ONE HEALTH, INTEGRATIVE COMMUNITY THERAPY AND COVID-19: A FRATERNAL IMMERSION IN "ONE WORLD, ONE HEALTH"

SAÚDE ÚNICA, TERAPIA COMUNITÁRIA INTEGRATIVA E COVID-19: UMA IMERSÃO FRATERNAL EM "UM MUNDO, UMA SAÚDE"

SALUD ÚNICA, TERAPIA COMUNITARIA INTEGRADORA Y COVID-19: UNA INMERSIÓN FRATERNAL EN "UN MUNDO, UNA SALUD"

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ABSTRACT: In an attempt to verify the points of convergence between One Health, Integrative Community Therapy (ICT) and aspects of the COVID-19 Pandemic, a critical essay was proposed, through a qualitative approach that aimed to bring an interdisciplinary, interprofessional and intersectoral reading on the subject. To better understand the concepts and practical aspects of One Health and ICT, it was proposed the adaptation of One Health Umbrella's figure, with elements of the ICT. The approach of One Health and ICT in face of globalization, the aspects of its complexity and the individual and collective empowerment to reach the administrative spheres, both in the elaboration of the planning and in the definition of the protocols that, as a rule, touch the citizen's skin. Therefore, One Health and ICT are articulated around a unique and fraternal vision of life.

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KEYWORDS: Translational medicine. Community approach. Pandemics. Fraternal immersion. Interdependence.

RESUMO: *Na tentativa de verificar os pontos de convergência entre a Saúde Única, Terapia Comunitária Integrativa (TCI) e aspectos da Pandemia de COVID-19, foi proposto um trabalho do tipo ensaio crítico, com abordagem qualitativa que teve por finalidade trazer uma leitura interdisciplinar, interprofissional e intersetorial sobre o assunto. Para melhor compreensão dos conceitos e aspectos práticos da Saúde Única e TCI foi proposta a adaptação da figura do "Guarda-Chuva da Saúde Única" com elementos da TCI. A abordagem da Saúde Única e TCI frente a globalização, os aspectos de sua complexidade e o empoderamento individual e coletivo para alcançar as esferas administrativas, tanto na elaboração do planejamento quanto na definição dos protocolos que, via de regra, tocam a pele do cidadão. Portanto, a Saúde Única e a TCI se articulam em torno de uma visão única e fraterna da vida.*

PALAVRAS-CHAVE: *Medicina translacional. Abordagem comunitária. Pandemia. Imersão fraternal. Interdependência.*

RESUMEN: *En un intento por verificar los puntos de convergencia entre Salud Única, Terapia Comunitaria Integradora (TCI) y los aspectos de la pandemia de COVID-19, se propuso un trabajo crítico de tipo ensayo, con un enfoque cualitativo que pretendió aportar una lectura interdisciplinaria, interprofesional e intersectorial sobre el tema. Para comprender mejor los conceptos y aspectos prácticos de la Salud Única y la TCI se propuso adaptar la figura de la "Sombrilla de Salud Única" con elementos de la TCI. El enfoque de la Salud Única y la TCI frente a la globalización, los aspectos de su complejidad y el empoderamiento individual y colectivo para llegar a las esferas administrativas, tanto en la elaboración de la planificación como en la definición de los protocolos que, por regla general, tocan la piel del ciudadano. Por lo tanto, la Salud Única y la TCI se articulan en torno a una visión única y fraternal de la vida.*

PALABRAS CLAVE: *Medicina translacional. Enfoque comunitario. Pandemia. Inmersión fraternal. Interdependencia.*

Introduction

How can Single Health and Community Integrative Therapy (ICT) be related? The answer is simple and complex, as there are several direct and/or indirect connection points between such practices, which aim at restoring physical, emotional and mental health, envisioning the well-being between men, animals and the environment, in a systemic way.

To better understand this relationship, it is important to have an understanding of the concepts and practices of these two areas considered to be of great relevance, especially today, when we need to face the COVID-19 pandemic. This global condition at present brings, in essence, both the issue of One Health - which addresses and explains the emergence,

permanence and expansion of the pandemic - and the issue of ICT, which has served as a support for groups of people, who are suffering as a result of it, be able to work with their organic and psychic anguish and suffering.

