

THE IMPLEMENTATION OF INTEGRATIVE COMMUNITY THERAPY IN A MUNICIPALITY IN RIO DE JANEIRO

A IMPLANTAÇÃO DA TERAPIA COMUNITÁRIA INTEGRATIVA EM UM MUNICÍPIO DO RIO DE JANEIRO

LA IMPLEMENTACIÓN DE LA TERAPIA COMUNITÁRIA INTEGRATIVA EM UM MUNICÍPIO DE RIO DE JANEIRO

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ABSTRACT: The objective is to describe and analyze the implantation process of integrative community therapy (ICT) in Volta Redonda, municipality of Rio de Janeiro. Semi-structured interviews and observation of ICT groups were carried out, during the period of September to November, in addition the occurrence of documentary analysis. In municipal documents, ICT began to be referenced since 2009 until the present moment (2018 to 2021), starting to be foreseen in the Project Center for Integrative Practices of the Municipal Health Department (Secretaria Municipal de Saúde). The implementation analysis revealed the importance of the political context, sometimes as a facilitator agent of implementation, and sometimes as a barrier to maintaining its offer. Despite the change in the political context becoming a factor that decreased the number of groups of ICT, there was recognition of its potential in the construction of social support networks, as well as in the attention to the demands of mental health, such as, for example, the reduction of medicalization.

KEYWORDS: Integrative community therapy. Mental health. Analysis of implementation. Integrative and complementary health practices.

RESUMO: *Objetiva-se aqui descrever e analisar o processo de implantação da Terapia Comunitária Integrativa (TCI) em Volta Redonda, município do Rio de Janeiro. Utilizou-se entrevista semiestruturada e observação das Rodas de TCI no período de setembro-novembro de 2019, além de análise documental. Nos documentos municipais, a TCI começou a ser referenciada a partir de 2009 até o momento atual (2018 a 2021), passando a ser prevista no Projeto Centro de Práticas Integrativas da Secretaria Municipal de Saúde. A análise de implantação revelou a importância do contexto político, ora como facilitador da implantação,*

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ora como barreira para manutenção de sua oferta. Apesar da mudança do contexto político ter ocasionado a diminuição da oferta de rodas de TCI, houve o reconhecimento do seu potencial na construção de redes de apoio social assim como na atenção às demandas de saúde mental, como por exemplo, a redução da medicalização.

PALAVRAS-CHAVES: Terapia comunitária integrativa. Saúde mental. Análise de implantação. Práticas integrativas e complementares em saúde.

RESUMEN: El objetivo aquí es describir y analizar el proceso de implementación de la Terapia Comunitaria Integrativa (TCI) en Volta Redonda, municipio de Rio de Janeiro. Se utilizaron entrevistas semiestructuradas y observación de las ruedas de las TCI de septiembre a noviembre de 2019, además del análisis documental. En documentos municipales, TCI comenzó a ser referenciado desde 2009 hasta el momento presente (2018 a 2021), comenzando a preverse en el Proyecto del Centro de Prácticas Integrativas de la Secretaría Municipal de Salud. El análisis de implementación reveló la importancia del contexto político, a veces como un facilitador de la implantación, a veces como una barrera para mantener su oferta. A pesar del cambio en el contexto político que condujo a una disminución en el suministro de ruedas de las TIC, se reconoció su potencial para construir redes de apoyo social y para atender las demandas de salud mental, como reducir la medicalización.

PALABRAS CLAVE: Terapia comunitaria integradora. Salud mental. Análisis de despliegue. Prácticas integrales y complementarias de salud.

Introduction

Postmodernity has brought changes in people's way of life. On the one hand, we see greater access to goods and services produced by society and, on the other, we find that inequality - as a socioeconomic phenomenon - and exclusion - as a cultural and social phenomenon - become much more present in capitalist societies, manifesting itself through the general precariousness of work, the increase in crime, drug abuse, social violence and misery.

