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PSYCHOLOGISTS' PERCEPTIONS OF THE TERRITORIAL DYNAMICS IN THE CONSTRUCTION OF HEALTH PROMOTION ACTIONS

Percepções de psicólogos sobre as dinâmicas territoriais na construção de ações promotoras da saúde

Percepciones de psicólogos sobre las dinámicas territoriales para la construcción de acciones de promoción de la salud

Ludimilla Deisy da Silva Gomes Martins
São Paulo Adventist University Center (*Centro Universitário Adventista de São Paulo - UNASP*) - São Paulo (SP) - Brazil

Mariângela Nascimento Bezerra de Paula
São Paulo Adventist University Center (*Centro Universitário Adventista de São Paulo - UNASP*) - São Paulo (SP) - Brazil

Vivian Andrade Araújo
São Paulo Adventist University Center (*Centro Universitário Adventista de São Paulo - UNASP*) - São Paulo (SP) - Brazil

Elisabete Agrela Andrade
São Paulo Adventist University Center (*Centro Universitário Adventista de São Paulo - UNASP*) - São Paulo (SP) - Brazil

ABSTRACT

Objective: To analyze potentialities, challenges and limitations of a territory for the construction of health promotion actions based on the perception of psychologists working in a region. **Methods:** This qualitative study was conducted in May 2018 with 15 psychologists working in the territory of the southern region of São Paulo, Brazil. Data were collected from four focus groups. Data underwent content analysis and three thematic categories emerged: Potentialities of the territory for health promotion actions; Challenges and limitations to develop health promotion actions in the territory; Health-promoting psychology in the territory. **Results:** The potentialities were the cultural diversity and the possibility of working through art. The challenges and limitations highlighted were networking and lack of support at work. There is a need for an extended and contextualized work and for constant training. **Conclusion:** Recognizing the potentiality in the territory involves broadening professionals' horizons at work and creating spaces for subjective and collective production. It also involves recognizing the limitations of the place, which include difficulties in offering and articulating services and the neglect of basic rights within the community. Thus, focus should be placed on continuing training and on the legitimacy of the work in the context of primary care.

Descriptors: Territoriality; Environment; Health Promotion; Psychology.

RESUMO

***Objetivo**: Analisar potencialidades, desafios e limitações de um território para a construção de ações de promoção da saúde, a partir da percepção dos psicólogos que trabalham em uma região. **Métodos**: Pesquisa qualitativa, realizada em maio de 2018, com 15 psicólogos que trabalham no território da região Sul de São Paulo, Brasil. A coleta de dados ocorreu através de quatro grupos focais. Os dados foram analisados pela análise de conteúdo, emergindo três categorias temáticas: Potencialidades do território para ações de promoção da saúde; Desafios e limitações para desenvolver ações de promoção da saúde no território; A psicologia promotora de saúde no território. **Resultados**: Como potencialidades destacam-se a diversidade cultural e a possibilidade de atuação via arte. Os desafios e limitações destacados foram a atuação em rede e a falta de suporte na atuação. Há a necessidade de atuação ampliada e contextualizada, além da constante capacitação. **Conclusão**: Reconhecer a potencialidade no território engloba o profissional ampliar seus horizontes de atuação e constituir espaços de produção subjetiva e coletiva. Incide também reconhecer as limitações do local, com dificuldades de oferta e articulação de serviços e descaso aos direitos básicos daquela comunidade. Assim, sugere-se uma visão voltada para a capacitação continuada e a legitimidade de seu trabalho nesse contexto da atenção primaria.*