The present work, of the critical essay type, with a qualitative approach, aims to bring an interdisciplinary, interprofessional and intersectoral reading in the context of One Health and ICT. Structurally, the text was divided into six parts: (1) concept and practical application of One Health; (2) discussion on One Health, well-being and man-nature relationship; (3) concept and practical application of the ICT; (4) One Health and ICT in times of pandemic; (5) association of ICT with the "Umbrella of One Health" and (6) interinstitutional and interprofessional challenges of One Health and ICT.

Understanding the concept and practice of one health

The notion of One Health goes far beyond human thought, and does not have its origin precisely in it. Thus, One Health is considered a basic condition of life on Planet Earth, being a term constantly rediscovered and widely explored throughout human history. Since ancient times, the health and well-being of human beings have been closely linked to the animals, microorganisms and the planet they share. The basis of One Health is the condition of interdependence between humans, animals and the environment. That said, it is considered an intrinsic part of the culture and spiritual beliefs of many ancient civilizations and modern indigenous peoples. Furthermore, it is known as a social, medical and ecological concept that can be seen in different ways in historical records. A first notion of One Health can be observed in the writings of the doctor Hippocrates (460 BC - 367 BC), since, through "On Airs, Waters and Places", it is possible to identify the interdependence between health and a clean environment (WEAR, 2018).

Several centuries later, the relationship between human beings and veterinary medicine took shape in the 19th century, when Rudolf Virchow (1821 - 1902), a German physician and pathologist known as the "Father of Comparative Pathology", laid the foundation for a thought of One Health. He defined the term "zoonosis" (a disease that can be transmitted from animals to humans and vice versa) and declared: "Between human and veterinary medicine there are no dividing lines, nor should there be" (our translation). A student from Virchow, the Canadian physician William Osler (1849 - 1919), also known as "Father of Modern Medicine", adopted similar ways of thinking about health, both in human and veterinary medicine (SCHWAB, 1984).

One health, well-being and man-nature relationship

The confrontation of issues related to health, population and environmental well-being by humanity is necessary and is present in a comprehensive way today. In this sense, one can see an increase in mental health problems worldwide. It is estimated that approximately 1.1 billion people suffer from some adverse mental health problem in the world (CHANDRA; CHAND, 2018; FRANKISH *et al.*, 2018). Concomitantly, due to the effects of climate change, the planet is being pushed to its limits and continuous biological annihilation is taking place. The implications of these issues are not just financial; they threaten the future of human civilization itself, as it depends on the natural systems of Planet Earth (CEBALLOS *et al.*, 2017; WHITMEE *et al.*, 2015). For there to be an improvement in the man-nature relationship, it is necessary to concentrate efforts and increase planetary awareness on the part of governments, politicians, professionals from all sectors and the population in general. Recognition of the importance of finding ways to improve human relationships with the rest of nature for the well-being of people and the natural world in general is now international and reflected in responses to the United Nations Sustainable Development Goals (Goal 3) (CHANDRA; CHAND, 2018; PEACOCK; BRYMER, 2019; PARSONS *et al.*, 2019; SHARMA-BRYMER; BRYMER, 2019), One Health models of human, environmental and wildlife health (RABINOWITZ *et al.*, 2018) and ecology clinic (NELSON; PRESCOTT; LOGAN; BLAND, 2019).

Some researchers argue that globalization, increased technology, population growth and the perceived diminishing value of nature for human mental, emotional, spiritual and physical health have caused a disconnect between humanity and the rest of nature. As this disconnect continues and potentially grows, the prospects for achieving human well-being within the dominant economic development paradigm weaken. Currently, it is possible to point to the development of vital, sustainable and integrated alternative paradigms, which aim to rebalance the human and terrestrial systems (ROCKSTRÖM, 2015). Currently, research in this area continues to grow and, with that, we know much more about the man-nature relationship, its benefits and ways to improve it than some years ago (LUMBER *et al.*, 2017). Not far from this, the scientific scenario has also been experiencing an important increase in the number of publications that demonstrate the relevance of rethinking new ways, which allow promoting/ strengthening the healthy, dynamic and complex relationship between living beings and the environment, in order to respect the particularities of each of them.

