent was an important vector in the dissemination and indication of people to participate in the ICT. She herself could not participate in the schedule of the circles due to her other duties in the unit. Community health workers have a central role with regard to the relationship between the health service and the population. The intimate knowledge they have of their communities and the perceptions of people with whom they share a similar culture and values, promote trust and harmony, which in turn promote therapeutic relationships and can lead to care plans (KATIGBAK *et al*., 2015 , p. 872), as the indication of group participation.

From July 2019 to March 2020, 22 ICT circles were held, and a total of 72 different people participated. Activities were discontinued as of 16 March 2020 due to the SARS-CoV-2 pandemic, in accordance with Decree No. 421/2020 of the City of Curitiba to prevent agglomerations.

Table 1 presents a list of all the topics discussed and their repetition on circles, in order of the most prevalent.

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Table 1 – List of topics presented on the ICT circles

Theme	Times cited
Concern for someone in the family	10
Family conflicts	5
Family member with chemical dependence	
Depression	
Chronic pain	
Regrets from the past	4
Not feeling recognized	3
Doing too much for others	2
Concern for own health	
Unemployment and/or financial difficulties	
Anger at other people	
Feeling rejected by the family	
Mourning	
Loneliness	
Lack of support	
Feeling humiliated	
Fear of change	1
Fear of making a difficult decision	
Insomnia	
Self-demands	
Guilt	
Feeling lost in life	
Neighborhood noises	
Not having control of situations	
Fear of people	
Anguish	

Source: Devised by the authors

Table 2 lists the resources suggested by the participants during the circles, as a means of personal overcoming, in order of the most cited.

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Table 2 – List of support resources to overcome

Resources	Times cited
Church/religious group	20
Family support	9
Personal faith/spirituality	8
ICT Group	
Support from friends	7
Doing things you love	
Prayer	6
Support from health unit professionals	5
Going back to study	4
Hope for the future	3
Accept and conform	
Forgiving	
Medications	
To accept me as I am	
Patience	2
Do not control the lives of others	
Putting yourself in the other's place/empathy	
Do something different	
Psychotherapy	
Valuing myself	
Saying no	
Health unit physical activity group	1
Meet new people	
Stop blaming yourself	
Cry for relief	
Talking to each other to clarify situations	
Get busy	
Alcoholics Anonymous Group	
Writing poetry	
Dance	

Source: Devised by the authors

The five most mentioned themes are highlighted: concern for someone in the family, family conflicts, family members with chemical dependency, depression and chronic pain.

It is observed here that the first three themes have the family as a factor causing restlessness. These data corroborate the systemic view of families, in which an individual's suffering is not isolated from his interactions in the family system (BARRETO, 2008, p. 206-207), and often in the ICT circles there is an opportunity to bring a new perception about the role of that individual in relation to his family, through the questions of participants and therapists in contextualization, or even in the identification of the person in stories similar to his.

As highlighted in the table, depression and chronic pain were recurrent themes. Several participants were being monitored for the treatment of psychiatric disorders and chronic pain,

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with the use of drugs. At the end of the ICT circle, a moment was reserved in case anyone wanted to talk individually. Depending on the situation, appointments were sometimes made for medical consultation the day after the circle, and referrals were also made, as needed, to other health professionals in the network (psychologist, nutritionist, physical educator).

After all, varied themes related to health have often appeared on the circle. Since the 1980s in Brazil, there has been an expanded concept of health, and in this view, the importance of interdisciplinarity in the integral approach of the person, as well as in mental health, is observed (MENEZES; YASUI, 2013, p. 1821). For this reason, the therapist, as a professional in a health care network, can work as a care coordinator, talking to the other health disciplines in the network, as well as using matrix support to answer the participants' problems (ANDRADE , 2009, p. 108).

It is pointed out here that, in the course of the circles, it was necessary to be careful with the role of therapist as a professional in primary care: not to fix an illusory image of "problem solver", or "forwarder" for whatever situations were brought up. by the participants. The therapist who follows the pillars of the ICT should always instigate in his own group that their own solutions emerge from the problems and stories of overcoming people who consider themselves peers.

According to the postmodernist view of Social Constructionism, a movement in Psychology, "knowledge is socially constructed" (CASTAÑON, 2004, p. 71). It is worth noting, therefore, the role that the participating subjects gain as a community in the ICT, decentralizing the image of the "knowledge holder" from the therapist, and that being the therapist a doctor, this image could be even more highlighted. According to Cadoná and Scarparo (2015, p. 2727, our translation), health practices should be directed

> [...] for the adoption of attitudes based on the health promotion paradigm, in social transformation, in participatory processes where individualized prescriptions give space for the responsibility of different sectors and collectives in the exercise of care. Adopting this attitude, health practices and formulated concepts are considered local, transitory and of a participatory nature.

Therefore, the desired behavior change of the medical professional, based on this new paradigm, can be facilitated with the experience in the ICT circle, as the traditional figure of the doctor dissolves to assume a closer, warm and intimate posture, enabling this transformation symbolic for the community.

In the experience of the author who works as a doctor, it was observed that the doctor-person relationship with those who appeared at the circle was transformed, for a more open and

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sincere relationship, breaking down barriers in clinical communication, allowing for increased trust, adherence to joint decisions in partnership with the subject.

Still under the perspective of Social Constructionism, an example of this perception is placed here when in the group reflections arose about their places of residence (as mentioned in Table 1 "the noise of the neighborhood") and some people proposed their ways of overcoming based personal and community resources (friends, neighbors, church).

In relation to collective accountability, the group showed the search for solutions at times when participants supported each other in cases of need. The example of a lady who lived alone and who had difficulty remembering the time and day of the circles is mentioned, and one of the participants acquired her contact and started calling her to notify the day of the meetings. ICT enables the creation of solidary networks and friendships through the warm and intimate environment that is provided at the time of the circles, in addition to the identifications of each other in their human problems, emphasizing in the group a sense of belonging, which enables the creation of such relationships (ARAÚJO *et al.*, 2018, p. 75).

After the end of the circles, there was a period (from 2:30 pm to 4:00 pm) that became known as the "Mental Health Program" because in addition to being used to deal with situations that arose during the circle, evaluations were also made for monitoring drug use and prescription renewals. In the same period, there could be other mental health patients scheduled at this time, even if they did not participate in the circle. At the end of January, the rule of participating in the ICT group was instituted to have the slot for renewing medication prescriptions in order to attract new members and encourage the continuity of the previous ones' participation.

Considering that the 1h and 30 min period was reserved, in which it would be possible to provide about 4 to 5 medical consultations, it seems that the time used in ICT circles was very cost-effective due to the number of people who could have their problems welcomed, and with the possibility of finding coping strategies that the doctor alone could not offer.

Final considerations

The insertion of ICT in the health unit provided the perception that professionals can identify the needs of the workplace and the people assisted, as well as adapt to changes. These changes drive professionals to search for alternatives, through new tools to respond to perceived demands.

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In the midst of crises and cuts in health investments, ICT shows itself as an effective approach to mental health, with a cost-effective reward, in addition to being a collaborative practice of social intervention, given the greatness of its possibilities once that empowers the community to solve their problems. ICT can be practiced by other professionals in the care network, and its pillars are in line with the broader clinic view.

The experience of this work has provided transformations in the reception of people from the health area, as well as changed the view of professionals to a more human approach that considers all individuals as capable. These important changes brought about in the health service in question could happen in any place of assistance to people, and, therefore, ICT should really be considered as a strategy to be implemented by health managers.

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