***Descritores:** Territorialidade; Ambiente; Promoção da Saúde; Psicologia.*

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RESUMEN

***Objetivo**: Analizar las potencialidades, los desafíos y las limitaciones de un territorio para la construcción de acciones de promoción de la salud a partir de la percepción de los psicólogos de una región. **Métodos**: Investigación cualitativa realizada en mayo de 2018 con 15 psicólogos que trabajan en el territorio de la región Sur de São Paulo, Brasil. La recogida de datos se dio a través de cuatro grupos focales. Se analizaron los datos por el análisis de contenido del cual emergieron tres categorías temáticas: Las potencialidades del territorio para acciones de promoción de la salud; Los desafíos y las limitaciones para el desarrollo de acciones de promoción de la salud en el territorio; La psicología promotora de la salud en el territorio. **Resultados**: La diversidad cultural y la posibilidad de actuación por el arte se han destacado como potencialidades. Los desafíos y las limitaciones destacados han sido la actuación en red y la falta de soporte para la actuación. Existe la necesidad de amplia y contextualizada actuación además de una capacitación constante. **Conclusión**: Reconocer que la potencialidad del territorio incluye la ampliación de los horizontes de actuación del profesional y la constitución de espacios de producción subjetiva y colectiva. Incide también el reconocimiento de las limitaciones del local con las dificultades de la oferta y la articulación de servicios y la desatención para los derechos básicos de aquella comunidad. De esa manera, sugiérase una mirada hacia la capacitación continua y la legitimidad de su trabajo en el contexto de la atención primaria.*

***Descriptores:** Territorialidad; Ambiente; Promoción de la Salud; Psicología.*

INTRODUCTION

The Health Promotion framework was built and strengthened in the 1980s, when it was disseminated in international conferences. Over the years, the first International Conference in Ottawa, Canada, in 1986, strengthened the concept of health in its broad definition, which led to the promotion of better dialog between institutions and the community and the articulation between technical and popular knowledge. In that regard, the health-disease-care process highlights the leading role of social determinants in the emergence, clinical evolution and outcome of diseases and in the different forms of intervention[1,2].

Currently, the National Health Promotion Policy (*Política Nacional de Promoção da Saúde - PNPS*), which was put into effect through Ordinance No. 2.446[3], defines it as a set of strategies and ways to produce health individually and collectively in an attempt to articulate its actions with the Health Care Network (*Rede de Atenção à Saúde - RAS*) and other social protection networks through broad participation and social control. In addition, its implementation is based on values and principles that guide it, including intersectorial and intrasectorial work and territoriality.

Thus, the history of Health Promotion beyond the curative medical model of care spans the health sector and expands to public policies, also involving education, basic sanitation, housing, work, food, environment, leisure, and other determinants that promote the health of the population and constitute their rights[4].

In the same context, the creation of the Unified Health System (*Sistema Único de Saúde - SUS*) in 1988 made work in multidisciplinary teams be considered one of its main strategies[5]. From this perspective, the work of the psychologist within a multidisciplinary team was necessary to understand the human holistically.

Since its creation Psychology has gained space as science and conquered places for the application of its knowledge. In the field of public health, the psychologist was initially inserted in tertiary care settings and only from the 1980s on such professional was included in primary and secondary care facilities[1,6]. Accordingly, the Psychologists' Code of Conduct[7] values their work towards health production and quality of life of people and communities.

As a result of these changes, Psychology is gradually entering the health care network – for instance, in general hospitals, outpatient clinics, primary health care centers, Psychosocial Care Centers (*Centro de Atenção Psicossocial - CAPS*), and other settings. However, it is observed that the work in primary health care causes a greater set of difficulties, which calls researchers to seek solutions[8].

Thus, Psychology, from the perspective of Health Promotion, must act not only in the individual context, but also with a view to the collectivity. Together with the multidisciplinary team, psychologists must work in the context of the collectivity with the aim of developing actions that take into account the place where people live and their potentialities. Thus, it is possible to work committed to transformation, not only of the geographical space, but of people, who may be more autonomous and involved with collective causes[9,10].

With regard to territory, the absence of consensus on its concept allows different views of the same space because it does not exist by itself in all its definitions. It is only possible through encounters that occur in it[11].

The concept of territory is linked to the area covered and the actions developed in outpatient services; the therapeutic resources; the existential territory; and the system of objects and actions with interfaces between politics, culture, and the administrative organization or service coverage[12]. The PNPS[3] uses the term "territoriality" and relates it to the specificity of different territories and the social determinants of health that Health Promotion actions need to consider.

This study was conducted on the basis of the theoretical framework of the focus group technique (FG). By using a qualitative methodology, the technique aims to obtain the participants' opinions which will lead to appropriate answers and hence allow the researcher to distinguish the research participants' perceptions. The results are obtained directly from the statements originating from the interviews of the integrated group as they present their perceptions about the theme analyzed[13].