This process is mostly marked by situations of suffering, often expressed through unspecific somatic complaints such as: headaches and body pain, insomnia, nervousness, gastric problems, malaise, among others. These are examples of symptoms that have no specific organic causes. Thus, they are not easily classified in medical and psychiatric diagnoses, but they are closely related to psychic and social factors. This type of suffering was named by the researcher Victor Vincent Valla (2001) as *diffuse suffering* and placed as one of the greatest demands for health care in the popular classes.

Among the unspecific somatic complaints, we can still find the diagnosis of *Common Mental Disorders* (CMD), which can present through multiple symptoms, such as unspecific somatic complaints, irritability, insomnia, nervousness, headaches, fatigue, forgetfulness, lack

of concentration, in addition to manifestations that can be characterized as depressive, anxious or somatoform symptoms (FONSECA; GUIMARÃES; VASCONCELOS, 2008).

As they are presented mainly through unspecific somatic complaints, the prevalence of CMD in primary care is high, as this is also the gateway for health services. However, if there is a focus on the immediate complaint of users, without acknowledging the broader malaise, it will imply expenses with referrals and unnecessary exams.

The implementation of a group practice, of Brazilian origin, called Integrative Community Therapy (ICT), implanted in primary care in the Unified Health System, can be a proposal to welcome situations of suffering, allowing the problematization of collective issues, strengthening social support networks, listening space, bonding and de-medicalization of life (FONSECA; GUIMARÃES; VASCONCELOS, 2008)

Developed in Ceará in 1987, ICT has emerged as a public policy in care technology and a strategy to strengthen the community model in Primary Health Care. Since 2017, it has been part of the set of Integrative and Complementary Health Practices (PICS, Portuguese initials), of the National Policy of Integrative and Complementary Practices (PNPICS, Portuguese initials) (BRASIL, 2006; 2017).

The municipalization resulting from the decentralization of the Unified Health System (SUS, Portuguese initials), made the municipality the main space for implementing health policies, each having its own local scenario that will influence the implementation and effectiveness of interventions.

Considering the ICT as part of the PNPIC, this study is pertinent because it proposes to analyze the implementation process of this intervention in the mentioned city, allowing to identify the implementation challenges in different Primary Health Care Units. In addition to this, it becomes relevant, in collective health, to evaluate practices with the intention of verifying their recognized competence and compatibility with the guiding principles of SUS: universality, integrality and equity.

Material and methods

The research in the municipality took place through the qualitative analysis of the implementation process, which is a scientific procedure that values the context where the studied intervention is inserted (CHAMPAGNE *et al.*, 2011).

Study context

The city of Volta Redonda is one of the main municipalities in the State of Rio de Janeiro, in the Southeast region of Brazil. With an estimated population in 2019 of 273 thousand inhabitants and Municipal Human Development Index (MHDI) of 0.771 (2010), it has an area of 182,105 km², presenting significant importance for the regional and state economy (IBGE, 2010), with the municipality fundamental role in the history of industrial development in Brazil (MAGALHÃES *et al.*, 2012).

Although the history of the municipality has references in the 19th century, the major milestone is in the 1940s, when the *Companhia Siderúrgica Nacional* (CSN) was created, when the country's industrialization process began, which implied development differentiated from other municipalities. Home to the largest steel mill in Latin America, it is known as the “Steel City” and the city's growth was centered around CSN, which represented the city's large labor market for many years (PINTO *et al.*, 2012).

The privatization of CSN, in 1993, was a milestone, triggering new situations and new challenges for the city, including in the health field. This scenario allowed the public power to assume its role as a health manager through the expansion and strengthening of public health units, inverting the logic of the curative model hitherto in force (PINTO *et al.*, 2012).

The Health Care Network (HCN) in the municipality of VR is one of the most complex and complete in the Middle Paraíba region, and for this very reason is a regional reference for the population of many cities (PINTO *et al.*, 2012).

Operational aspects

Primary data were collected through semi-structured interviews with a dialogical basis, containing guiding thematic questions and observing the context of the ICT Circles. In addition, documents from the Municipal Health Department were analyzed, such as: the Municipal Health Plan, the Annual Health Program, the Annual Health Reports and the Health Conference Reports.

