



Integrative community therapy in mental health care: an integrative review

A terapia comunitária integrativa no cuidado em saúde mental: revisão integrativa

La terapia comunitaria integrativa para el cuidado de la salud mental: revisión integrativa

Alisséia Guimarães Lemes 

Federal University of Mato Grosso (*Universidade Federal do Mato Grosso*) - Barra do Garças (MT) - Brazil

Vagner Ferreira do Nascimento 

Mato Grosso State University (*Universidade Estadual de Mato Grosso*) - Tangará da Serra (MT) - Brazil

Elias Marcelino da Rocha 

Federal University of Mato Grosso (*Universidade Federal do Mato Grosso*) - Barra do Garças (MT) - Brazil

Liliane Santos da Silva 

University of São Paulo (*Universidade de São Paulo*) - Ribeirão Preto (SP) - Brazil

Maria Aparecida Sousa Oliveira Almeida 

University of São Paulo (*Universidade de São Paulo*) - Ribeirão Preto (SP) - Brazil

Rosa Jacinto Volpato 

University of São Paulo (*Universidade de São Paulo*) - Ribeirão Preto (SP) - Brazil

Margarita Antonia Villar Luis 

University of São Paulo (*Universidade de São Paulo*) - Ribeirão Preto (SP) - Brazil

ABSTRACT

Objective: To investigate scientific production about the use of integrative community therapy in mental health care. **Methods:** This is an integrative review of the scientific literature carried out in November 2019, with publications from the last 13 years, based on Nursing Database, Latin American and Caribbean Literature in Health Sciences, Medical Literature Analysis and Retrieval System Online and Scientific Electronic Library Online. **Results:** 9.382 articles were found, 17 of which were included in this study. The main demands received in the integrative community therapy circles were related to family conflicts, negative feelings, losses, health problems, and violence. About contributions, participating in the rounds provided users with autonomy, acceptance, empowerment, resilience, and self-care. **Conclusion:** Evidence pointed out that integrative community therapy was used as a strategy to care for mental health demands in several scenarios, highlighting it as a light technology, to be applied collectively in the community.

Descriptors: User Embrace; Health Promotion; Mental Health; Complementary Therapies.

RESUMO

Objetivo: Investigar a produção científica acerca do uso da terapia comunitária integrativa no cuidado em saúde mental. **Métodos:** Trata-se de uma revisão integrativa da literatura científica realizada em novembro de 2019, com as publicações dos últimos 13 anos, nas bases: Base de Dados de Enfermagem, Literatura Latino-Americana e do Caribe em Ciências da Saúde, Medical Literature Analysis and Retrieval System Online e Scientific Eletronic Library Online. **Resultados:** Foram encontrados 9.382 artigos, sendo 17 inclusos neste estudo. As principais demandas acolhidas nas rodas de terapia comunitária integrativa estiveram relacionadas com os conflitos familiares, os sentimentos negativos, as perdas, os problemas de saúde e a violência. Com relação às contribuições, participar das rodas proporcionou aos usuários autonomia, aceitação, empoderamento, resiliência e o autocuidado. **Conclusão:** As evidências apontaram que a terapia comunitária integrativa foi utilizada como estratégia de cuidado das demandas em saúde mental em diversos cenários, destacando-a como uma tecnologia leve, a ser aplicada coletivamente na comunidade.

Descritores: Acolhimento; Promoção da Saúde; Saúde Mental; Terapias Complementares.



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Received on: 03/09/2020

Accepted on: 08/13/2020

RESUMEN

Objetivo: Investigar la producción científica sobre el uso de la terapia comunitaria integrativa para el cuidado de la salud mental.

Métodos: Se trata de una revisión integrativa de la literatura científica realizada en noviembre de 2019 con las publicaciones de los últimos 13 años de las bases de datos a continuación: Base de Datos de Enfermería, Literatura Latino-Americana y del Caribe en Ciencias de la Salud, Medical Literature Analysis and Retrieval System Online y Scientific Eletronic Library Online.

Resultados: Se ha encontrado 9.382 artículos y 17 han sido incluidos en el estudio. Las principales demandas recibidas en las ruedas de la terapia comunitaria integrativa se han relacionado con los conflictos familiares, los sentimientos negativos, las pérdidas, los problemas de salud y la violencia. Respecto las contribuciones, la participación en las ruedas de conversación ha proporcionado la autonomía, la aceptación, el empoderamiento, la resiliencia y el autocuidado de los usuarios. **Conclusión:** Las evidencias señalaron que la terapia comunitaria integrativa ha sido utilizada como estrategia de cuidado de las demandas en salud mental de diversos escenarios evidenciándola como una tecnología leve para ser aplicada colectivamente en la comunidad.