The future of human health is not the responsibility or the exclusive issue of medical science, as the biomedical model dictates. That is, the health of people and the planet based on

the systemic approach - depends essentially on the joint work of multiple disciplines, professions and sectors. Recent studies, for example, have focused on evidence from different areas of knowledge to elucidate and expand the understanding of One Health: psychology, sports science, public health, environmental studies, biology, social sciences, forestry, education, health occupational, information technology, architecture and urbanism, pharmaceutical and medical sciences, zoology, tourism, and philosophy (BRYMER *et al*., 2019). In this assertion, it must be understood that the possibilities are innumerable and the understandings and practices will be more effective if we understand that all areas of knowledge are interdependent elements within the same human, natural and planetary system.

In this sense, ICT can and should be included in this list, as it is already linked to some scientific work involving Single Health issues, such as the COVID-19 Pandemic that we are facing today (BARRETO *et al.*, 2020).

Understanding the concept and practice of integrative community therapy (ICT)

ICT was conceived in 1987, by Dr. Adalberto de Paula Barreto, in collaboration with Dr. Airton Barreto, constituting the emergence of an unprecedented and genuinely Brazilian interpersonal therapeutic approach. It is a solidarity care strategy, carried out in groups, with the objective of promoting health from an expanded and systemic understanding, with an impact on the biological, emotional, mental, social, spiritual and relational dimensions of human beings. Thus, ICT is an instrument for building social support networks, enabling the creation/strengthening of bonds and the formation of a web of relationships that facilitate the exchange of experiences, the rescue of skills and the overcoming of adversities based on the formation of socio-affective resources (FERREIRA-FILHA; LAZARTE; DIAS, 2019).

The combination of academic and popular knowledge favored the creation of the ICT method that, over the decades of its existence, has expanded from Primary Health Care (PHC), both nationally and internationally in several countries in Latin America, Europe and Africa.

In the practice of ICT, the person is led to become a therapist of himself by being stimulated to transform his deficiencies into competences, his wounds into pearls. This involves, among other things, a profound reunion with its roots, its identity, its origin, its belonging.

ICT is based on five fundamentals: systemic thinking; communication pragmatics; cultural anthropology; Paulo Freire's pedagogy and resilience. Its method is based on the stages of reception, choice of concern, contextualization, sharing of experiences and positive

closure/connotation and uses the word as a resource to give voice to emotions, because when verbalizing feelings it is possible to connect with the essence itself, valuing and giving space to the psychic function, which is the human language (BARRETO, 2010; SILVA *et al.*, 2018).

Ordinance No. 849, of 27 March 2017, of the Ministry of Health of Brazil includes ICT as one of the 29 Integrative and Complementary Practices in Health (PICS), within the scope of the Unified Health System (SUS) (BRASIL, 2017).

The essence of ICT is the integration of different knowledge at its most varied levels and natures, a fact that is reflected in its practice that takes place in an interdisciplinary and interprofessional way, considering the diversity and richness of contexts, relationships and processes brought by human beings - people, formal professionals and informal collaborators from different areas - both in the ICT circles and in their formation to act as Community Therapists. It is worth remembering that to be a Community Therapist there is no need for prior professional formation.

ICT circles can be used in different social facilities, such as health units, hospitals, schools, residents' associations, churches, companies, among others. This characteristic makes ICT a very inclusive space with infinite possibilities for interprofessionality to occur naturally in practice, especially in Health Services, where it is offered and practiced most of the time. In this way, ICT has a great convergence with One Health because it allows the integration of actors, knowledge (academic and life experiences), disciplines, professions, institutions and sectors.