The assessment scenario was the ICT circles held in two Health Academies and another at the Municipal Zoo, where the practice started in the municipality. The empirical material was produced from documentary data, semi-structured interviews and observation at the ICT circles. Three managers were interviewed, four community therapists, nine professionals who worked at Health Academies and Health Units and nine users participating in the rounds. The semi-structured interviews were recorded and later transcribed.

In the Municipal Plans (2008/2010; 2011/2013, 2014/2017 and 2018/2021), in the Annual Health Program (2014, 2015, 2016 and 2017) and in the Annual Management Report (2009 to 2019), we sought to identify how the PICs are inserted, if there are specific references to the ICT and what is expected in relation to it.

Data analysis

The information obtained through documents, interviews and observation were submitted to the analysis of the categorical thematic content, suggested by Bardin (2011). This technique was divided into three phases: Pre-analysis; the exploration of the content; and the treatment of results, inference and interpretation.

Based on the objectives of the study and based on the categorical thematic Content Analysis (BARDIN, 2011), two categories were obtained: Implementation and Intervention, for which subcategories were identified.

Table 1 – Categories and subcategories identified in the statements

Categories	Subcategories
Implementation	Context
	Facilitators
	Barriers
Intervention	Initial offer
	Present offer
	Barrier for the maintenance of offer
	Perceptions of Effectiveness

Source: Devised by the authors

Ethical care

The project was approved by the Research Ethics Committee and the interviews were conducted after signing an informed consent form. Formal consent was obtained to conduct the interviews.

Results

Twenty-five people participated in the semi-structured interviews: 3 managers, 4 community therapists, 9 professionals from the Basic Health Unit (UBS, Portuguese initials) and 9 users participating in the ICT circles. Among the managers, 2 worked at the Municipal Health Secretariat and one was retired. The community therapists, active in the circles offered

by the Municipality were: two therapists at the Nova Brasília Health Academy and two at the Municipal Zoo and Volta Grande Health Academy. Of the professionals who were willing to give interviews, we could count on two professionals from the Family Basic Health Unit (UBSF, Portuguese initials) in Nova Brasília, a professional from the Nova Brasília Health Academy; three professionals from Caps Nova Esperança; two professionals from the UBSF of Volta Grande and one professional from the Health Academy of Volta Grande. Among the participants of the circles, three were chosen from each location.

Among the interviewees, 23 were female and 2 male, with ages ranging from 22 to 66 years old. The interviews with the managers were previously scheduled; with therapists, professionals and users participating in the circles, they were carried out after observation, in the days of the Community Therapy circle. Only one professional was interviewed by appointment, due to the impossibility of scheduling on the day of the observation of the Circles. All interviews were recorded and later transcribed. In the middle of this process, 1 interview with a user was lost due to recording failure.

Deployment: Initial Moment

The triangulation of the information captured in the SMS-VR (Municipal Health Secretariat of Volta Redonda) interviews and documents led to the identification of the period 2008 to 2014 as the moment of implementation. The documents of the Health Secretariat refer to the implementation of the ICT at various times during this period, considering it as a goal achieved. The later period was considered as the intervention and, as will be seen later, was characterized by moments of expansion followed by moments of greater difficulties, which continues today.

During this implementation period, three training sessions were held (2008, 2011 and 2013), totaling 25 trained professionals.

The decision to implant the technique in the municipality of Volta Redonda arose from the Training in ICT of the first class of 2008, by the Ministry of Health, after a first contact of a manager of the Volta Redonda SMS with the technique, in a Medical Congress of Family and Community.