Descriptores: Acogimiento; Promoción de la Salud; Salud Mental; Terapias Complementarias.

INTRODUCTION

Since the Psychiatric Reform, mental health care has been articulating and proposing the embracement of people in distress or risk of illness by shifting from a biomedical and hospital-centered practice towards comprehensive and humanized care based on networks, community resources and technologies at different levels of health care⁽¹⁾.

In this context, Integrative and Complementary Health Practices (*Práticas Integrativas e Complementares em Saúde - PICS*) have gained new perspectives and filled important gaps in mental health care^(2,3), particularly for acting towards the harmony between man and nature, respecting and dialoguing with the knowledge of community and promoting autonomy in the therapeutic process by promoting self-care and encouraging social reintegration and collective interaction.

One of these practices is the integrative community therapy (ICT), which is genuinely Brazilian^(4,5) and currently present in 24 countries in South America, Europe and Africa. In Brazil, there are more than 40 ICT training centers accredited by the Brazilian Association of Integrative Community Therapy (*Associação Brasileira de Terapia Comunitária Integrativa - Abratecom*). It is estimated that more than 30,500 community therapists have already been trained, including more than 5,000 health workers and many community leaders⁽⁴⁾.

As of 2012, some studies⁽⁶⁻¹⁰⁾ have reported ICT as a soft health care technology^(6,7,9,10), a listening and embracement technology⁽⁸⁾, or simply a health care technology^(11,12). However, all the studies agree that it is a resource to cope with and resize and manage people's needs through a systemic approach without excluding them from their social spaces and valuing the balance of the human being⁽¹³⁾.

Despite clinical and scientific evidence of ICT, the existing literature reveals little-known particularities of mental health that can support and expand the perspective of health professionals, especially in services that integrate Primary Health Care (PHC), where these actors must avail of a variety of therapeutic resources closely linked to the community's life contexts in order to fully meet the demands for disease prevention and health promotion.

Thus, the present study is justified by the importance of using PICS in the Unified Health System (*Sistema Único de Saúde - SUS*), especially the ICT, which has low costs for implementation and provides important social impacts to all the participants (users, professionals, and managers) in the panorama of public health. Given that, ICT is no longer just a technology; it is now a strategy for community empowerment as it allows dialogue, participation, and the encounter of different cultures in favor of the common good and the promotion of mental health. Thus, this study aimed to investigate the scientific production about the use of integrative community therapy in mental health care.

METHODS

This is an integrative review⁽¹⁴⁾ of scientific studies carried out based on the following research question: what are the characteristics of scientific productions on the use of ICT in meeting mental health demands? Thus, we searched the current literature on the use of ICT for evidence of embracing the demands and mental health care of the population with the primary objective of identifying the groups in which ICT is applied, the places of its application, the main demands presented and the main contributions of ICT to the participants.

Data were collected from November 9 to 30, 2019, by means of an electronic search in the databases: Nursing Database (*Base de Dados em Enfermagem - BDENF*), Latin American and Caribbean Health Sciences Literature (*Literatura Latino-Americana e do Caribe em Ciências da Saúde - LILACS*), Medical Literature Analysis and Retrieval System Online (MEDLINE) and Scientific Eletronic Library Online (SciELO). Advanced search was performed using the Boolean operators “OR” and “AND” and the following keywords and combinations: integrative and complementary practices (OR), complementary therapies (OR), community therapy (OR) and mental health (AND).

Inclusion criteria were: primary studies that pointed out in their results the benefits of applying the ICT to groups of people; in Portuguese (Brazil), Spanish and English; published in the period from 2006 to 2019; and fully available online. The selected period of thirteen years (from January 2006 to November 2019) is justified by the time since implementation of the National Policy on Integrative and Complementary Practices (*Política Nacional de Práticas Integrativas e Complementares - PNPIC*) in Brazil, which was issued in the form of Ordinance No. 971 on May 3, 2006⁽²⁾. Literature review articles, theoretical essay/reflection articles, experience reports, monographs, dissertations and theses were excluded. Articles that addressed the use of ICT in the view/perception of community therapists, managers or health professionals were also excluded.