Given that context, analyzing interventions that consider the territory may contribute to the implementation of new proposals. In taking territory as a fundamental health promotion tool, the present study sought to understand psychologists' perceptions about the territorial dynamics in the development of health promotion actions within their working space. The reasons that motivated the choice of this theme were based on scientific information about the subject described herein and on the authors' curiosity to unravel and understand the research question so that they can improve their praxis.

Thus, the present study aimed to analyze potentialities, challenges and limitations of a territory for the construction of health promotion actions based on the perception of psychologists working in a region.

METHODS

This is a qualitative and exploratory study that considered the subjects' perceptions and that focused on the meanings, aspirations, beliefs, attitudes and values about the phenomenon analyzed[14]. The territory was the Campo Limpo Regional City Hall located in the southern region of the city of São Paulo, Brazil with an area of 36.7 km², an approximate population of 650,000 inhabitants and an average demographic density of 17,486.65 inhabitants/km². The region is formed by the districts of Campo Limpo, Capão Redondo and Vila Andrade[15]. It is a territory that faces high social vulnerability, low coverage of public facilities and scarcity of private services in favor of social rights.

In all, 113 institutions were mapped using information disclosed in the public domain. Psychologists were found in 60 of them and they were invited to participate in the study through e-mail and phone calls.

Of the 60 psychologists who were invited, 15 accepted the invitation and met the study criteria: psychologists over 18 years old who worked in social care facilities in the region and who signed the Free Informed Consent Form. Psychologists who did not meet any of the inclusion criteria were not included in the study.

To meet the research objectives, we used the focus group technique, which is widely used for qualitative data collection as allows to observe the participants in collective interactions[16]. Such technique favors the integration of the group of participants and provokes adequate answers, thereby allowing the researcher to know the research participants' perceptions "on site". The results are obtained directly from the participants' statements in the interviews when describing their perceptions about the theme analyzed[13]. The study was conducted in May 2018.

The focus group participants stayed in a noise-free room, which allowed the recording of the FG with their permission. The chairs were arranged in a circle and the group was led by a moderator and an observer who recorded the subjective information[16]. The focus group was arranged as follows: preparation, presentation, development and closure. The preparation lasted 20 minutes and started with the introduction of everyone involved and the presentation of the theme, the study objectives, the focus group technique, and the ethical aspects involved in the study. The development stage was based on the guiding question and focused on the research objective. It lasted 50 minutes. The estimated time for this study was one hour and thirty minutes. In the closure stage, the moderator thanked everyone for their participation.

The data were analyzed qualitatively using the content analysis technique[17], which consists of three stages: the systematization of the initial concepts proposed by the theoretical framework; coding operations with the division of the texts into registration units, definition of rules for determination, classification and association of information into symbolic or thematic categories; and treatment and interpretation of results. After analyzing the content, three thematic categories emerged and were discussed throughout this study: Potentialities of the territory for health promotion actions; Challenges and limitations to develop health promotion actions in the territory; Health-promoting psychology in the territory.

The study complied with Resolution 466/12 of the National Health Council[18] and it was approved by the Research Ethics Committee (Opinion No. 2.403.069). Before data collection began, all the participants read and signed the

Free Informed Consent Form. In order to preserve the identity of the participants, the letter P was used followed by a number: P1, P2, (... Pn) in order to maintain their anonymity.

RESULTS AND DISCUSSION

In the data analysis, the axes of meanings were found and classified into categories, which consisted of key themes that permeated the network of meanings in this study. This section will present and discuss the results divided into three categories: Potentialities of the territory for health promotion actions; Challenges and limitations to develop health promotion actions in the territory; Health-promoting psychology in the territory.

Potentialities of the territory for health promotion actions

This category addresses the potentialities of the territory for health promotion actions. Working in a multidisciplinary team in a territory considered vulnerable and populous requires the understanding of demands and needs for resources from the place. The "logic of the territory" is an essential idea that should guide actions conceived by services and is intrinsically linked to the time and space in which these actions are developed and performed[19].