Then, after the Congress, the Volta Redonda Municipal Secretariat, as well as other secretariats, was appointed by the then Secretary of State for Health and Civil Defense (Sesdec / RJ) to carry out the training of a group of professionals. It was at that moment that the Coordination of Programs and Projects of the Municipal Health Secretariat of the municipality

of Volta Redonda, indicates the name of 10 health professionals from SMS/VR for the selection process. Among these professionals, 8 were selected to participate in the I Formative Course on Integrative Systemic Community Therapy at SUS in the State of Rio de Janeiro, which began in August 2008 and ended in February 2009, in Guapimirim (RJ). The Municipal Health Department appointed health professionals: doctors, dentists, physiotherapists and Community Health Agents.

As of this moment, two other editions of formation in Community Therapy were held through the Permanent Education activities of Polo-Sul-RJ: one held in 2011 and another in 2013, in Arrozal (RJ). In total, 25 health professionals were trained in Community Therapy in the municipality of Volta Redonda. Among these professionals, some had a stable employment relationship (tendered) and others more unstable employment (contracted).

According to information collected in the interviews with managers, the selection for training in ICT prioritized the profile of the professionals and not the employment relationship. Thus, in the first class of 2008, of eight professionals, five were civil servants. In the 2011 class of five professionals, only one was a civil servant. And in the class of 2013, of 12 professionals, only one was a civil servant. Of a total of 25 formed therapists, only seven had a stable employment relationship.

The first round of Integrative Community Therapy was held at Horto Municipal, being held weekly until the present moment. After the first group formed in ICT, the Municipality had almost 16 circles per week spread over different parts of the city, and even had a minimum team of three therapists for circles of ICT (Therapists had their exclusive agenda for ICT). Perhaps this was the culmination of the implementation of ICT in the municipality.

Thus, among the facilitating aspects of the implementation, the support of the central management of the municipality was clearly in this sense, guaranteeing infrastructure, human resources and other conditions, as expressed by two managers.

The only barrier identified, by only one interviewee from the management, was the initial resistance of both the health team and the users due to the lack of knowledge about the new intervention. As an implementation strategy, it was necessary to raise awareness among users and the health team about the new technique being implemented, which was especially the case with the Municipal Health Council. The estrangement was because the guidance is not linked to formation in psychology, with resistance from the teams. The strategy was then to start offering ICT outside the health unit space.

In the SMS documents, in the initial moment, the implementation is scheduled in the PMS 2011-2013. In the 2014 PAS, the ICT Implementation is found as a proposed action and

executed in a Territory. In the RAGs, the implementation of ICT in several units and teams, appears among the actions developed and found as part of the actions of the PICS Program, together with homeopathy and phytotherapy.

Intervention

In this category, aspects of the organization of the intervention are addressed, both at the beginning and at the present time. The implantation of ICT had the initial offer of many circles in different territories of the city.

As for the current offer, based on the description of the current offer and the interviews, there was a reduction of more than 80% in the offer.

As Barriers to the continuity of the Offer, it was reported that the change of government also led to changes in policy and management priorities. Some layoffs were being made and among these were those of many community therapists, which caused ICT's offer to be reduced by the lack of professionals trained in the technique.

While recognizing layoffs as a problem, changing political priorities can also indicate the current as a less favorable political moment for the technique.

Eleven years after the implantation of the ICT, the interviews pointed to the need for a struggle to maintain the offer of the intervention. It is believed that the maintenance of the intervention was due to the existence of community therapists in central management even today and the request of the community for their permanence.

As for the perceptions about the effectiveness of the technique among community therapists, concrete changes in the users' behavior were mentioned, with gain in self-confidence, reduction of medicines used and the need for specialized care. The recognition as a therapeutic strategy in mental health and the valorization of popular knowledge was also perceived by a community therapist, which signals the potential of ICT in meeting mental health demands with reduced medicalization. The space for listening and mutual assistance was decisive for some demands, preventing the medicalization of suffering.

Among UBSF professionals, most see ICT as effective, a powerful technique and all mentioned making referrals for the circle. One professional mentioned reducing medications, another combating depression and a third the possibility for the user to gain autonomy and as a space for socializing and exchanging experiences.

Only one professional, who never participated in a circle (only knows it in theory and to hear the feedback from users) mentioned, despite seeing it as an important resource, that

draws your attention the fact that some users returned saying they did not adapted. When asked about the reason, the issue of collective work bothering some users was mentioned.