Searches were independently carried out by three researchers. A total of 9,382 articles were found. The selection process initially consisted of the individual reading of titles and abstracts by two evaluators. Articles approved by both were included in the study, and those with disagreement were submitted to a third reviewer. In all, 58 of the articles found were selected. Of these, 41 did not meet the eligibility criteria. Thus, the final sample consisted of 17 articles, as shown in Figure 1.

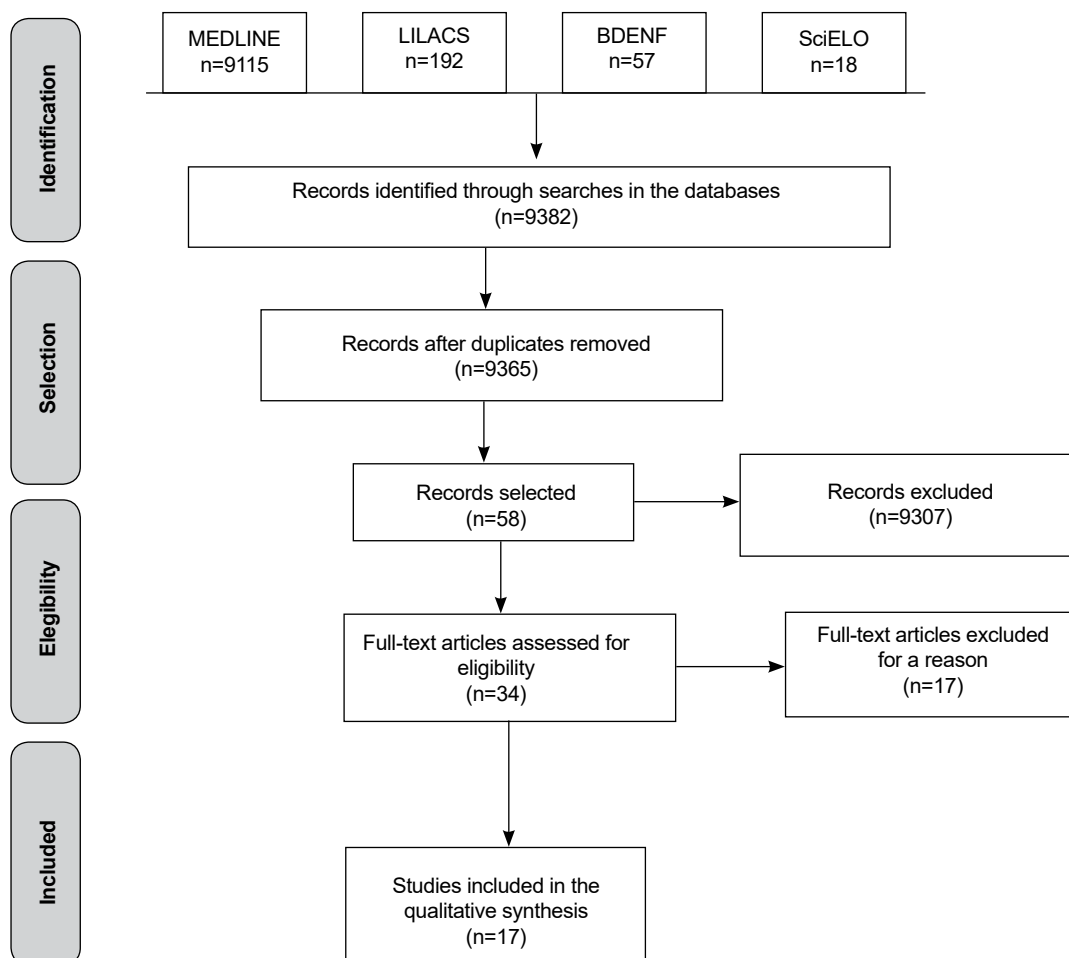


Figure 1 - Flow chart of the selection of the studies for integrative review.

To extract the findings and characteristics of the selected articles, we used an author-developed instrument addressing variables for the general identification of the articles (authors, year, country/region, database and methodological design) and for identifying the content and authors' notes (source of the results, scenario in which ICT circles were held, group/participants in the circles, community therapists, objectives, main demands, main contributions of participation in ICT circles, and main conclusions). After this stage, the data obtained were synthesized and grouped into graphs, tables and synoptic tables and subjected to thematic analysis⁽¹⁵⁾, which yielded the following categories: "Demands identified in the integrative community therapy circles" and "Contributions of Integrative community therapy".