One health and integrative community therapy in times of pandemic

In times of social-health crisis caused by pandemics, such as the case of COVID-19, fear increases the levels of anxiety and stress in healthy individuals and intensifies the symptoms of those with pre-existing psychiatric disorders (SHIGEMURA *et al.*, 2020). During epidemics, the number of people affected by mental illness tends to be greater than the number of people affected by the epidemic infection itself (REARDON, 2015). Past tragedies have shown that the implications for mental health can last longer and have a higher prevalence than the epidemic itself and that the psychosocial and economic impacts can be incalculable if we consider its resonance in different contexts (REARDON, 2015; SHIGEMURA *et al.*, 2020). In addition to the concrete fear of death, the COVID-19 pandemic has implications in other spheres: family organization, closing schools, companies and public places, changes in work routines, isolation, leading to feelings of helplessness and abandonment. Therefore, it can

increase insecurity due to the social repercussions of this large-scale tragedy. Since the economic costs associated with the occurrence of disorders are high, improving mental health treatment strategies can achieve gains both in physical health and in the economic sector (SHIGEMURA *et al.*, 2020).

As a practical aspect of integrating One Health with ICT, during the COVID-19 pandemic, Barreto *et al.* (2020) has been offering online ICT circles to the general public, aiming to: strengthen ties and build support networks; minimize stigma and prejudice towards infected people, encourage empathy; and provide a space for listening to professionals involved in the fight against COVID-19. Between March and April 2020, 100 sessions were held online, with 3,579 participants from Brazil, Argentina, Paraguay, Uruguay, Chile, Peru, Ecuador, Bolivia, Colombia, Dominican Republic, Mexico, Portugal, France, Switzerland and Italy. During the ICT sessions, in the 100 online sessions, an average of five themes were presented per program, representing around 500 concerns presented by the participants. The most frequently expressed sufferings were: fear and anxiety (53%); impotence (30%); problems in dealing with family relationships (10%); loneliness (7%) and others.

The "umbrella of one health" associated with integrative community therapy - adapted from Lerner and Berg (2015)

For a better understanding of the concepts and applications of One Health and ICT simultaneously, the "Umbrella of One Health", proposed by Lerner and Berg (2015), was adapted to contemplate in its structure what was discussed in this work. Some complementary elements have been included which, although not specifically addressed, favor the understanding of these concepts and applications.

In this scenario, One Health encompasses issues related to human, animal and environmental health in a broad and comprehensive way. The ICT is contained, positioned and interrelated in order to support the coping with the listed problems, present in the two circles under the umbrella, mainly in relation to the organic and psychological anguish and suffering linked to them (Figure 1).

Figure 1 – The Umbrella of One Health associated with Integrative Community Therapy (ICT)
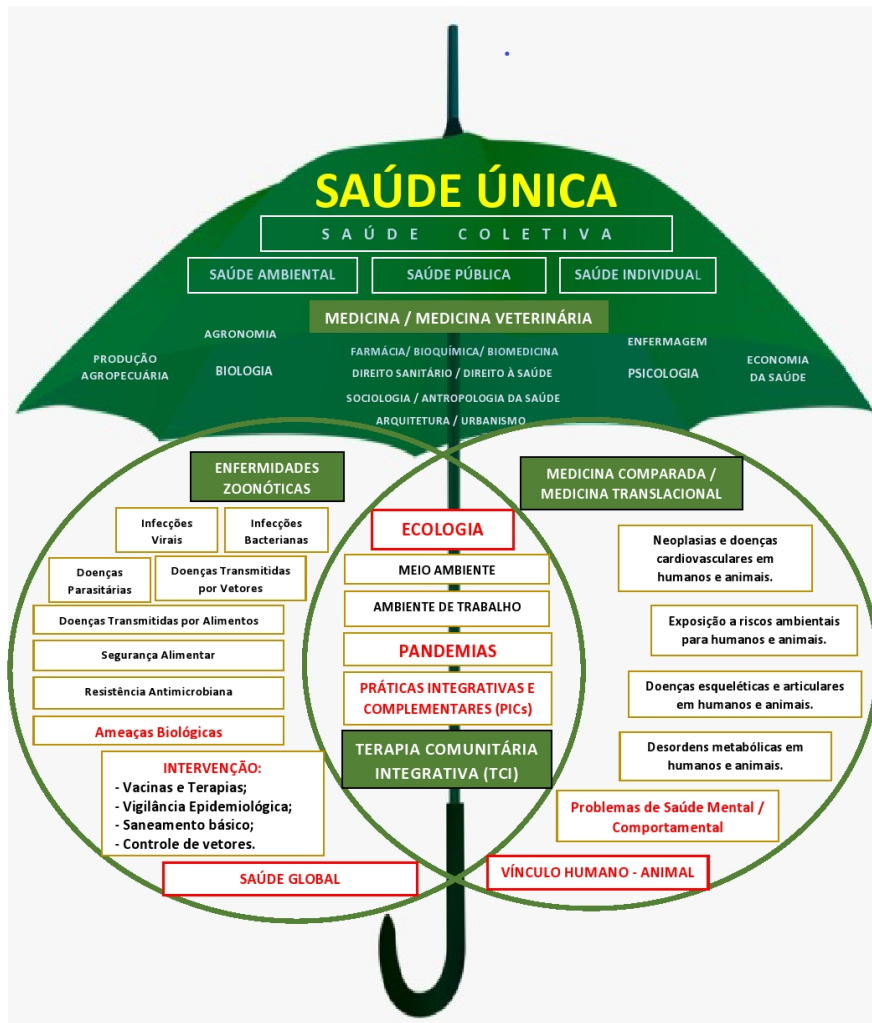
Source: Lerner e Berg (2015) – adapted by the authors.