Other mentions by different users included: the importance of learning (report by the user with little active participation in the observed wheel); the well-being felt when attending the ICT circle, mainly due to the opportunity to vent and talk about the problems; improvement in aggressive behavior; benefit of de-medicalization and the creation of support networks and the importance of respecting the diversity that the circle provides.

The three circles observed had different characteristics, depending on the profile of their participants. The Vila Brasília circle is the one with the largest number of participants and with recurrent participants, who have been attending it for some time. Users have a great relationship with the UBS doctor, who even recommends it to many participants in the circle. It is believed that the fact that the doctor at the Health Unit is the Community Therapist at Circle facilitates the adhesion of many users. The Volta Grande circle had a recent return, so the low frequency and with users still little adapted to the new approach. The Zoo circle was held provisionally at the CAPS in Vila Cecília (a place close to the original) and was frequently attended by CAPS users and trainee students and a professor of the Mental Health Discipline of the Nursing Technique course.

In the 2014-2017 Municipal Health Program, there is a commitment to guarantee ICT in Primary Care, through Primary Care Units and also in Medium Complexity services and in Mental Health services.

In the Municipal Health Program from 2018 to 2021, ICT's commitment to offering AB and medium complexity services remains, in addition to being part of the Integrative Practices Center Project, in line with the 2017 PNPIC, which incorporated ICT into SUS (BRASIL, 2017).

In the report of the 10th Health Conference of 2015, among the approved proposals was that of guaranteeing the ICT among the Health Units. In the report of the 11th Conference, of 2017, as a proposal for the health care network was that of Implementing a Center of Integrative and Complementary Practices and decentralize the attendance of Integrative Practices in the Health Care Network that refer patients when necessary.

Discussion

The implementation of the ICT in Volta Redonda was facilitated by the political moment in the country, which was going through the second term of President Luís Inácio Lula da Silva, of the Workers' Party (PT), elected for the first time in 2002.

ICT converges in an important way with the ESF, within this proposal to reorganize care practices and work processes, replacing the classic model of health care, also understood as a hegemonic doctor, focused on individual medical consultation. It also understands the user in its broader context, considering the concept of family and aspects of health promotion.

With this, ICT emerges as a work technology, which ESF teams can use in the daily life of services and in the community, when they face diffuse suffering and face the vulnerability of the mental health conditions of populations in situations of economic and social disadvantage, opening space for building solidarity networks.

In the municipality of Volta Redonda, the support of the central management both in training and in the beginning of the offer of circles, was fundamental for the successful implementation.

The only barrier perceived for implementation is a common resistance of the team of professionals and users to a new work proposal, with a group approach.

The initial resistance of users and professionals to group work such as ICT can be a characteristic attributed to the predominance of a hegemonic biomedical model that guides health practices, reflecting the expectation for individual care. In addition to this fact, there is discomfort before the team in bringing to the ESF a new technique that helps in promoting mental health, presenting itself yet another job demand. Work overload is a point of resistance, since ICT needs to be added to the various professional demands. And the issue of ICT not requiring formation from the therapist in any academic area, can bring strangeness and discomfort to specialized mental health professionals.

In the municipality of Volta Redonda, sensitization to professionals and users in the Units and Health Councils was used as a strategy to face this barrier, leading to the understanding that the difficulty was only initial, with little resistance to intervention over time.

The country's economic and political context plunged into instability and crisis as of 2014, in the second term of President Dilma Rousseff, also from the workers' party (PT). Health policy entered a phase of uncertainty and instability with the worsening of the political crisis in 2016, which culminated in the impeachment of the president. In this context, new proposals

were launched, which further destabilized the financial base of SUS and favored the strengthening of health markets (MACHADO; LIMA; BAPTISTA, 2017).

Thus, after the initial moment of the implementation of the ICT in the municipality, a second moment can be identified (from 2015), to what we call the moment of intervention, which can also be understood as the moment of implementation. New difficulties were noted by the managers for the continuity of the offer. With the change of government and the consequent change in priorities, some circles were extinguished, and other priorities were placed for the health of its users.