RESULTS

The publications were concentrated mainly in the years 2009-2017, with the majority published in 2011 and 2013 (18% in each year), and in 2009, 2010, 2012 and 2017 (12% in each year) (Figure 2).

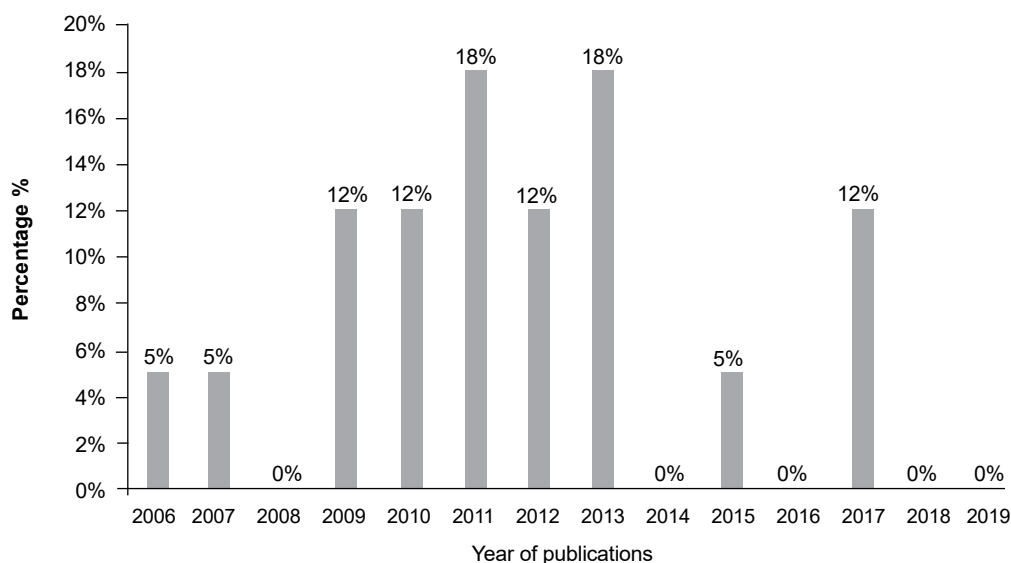


Figure 2 - Distribution of selected articles by year of publication in the period from 2006 to 2019. Barra do Garças, Mato Grosso, Brazil, 2019 (n=17).

With regard to the methodological design, documentary, exploratory and oral history studies prevailed, with 24% each. As for the approach, 82% were qualitative studies. The Brazilian region with the largest number of studies carried out was the Northeast (82%). There were no studies conducted in other countries (Table I).

The studies selected for discussion in this review article are described in Chart I, which depicts the identifying characteristics of the articles selected for the integrative review in general and also of those articles produced based on experiences using ICT in social devices in the community and in health-related services and institutions.

Table I - Distribution of methodological design, type of approach and Brazilian region of the studies selected from the databases in the period from 2006 to 2019. Barra do Garças, Mato Grosso, Brazil, 2019. (n=17)

Description	n	%	
Methodological design	Documentary	4	24%
	Exploratory	4	24%
	Oral History	4	24%
	Descriptive and exploratory	2	12%
	Descriptive	1	5%
	Ethnographic	1	5%
	Empirical	1	5%
	Type of approach	Qualitative	14
Quantitative		3	18%
Location	Northeast	14	82%
	Midwest	2	12%
	Southeast	1	5%

n: number of studies; %: percentage

Chart I - Characterization of the articles selected for integrative review according to authors/year, location, type of study, source of results, setting where ICT was performed, community therapists and main findings (demands and contributions). Barra do Garças, Mato Grosso, Brazil, 2019.