Interinstitutional and interprofessional challenges for one health and integrative community therapy

How to approach One Health and ICT in a globalized and complex world?

It has been recurrent, in the name of civilizing ideals, cherished by human rights guidelines, that international organizations propose to signatory countries procedures and practices that end up disfiguring social, political and cultural processes, with sometimes a discontinuity in the timing of the collectivity itself.

In the scientific field, Morin (2001) innovates, stating that the pertinence of knowledge must face the sieve of complexity, because according to him:

> *Complexus* means what was woven together; in fact, there is complexity when different elements are inseparable from the whole (such as economic, political,

> sociological, psychological, affective, mythological), and there is an interdependent, interactive and retroactive fabric between the object of knowledge and its context, the parts and the whole, the whole and the parts, the parts among themselves. So, complexity is the union between unity and multiplicity (MORIN, 2001, p. 38-39, our translation).

Such complexity can be verified as a discrepancy in the composition of the collectivity, that is, the way of life and daily life from the indigenous to that of the astronaut permeates in the same society all the livings, cohabiting and interacting in the same historical moment! In this sense, what is public interest for each population axis mentioned above? What public policies would equitably reach the needs and quality of life from the indigenous to the astronaut? What public policy would be sufficiently equitable to consolidate this complexity of collective life with justice and fraternity?

ICT brings in its essence the commitment to creating and strengthening social bonds and healthy bonds, *of what is woven together*, recognizing the human being as unique and singular in the context of a collectivity that paradoxically, at the same time, welcomes and approaches, emancipates and leads to life and health, knowing that each is a doctor of his own pain.

The One Health presents itself as a reinvention of the collective that was eroded by the strategy of ideological "scissors", in addition to militancy for the cause of minorities. Before, it provides for the restoration of the social fabric and other possibilities of this complexized coexistence, both in the micro and macro social scenario, based on the identification of the public interest aligned with the yearnings of life, in addition to power.

How to think about One Health in an increasingly technological and digitalized world, interpreted statistically by digits and social indicators, alienated from the narratives that make communication the element of subjectivity that differentiates us as an evolving species? What part of the human pain and anguish could the digits paraphrase the demands of life? After all, epidemiological data and social indicators only quantify the problem(s) but do not qualify them so that public services can intervene in the most equitable and humanized way possible.

Tombini (2017) teaches that both institutions and individuals, prioritize their investments in intellectual development, since it is easier and more accessible, in the search for better methods for their growth and qualification, because:

> On the other hand, the information offered in the media and in public policies aimed at preventing and developing mental health is poor and scarce. Institutions, organizations and companies in general invest little or nothing in the emotional of their collaborators. However, they commit considerable costs to courses and training linked to technical knowledge with which they imagine

> they can leverage the organization's growth and revenue. In this context, the emotional, which is the head of our lives, is forgotten. If there are investments aimed at changing the way people act and relate, they are limited to the universe of self-help, which provides practical tips on behavioral changes, in an attempt to make changes from the outside in, little is known about the effective results (TOMBINI, 2017, p. 22-23, our translation).