With changes in government in the country, in local management and consequent changes in policy, as of 2016, professionals trained in ICT in the municipality of Volta Redonda were being dismissed, along with other professionals hired by the city, as they did not have stable employment relationships.

The issue of mass dismissal of employees with outsourced labor contracts at the city hall, leading to a reduction in the team of community therapists, was seen as a barrier to the continuity of the initial offer of ICT circles. Many interviewees referred to the drastic reduction in the offer of ICT in the municipality due to these layoffs, as well as the climate of insecurity of workers, both in terms of management and assistance. In addition to the layoffs, professionals who continued had to do other activities and fail to prioritize the ICT circle.

This scenario in the municipality of Volta Redonda goes back to the discussion about the precarious work process that has been taking place in the public service as a whole, with emphasis on the public health service. The precariousness of work can be seen as the loss of labor rights that occurred in the world of work and the return to liberal ideas of defense of the minimum state, which emerged in developed capitalist countries from the third decade of the last century.

It was noticed in the study that many professionals without a stable job have been trained in integrative community therapy since 2008, since it was preferred to prioritize the professional profile and not the job.

It can be said that the fact that today managers with formation in ICT belong to the management, is seen as a point of perseverance of the intervention offer. However, this fact also presents itself as a risk to its continuity. With a change in management and policy, these same professionals, in a future time, may no longer be part of management, risking the continuity of the current offer.

Another point of resistance of the intervention offer reported by managers and verified in the documents of the municipality's Health Department was the presence of a programmatic

technical area. Managers argued that this is a point of differentiation from other interventions because it has a location, is part of the Integrative and Complementary Practices Program; this fact allows for periodic meetings, discussions, where the professional - the community therapist - has a place to address and talk about their practice and difficulties.

With the observations of the ICT Circles, it could be noticed that there is a respect for the resources of the structure of the technique, with a private and appropriate place for large groups. The community therapists followed the steps without any new adaptations to the technique. However, regarding the use of cultural resources, they were little explored, being used only in the reception stage.

There are some necessary rules for the good progress of the therapy: be silent, do not give advice, do not judge, talk about yourself (use the first person singular), propose songs, poems, short stories, history, fable or parodies that are related to the topic in question.

According to the rule of cultural manifestations, these can be implemented by therapists or suggested by participants at any stage of therapy. The implementation of cultural resources at ICT aims at greater community participation, integration among participants, better development of the sessions as well as the strengthening of ties and cultural rescue. Music, for example, with its lyrics and sound, has the capacity to welcome and allows sharing, in this other form of language, of emotions, perceptions and sensations that sometimes we cannot handle only with words (BARRETO, 2008; FIX; LEITE ; GALVANI, 2007; OLIVEIRA; FERREIRA FILHA, 2011).

The *Academia da Saúde* site was seen as an ideal location for offering ICT; not only for its physical structure, but mainly for its proposal. The *Academia da Saúde* Program is a strategy for the promotion and production of health care, based on the implementation of public spaces, launched by the Ministry of Health in 2011 for Brazilian municipalities (BRASIL, 2011). The Program adopts an expanded concept of health and establishes as a starting point the recognition of the social, economic, political and cultural impact on health. For this reason, despite its name, the Program is not restricted to the performance of body practices and physical activities and the promotion of healthy eating.

Although the initial offer of ICT has decreased, according to the interviewees' report, the managers considered that the current offer covers three strategic points of the city: The two *Academias da Saúde*, which give access to two different parts of the city and the Municipal Zoo, which is situated in a more central area. They consider that the main objective is that some areas of the city are covered, regardless of the number of circles, and also consider that having a minimum team of three therapists (as was done at the beginning of the implementation),

exclusive to ICT, would be the best way to cover the territories of the city, without problems of overlapping tasks, without accumulation of function, as currently occurs.