Author/year	Location	Type of study	Source of results	Setting where ICT was performed	ICT participants	Community therapists and main findings
Guimarães, Ferreira Filha, 2006 ⁽¹¹⁾	Paraíba, Brazil.	Qualitative Oral History	Recorded interviews	Residents' association	Older adults	CT was not mentioned. No demands were presented. Contributions: ICT as a care technology; low-cost group work; promotion of mental health; prevention of emotional suffering; rehabilitation and social inclusion strategy; improved self-esteem; strengthening of bonds; space for sharing lived experiences.
Ferreira Filha et al., 2009 ⁽¹²⁾	Paraíba e Rio Grande do Norte, Brazil.	Qualitative Exploratory	Semi-structured interview	Community – social centers	Women	CT was not mentioned. No demands were presented. Contributions: ICT as a care technology; social integration; coping with suffering; promoting social enhancement; health promotion.
Holanda, Dias, Ferreira Filha, 2007 ⁽¹⁶⁾	Paraíba, Brazil.	Qualitative Oral History	Interviews and field notes	Primary care	Pregnant women	CT was not mentioned. No demands were presented. Contributions: CT as a care technology; helps with social inclusion and empowerment; favors the creation of a support network; space for sharing experiences; self-care; resilience; embracement of the community; reduction of psychosomatic disorders.
Rocha et al., 2009 ⁽¹⁷⁾	Paraíba, Brazil.	Quantitative Exploratory	ICT organization sheets	Primary care	Group of older adults	Nurse. Demands: feeling of guilt, devaluation, disrespect; drug problems; fear of death, prejudice, loneliness, violence; loss of housing. Contributions: ICT as a care technology; strengthening of resilience; rescue of autonomy; reduction of social stigma.
Ferreira Filha, Carvalho, 2010 ⁽¹⁸⁾	Paraíba, Brazil.	Qualitative empirical study	ICT organization sheets and field diary with participants' testimonials	Psychosocial Care Center (<i>Centro de Atenção Psicossocial – CAPS</i>)	Users and relatives	Psychologist and art educators. Demands: family conflicts; social stigma – prejudice; fear of illness; sadness; financial difficulty. Contributions: ICT as a care technology; embracement; social support; social integration; strengthening of bonds; awoke the possibility of life change.
Andrade et al., 2010 ⁽¹⁹⁾	Rio Grande do Norte, Brazil.	Qualitative Exploratory	Interview and field diary	Community – social centers	Older adults	CT was not mentioned. No demands were presented. Contributions: social support; empowerment; strengthening of bonds; social reinsertion.
Giffoni, Santos, 2011 ⁽²⁰⁾	Ceará, Brazil.	Qualitative Ethnographic	Semistructured interview	Community	Alcohol users	CT was not mentioned. No demands were presented. Contributions: ICT as social support; empowerment; strengthening of bonds; social reinsertion.
Fuentes, 2011 ⁽²¹⁾	Minas Gerais, Brazil.	Qualitative Descriptive	ICT organization sheets	Community	Adults in general	Psychologist. Demands: fear; discrimination; abandonment; health problems; violence and addiction. Contributions: social support; space for talking; therapeutic listening; health promotion; disease prevention.
Holanda, Dias, Ferreira Filha, 2011 ⁽²²⁾	Paraíba, Brazil.	Qualitative exploratory descriptive	Recorded interviews and field diary	Community	Pregnant women	CT was not mentioned. No demands were presented. Contributions: ICT as a care space; health promotion; embracement; relief from suffering; strengthening of bonds; humanization of care; sharing experiences.
Ferreira Filha et al., 2012 ⁽²³⁾	Paraíba, Brazil.	Quantitative Documentary	ICT organization sheets	Community	Older adults	CT was not mentioned. No demands were presented. Contributions: ICT as a group therapy model; coping with alcoholism; care instrument; empowerment; coping with suffering; strengthening of bonds; resilience; social mobilization.
Sá et al., 2012 ⁽²⁴⁾	Paraíba, Brazil.	Qualitative Documentary	ICT organization sheets	Community	Adults in general	CT was not mentioned. Demands: devaluation; drug/alcohol problems; family conflicts; financial problems; violence. Contributions: coping with suffering; social support; space for talking and being listened to; strengthening of bonds; solidarity.
Braga et al., 2013 ⁽²⁵⁾	Paraíba, Brazil.	Qualitative Oral History	Recorded interviews and field diary	Community	Women	Nurse. No demands were presented. Contributions: ICT as a care technology; resilience power; overcoming suffering.