At the interinstitutional level, challenges permeate roles and functions that are legally regulated, impacting in a spiral way the vertical and horizontal dynamics of administrative and professional relations. Other guidelines also regulate technical activities at the professional level. In theory, he is faced with a myriad of possibilities in formulating strategies to deal with interprofessional dynamics.

However, legislative changes are changing the scenario and institutional dynamics, such as the changes provided for in PEC No. 32/2020, which proposes administrative reform, aiming at modernizing the Brazilian Federal Constitution. Such a reform has as premise the end of the stability of public servants, maintaining this stability only for those who are called "political agents". So, what would such a legislative change imply in interinstitutional and interprofessional relations?

The possibility of subordination of certain sciences and professions that traditionally have no interface with the careers of the State and consequently in the performance of these professionals is considered. Under the cloak of the economy, a political-ideological issue would be generating with the possibility of interfering over all systems and processes, including the consolidation and practice of One Health.

In this legislative scenario, would the approach of integrative community therapy, as a social technology, have the potential to establish itself as an administrative methodology? Would this be a possibility to overcome the complications in power relations at the interinstitutional and interprofessional level? What would be the effect of ICT if applied to people management?

Concomitantly, by empowering and awakening the differentiated subjects of the collective, the philosophy and practice of ICT can come to exploit the power that emanates from the collective to reach even the administrative spheres, both in the elaboration of planning and in the definition of protocols that, as a rule, touch the skin of the citizen. In this way, both One Health and ICT are articulated around a unique and fraternal view of life!

In relation to all Integrative and Complementary Health Practices (PICs), ICT appears on the scene as an approach that allows empowering from the inside out in a perspective of constructivist spiral functioning. This perspective generates divergences regarding the

performance of professionals who, as a rule, work in institutions encrypted by the hierarchy and impacted by budgetary priorities.

Thus, we observe that two worldviews conflict in relation to the public interest: (1) in the collective perspective, we contemplate the complexity that involves the needs of the collective subject and (2) in the perspective of the "political agents", we contemplate the their vision and action on the needs of the community.

Final considerations

We learned from the precursor of ICT, Prof. Adalberto Barreto, that every symptom of an illness is a sign of communication, is a visible expression of something invisible. Are we aware of the symptoms of our planet, the symptoms of our relationships with nature, with animals, plants and with us? Are we aware of the destruction and non-human ways of relating, being and acting?

With Integrative Community Therapy we learn that we are part of the problems and solutions. Thus, in the search for One Health, on the path of Life, we are responsible and jointly responsible for positive, constructive and community actions. And one key, one of the connections, is to keep us connected to our human loving essence. Thus, Love is our greatest strength in the face of the continuous process of human, animal and plant life in an environmental context that is capable of fraternally hosting all relationships in a harmonic way, reaching a state of vital homeostasis.

This understanding of love in relationships with planetary living beings, results in constant challenges. A vector of value is presented in our relationships and interactions, a strategy for coping and maintaining all forms of life, especially at a time when we are being shaken by a pandemic.

Another teaching of ICT is the reciprocity of relationships, in the search for equity between giving and receiving. So, how do we want to receive affection from animals, from life, if we do not reciprocate with love and respect? We offer what we learn and what we receive, but we also offer what we do not receive, through the action of resilience; one of the five theoretical pillars of ICT.

We learn to give what we learn with our history of suffering and needs, which generate, through overcoming, both empathy and the competence of other learnings. Our well-being depends on animal well-being, plant health, food security and preservation of ecosystems. Finally, the health of our blue planet.

As seen, ICT and One Health can go beyond health and mental health. Rather, they evolved as new social technologies for changing paradigms by unveiling the essential needs of the collective subject and society, as a result of fraternal immersion.

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How to reference this article