In relation to Perceptions about the effectiveness of ICT, it was seen throughout the study that ICT fulfilled its main objectives (BARRETO, 2008). The interviewees' view is that ICT is a simple yet powerful technique, capable of providing the exchange of experiences and strategies for coping with difficulties, suffering, and psychological illness, enabling the strengthening of social support networks, in addition to legitimizing the popular knowledge, produced from life experiences, resulting in the restoration and strengthening of individual and group self-esteem. Its importance was also recognized for each individual to rediscover their values and potentials, becoming more autonomous and less dependent.

In the interviews, most users put the opportunity to resize their suffering by listening to other life stories and contributing to changes in their lives with a view to sociability. Users had the opportunity to create a shared space for sharing daily suffering and exchanging experiences, making that space an important part of their social networks.

ICT can be considered an instrument for building social networks, as a supportive, solidary network, bringing emotional support, since the participants of the circle put themselves in a circle to talk about their difficulties and the respective coping strategies, allowing them to start hence the construction of new networks. In the interviews, it was noticed that in places where the circle has been implanted for the longest time and without interruptions (at the *Academia da Saúde* of Nova Brasília and at the Zoo), users referred to Whatsapp groups among the participants, including with users who no longer frequent the circle, creating new networks from ICT.

Still on the perceptions about the effectiveness of the different interviewees, it was possible to see the emphasis on the potential of ICT in the attention to the demands of mental health such as the reduction of medicalization.

Medicalization would be understood as medicating, “taking care of oneself with medication”, or also “exercising medicine” (FREITAS; AMARANTE, 2017).

In our contemporary society there is a demand for constant well-being, the belief that all forms of suffering and malaise must be avoided, remedied, where adversities to existence must be avoided. We live in an age characterized by the idea that “mental problems can and should be treated by drugs”. Therefore, medicalization is a response to suffering, even though it is often a wrong answer and with harmful effects.

We now realize how pharmacological treatment is part of everyday life. The use of psychotropic drugs ranges from the regulation of mood changes, improvement of performance

at work, resistance to stressful situations, to sadness caused by loss and consequent grief, to the traumatic effects of certain experiences, to the treatment of changes associated with grave mental disorders.

Final considerations

The results of this study show the importance of the political context throughout the implementation process, sometimes facilitating it, sometimes making it difficult to maintain the intervention offer. The barriers encountered in the initial implementation phase were transposable over time. The success of the implantation and the permanence of the intervention offer in the basic care of the municipality of Volta Redonda was determined by the strategies adopted by the actors involved in the organizational scene and by their reaction to the barriers encountered over the 11 years since the implementation of this group technique.

With the different changes in the country's political scenario and consequent changes in the municipality, the offer of the technique today is reduced to three strategic points in the city, compared to the beginning of the implementation. It was found that this fact did not interfere with the quality of the technique offered or its benefits. The presence of current managers with formation in ICT, together with the social engagement of users in health councils, interceding for the continuity of the initial offer, presented an important role of resistance of this offer; which can also be seen as a result of the benefits brought by the ICT circle in the municipality.

The benefits brought by the technique reinforce the existing public policy, which includes diversity in a broad social context. Another factor is that the low cost, the high effectiveness and the search for participatory solutions promote an adequate policy in meeting the diverse and complex demands present in the social context.

To enhance this type of practice would be to advance in the perspective of including mental health oriented towards (de)institutionalization in primary health care. Thinking about mental health for primary care is, above all, valuing a perspective that seeks to understand, get closer and approach what happens to people and between people within a geographic and subjective territory that is always changing.

Based on the results obtained, it was realized how important it is to evaluate the implementations of this technique in different contexts, with a view to following up the technique and strengthening it in different institutional realities, in addition to contributing to scientific evidence of this PIC in PHC.

It is worth mentioning that ICT was seen as a low-cost, group care technology with actions to promote mental health and prevent emotional suffering for communities, in addition to enabling social inclusion through the psychosocial support network that it helps to build, leaving no doubt as to its legitimacy as an instrument of transformation.

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