Author/year	Location	Type of study	Source of results	Setting where ICT was performed	ICT participants	Community therapists and main findings
Rocha et al., 2013 ⁽²⁶⁾	Paraíba, Brazil.	Quantitative Documentary	ICT organization sheets	Primary Care	Adults in general	CT was not mentioned. Demands: emotional suffering; family conflicts; health problems. Contributions: ICT as a care technology; disease prevention; promotion of mental health; assistance in the work of the FHS.
Carvalho et al., 2013 ⁽²⁷⁾	Paraíba, Brazil.	Qualitative Oral History	Recorded interviews and field diary	CAPS III	Users	CT was not mentioned. No demands were presented. Contributions: ICT as a care technology; awakens the possibility of change; social inclusion device; promotion of mental health.
Melo et al., 2015 ⁽²⁸⁾	Mato Grosso, Brazil.	Qualitative exploratory descriptive (thematic analysis)	Interview guided by questions	Hemodialysis Clinic	Users – chronic kidney disease patients	Nurse. No demands were presented. Contributions: ICT as a humanized care space; space for sharing experiences.
Moura et al., 2017 ⁽²⁹⁾	Paraíba, Brazil.	Quantitative Exploratory	Semi-structured interview and Word Association Test (<i>Teste de Associação Livre de Palavras – TALP</i>)	Community	Older adults	CT was not mentioned. No demands were presented. Contributions: ICT as a tool of community care.
Lemes et al., 2017 ⁽³⁰⁾	Mato Grosso, Brazil.	Qualitative Documentary	ICT organization sheets	Therapeutic community service	Users of psychoactive substances	Nurse. Demands: losses due to drug use; feelings like fear, anxiety. Contributions: ICT as a care technology; collective care space; promoter of autonomy; coping with suffering.

ICT: integrative Community therapy; CT: community therapists

DISCUSSION

With regard to publications on the use of ICT in meeting mental health demands, there was a clear increase in research, especially in the years 2009 to 2013 and in 2017. This increase may be related to the inclusion of this therapy in SUS in 2008⁽⁶⁾ and its inclusion in the PNPIC in 2017, when it was assigned a code (01.01.05.002-0) in the SUS procedures chart allowing for the processing and transfer of funds to the health services that offered such practice⁽²⁾.

This increase may also be related to the interest of managers in minimizing costs with conventional care. On the other hand, it may be related to the empowerment/entrepreneurship of professionals or to the movement of research groups that have consolidated themselves in this line of research in the stricto sensu graduate programs in Nursing and Public Health⁽⁷⁾.

In the last thirteen years, the places where ICT circles were held were diverse, but they took place predominantly in social devices in the community (59%). This direction of ICT towards the community is in line with the proposals of the Ministry of Health (MoH) regarding the PICS and aims to build solidary networks, inside and outside health services, that can contribute to the promotion of health and well-being of the population with a view to awakening in these people the search for solutions to their conflicts and desires with the support from the group^(2,5). Other researchers⁽⁶⁾ state that, in addition to establishing and reinforcing a network, ICT creates spaces for inclusion and appreciation of diversity, thereby rescuing the subjects' cultural heritage and personal history, which are intrinsically linked to the place where they live and with whom they relate.

In view of the results obtained, we sought to discuss the similarities and divergences between the findings of the articles included in this study and to make a comparison with the literature on how ICT can be used in the mental health care of the population, guiding the identification of possible demands with a view to minimizing the suffering of its participants and, through its benefits, promoting a welcoming space for health care in the most diverse scenarios.

Demands identified in the integrative community therapy circles

The demands stem from individual or collective needs and may involve losses and conflicts. They are permeated by changes in the life cycle phases and possible confrontations. These conflicts mainly generate emotional, family, and social problems, with the emergence or promotion of anguish and distress in the individual⁽³¹⁾ and direct losses to the process of redefining, overcoming and recovering⁽³⁰⁾.

In this study, the demands were grouped into seven groups: 1) negative perspectives of the environment in relation to the participants (stigma, disrespect, prejudice, devaluation, discrimination, view of disability); 2) family conflicts; 3) experiencing negative feelings (anxiety, different fears: death and illness, and guilt); 4) socioeconomic losses (housing and financial); 5) problems involving drug use; 6) health problems and 7) violence.

In the ICT circles carried out in the community devices, the demands were related to: negative perspectives of the environment in relation to the participants^(21,24), family conflicts⁽²⁴⁾, experience of negative feelings⁽²¹⁾, socioeconomic losses⁽²⁴⁾, drug use problems, violence^(21,24), and health problems⁽²¹⁾.

A study carried out in Mato Grosso, Brazil, with relatives of children with chronic kidney diseases, emphasized that family problems are the main demands shared on the circles⁽³²⁾. A study conducted in Curitiba, Paraná, Brazil, which applied ICT to grandparents, mothers and sisters of children served by social projects, included, in addition to family demands, stress and problems at work⁽³³⁾. Other three studies presented similar demands shared in ICT circles. The first, held in Uberaba, Minas Gerais, Brazil, with adolescents from a social institution, highlighted reports of feelings of envy, anger, violence, and acceptance⁽³⁴⁾. The second, carried out with children who attended the neighborhood association in João Pessoa, Paraíba, Brazil, reported the fear of violence, death, crime, and sadness⁽³⁵⁾. The third, conducted with older adults living in a quilombo in northeastern Brazil found demands related to health, fear, uselessness, and family conflicts⁽³⁶⁾.

In different community devices, regardless of the demand, the ICT was used as a care technology to instrumentalize and prepare the person to take control of the difficulties faced and develop greater self-confidence for both self-care and relationships with their relatives, thus reducing potential suffering⁽³⁷⁾.

With regard to health services, the demands presented were: negative perspectives of the environment in relation to the participants^(17,18), family conflicts^(18,26), experiences of negative feelings^(17,18,30), socioeconomic losses^(17,18), problems involving drug use^(17,30), health problems^(17,26), and violence⁽¹⁷⁾.

In a study conducted in São Paulo (Brazil) with patients in the waiting rooms of three teaching hospitals, the demands presented in the ICT circles were related to socioeconomic, communication and health problems⁽³⁸⁾. In a study of users of a CAPS II in the Northeast, the main demands came from situations that also involved family, financial and health aspects, especially situations of abandonment and sleep and rest disturbances⁽¹⁸⁾.

A study carried out in different health facilities revealed similar demands faced by the participants of the circles and highlighted ICT as a space for social inclusion and changes in concepts and behavior in family and affective relationships, suggesting that this technology had an important influence on the lives of these users⁽¹⁸⁾.

The demands presented in the studies in this review revealed that, regardless of the group in which the ICT was performed, they will be frequent and similar, thus demonstrating that the use of this technology brings therapists, especially nurses, closer to the needs of the population, as it recognizes local problems and praises solutions that emerge from the community itself. It is hence a feasible therapeutic resource to be established based on nursing diagnoses⁽⁷⁾.

Researchers also emphasize that ICT helps both health professionals and participants in the management and reduction of these demands, as it is in the embracement process generated in the circles that the community finds a space to talk about their concerns/sufferings, build bonds and develop the human and sociocultural potential while finding respect for the participants' uniqueness and promoting protagonism in the self-care process⁽³⁹⁾ by serving them holistically to meet their needs⁽³⁸⁾.

Contributions of integrative community therapy

Studies^(6,14,40,41) point out that ICT is not just a therapeutic action, but that its contributions significantly support social transformation as it promotes the growth/development of the individual and the exercise of citizenship.

The contributions of ICT identified were grouped into two groups: personal and collective. In the personal aspects, the contributions refer to gains in self-care⁽²²⁾, autonomy^(20,22), confidence^(21,23), courage⁽²³⁾, self-control^(20,24), self-knowledge⁽²⁴⁾, empowerment and overcoming negative feelings^(12,19,22,25). Participating in the ICT circles aroused in users feelings of gratitude^(12,19), desire to change their lives^(19,25), and perception of increased resilience⁽²⁵⁾, ability to overcome adversity^(17,27), courage⁽³⁰⁾, patience⁽¹⁷⁾, understanding⁽²⁷⁾ and acceptance⁽¹⁷⁾.

A study conducted in Mato Grosso (Brazil) with drug users confirmed that participating in ICT circles contributed positively to the lives of these people by awakening their empowerment and self-knowledge⁽³⁰⁾. As in the present study, a research conducted with women in southern Brazil revealed that participating in the circles contributed

to personal empowerment, self-care, and interest in caring for family relationships and helped to reduce suffering and increased resilience⁽³³⁾. A study carried out in Paraíba revealed that ICT worked as a measure of participants' empowerment and self-knowledge⁽⁹⁾.

At the collective level, some studies have shown ICT as a space to share life stories^(19,22,25) and find therapeutic listening^(18,30) and leisure/entertainment^(18,28). In addition, individuals have a perception of strengthening their bonds^(12,21,29), with the presence of spirituality and hope provided by the group (ICT circle)^(20,23-25). Other attributes were social integration, relationship building^(19,23), self-valuation^(12,22), and the perception of improved health⁽²²⁾.

In a study conducted in the Northeast (Brazil), the contributions of ICT to the participants were related to strategies of solidarity, self-valuation, and strengthening of bonds⁽⁹⁾. Positive contributions arising from participation in ICT circles were also found in a study carried out in the municipality of Jaboatão dos Guararapes, Pernambuco, Brazil. The study highlighted the increase in self-esteem, self-control, autonomy, solidarity, and the improvement of the relationship between people, the formation of new social bonds, and the creation of a space for speech, listening and entertainment⁽⁴²⁾.

The use of ICT can provide an important space for mental health interventions in health services. These spaces need to be provided more frequently in the community as they can enable the construction of a solidary network between the community and professionals, thereby expanding the collective scope of health care⁽⁴³⁾.

Taking ownership of the use of care technologies, such as community therapy, can expand the way of caring for the population, thus contributing to meet the existing demands in the community as the existing services are scarce and fail to meet all these demands. Researchers reinforce that the use of ICT can expand the care provided to the community in their different contexts of life with the purpose of promoting health and preventing diseases⁽⁷⁾, thereby helping in the recovery of emotional, mental, relational, social and physical suffering⁽³⁷⁾.

In that regard, ICT can contribute individually, as it constitutes an approach that facilitates self-empowerment and also the qualities and forces that already powerfully exist in social relations and puts them in evidence⁽⁴⁴⁾, and collectively, by leading the participants to share their life stories/experiences, thus reshaping the problem from the individual dimension to the group dimension and leading the group to a process of collective reflection⁽³⁷⁾ in addition to constituting a community care space in the community itself.

ICT triggers in its participants the power to build symbolic towers to shelter and strengthen themselves against psychological pain arising from loss processes, disputes, traumatic events, illness, aging and even because they carry feelings of worthlessness, social exclusion, and family abandonment. This reveals that ICT demystifies exclusionary, disruptive, and dehumanizing therapeutic structures and methods in which most people are enrolled⁽⁴⁴⁾.

The contributions revealed by the studies reinforce the importance of using this therapy as a soft technology⁽⁴⁵⁾ for community care. There is a body of research that shows ICT and its contributions when it is carried out in Brazil. This behavior results from incentives from professional representation bodies, such as the Federal Nursing Council (*Conselho Federal de Enfermagem - Cofen*), through Resolution No. 197/1997 and WHO, which since the end of the 70s has already encouraged the implementation of the most varied integrative and complementary practices⁽⁴⁶⁾.

For the expansion of this technology, there is scientific consensus that advocates professionals' contact with this knowledge since undergraduate training, the positivity of contributions to community health, and the strengthening of the involvement and interest of managers in planning, participation, and incentive in the training of human resources in mental health aimed at comprehensive care and the doctrinal principles of SUS⁽⁴⁶⁾.

As limitations of the present study, the small number of studies and the methodological weaknesses of the articles available in the literature on the subject stand out. Although there are community therapists, it is known that few can be involved in research and/or scientifically disclose their activities and interventions. Therefore, it is suggested that future studies follow systematic protocols to ensure robustness of the measurements of the practices and effects of ICT.

CONCLUSION

Evidence pointed out that integrative community therapy was used as a strategy to care for mental health demands in several settings and it has been highlighted as a soft technology to be applied collectively in the community.

CONFLICTS OF INTEREST

The authors state that there were no conflicts of interest in the development of this study.

CONTRIBUTIONS

Alisséia Guimarães Lemes, Vagner Ferreira do Nascimento, Rosa Jacinto Volpato and Margarita Antonia Villar Luis contributed to the study conception and design; acquisition, analysis and interpretation of data; and writing and/or revision of the manuscript. **Elias Marcelino da Rocha, Liliane Santos da Silva and Maria Aparecida Sousa Oliveira Almeida** contributed to the acquisition of data and writing and/or revision of the manuscript.

SOURCES OF FUNDING

Coordination for the Improvement of Higher Education Personnel (*Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - CAPES*) in partnership with the Federal University of Mato Grosso (*Universidade Federal de Mato Grosso*) (No. 1762375).

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Mailing address:

Alisséia Guimarães Lemes
Universidade Federal do Mato Grosso - Campus Universitário do Araguaia
Avenida Valdon Varjão, 6390
CEP: 78607-059 - Barra do Garças - MT - Brasil
E-mail: alisseia@hotmail.com

How to cite: Lemes AG, Nascimento VF, Rocha EM, Silva LS, Almeida MASO, Volpato RJ, et al. Integrative community therapy in mental health care: an integrative review. Rev Bras Promoç Saúde. 2020;33:10629.