Studies that sought to understand health promotion practices in a territory marked by social vulnerability found that existing potentialities facilitated and even enabled actions. Discussions[20] on health-promoting actions implemented by the local community network emphasize the relevance of the territory in intersectoral work and its fundamental role in the creation of healthy environments from the perspective of health promotion. Another study[21] conducted in Fortaleza, Ceará, Brazil, with 45 participants found positive repercussions on the health of the population after the implementation of social policies. They had a positive influence on the population's health as they enabled changes in lifestyle, which highlights the importance of strengthening public policies that guarantee social rights such as education and health. Another study[22] conducted in Santo André, São Paulo, highlights the need for systematic and present public management committed to creating conditions for active social participation in order to encourage protagonism and strengthen the community's bond with the territory. A management committed to the local development process based on a dialogical relationship between the government and the community enables the continuity of actions and strengthens territoriality and, consequently, health promotion.

According to the study participants, it is indeed a territory of vulnerabilities translated into factors that cause suffering to local families. These factors are not exclusive to this territory, which does not obscure its potentiality:

> *"[...] the territory is very eclectic. It is very vulnerable, but it also has some very interesting structures. I do not think we should only look at the vulnerability, a forgotten place, I do not see it that way. I realize that there are many families that have a very nice structure, but there are others that are very vulnerable and that suffer a lot. But I also ask myself: to what extent is this Capão Redondo's privilege only? To what extent is this the privilege, sometimes, of a less favored population, do you understand it!?" (P6)*

The vulnerability of a territory is not limited to the absence or precariousness of access to income; on the contrary, its concept is broad and also related to the fragility of structures and the precariousness of access to the guarantee of rights and social protection, as well as disadvantages in social mobility. The way the professional, managers and the state understand vulnerability, added to the way the subjects of a territory perceive themselves, will motivate actions and their effectiveness. To face a territory of vulnerability is also to understand that this does not define it in its entirety. It can also be imbued with or benefit from actions to create the necessary capacities to change its condition[23]. The professional can be an ally in this construction, especially in actions to empower the population to encourage social participation in the search for their rights:

> *"[...] because it is so 'bourgeois' to think that the most vulnerable population just needs food, do you get it? We want food, we want housing. Access to food, good housing and such, but also, despite all that, we need to ensure that these people can express their desires, dreams, feelings and this often comes through art as well." (P13)*

One of the potentialities highlighted was the cultural diversity offered to local families by social institutions that promote health. In addition to a communication mechanism for popular education and respect for cultural diversity, art also contributes to mental health and income generation[24]:

> *"Yeah, there is a cultural effervescence that helps a lot in that, which I think is what partially guarantees the survival of many families. Thus, it is through art that we will have a less ill society, and this territory has a lot of it. A city without art is a depressing city, because if you cannot expand the inner universe, how will you get*

> *to the outer universe? When you bring color, bring life, make this person connect with such creativity, you will awaken something, you will access this symbolic path, you will rethink your life. It is only through art. The gray wall is not saying anything to the person." (P13)*

Professionals recognize art as a health promotion tool capable of empowering the subject, leading them to access their universe and connecting them to creativity. Today, it is already recognized that cultural activities have a great impact on adherence to treatments and care, thereby influencing projects, promoting spaces for expression, dialog and care, collective participation, solidarity, empowerment and, consequently, health promotion[25,26].

Challenges and limitations to develop health promotion actions in the territory

In this category titled challenges and limitations to develop health promotion actions in the territory the need for networking in an intersectoral way is discussed. Although studies show the need for sharing work with complementary services[27], the field points this out as a challenge. Communication occurs only through referral and counter-referral, which should be a link between services to facilitate the flow of referral and the continuity of care[28,29]. However, it cannot be considered as a space for exchange:

> *"The biggest difficulty I had here was networking. I do not know if it is because of the way the policy is structured here, but there is poor communication between the health care and assistance sectors. Then, one of the biggest difficulties we are facing in the institution is being able to network and refer people to health, education and social care services and have them communicate properly to solve the case. There are few institutions that can communicate with the fields involved. There must be networking, and I mean networking, so that everyone can sit together to talk and discuss." (P10)*

It is a great challenge – not only to formulate policies that meet the demand and specificity of the territory, but to maintain its operation in an intersectoral way. Building actions that consider the complexity of health requires dialog between different fields, government sectors, private and non-governmental institutions, and civil society. When this is not effective[30], it compromises the co-responsibility for the population's quality of life. Promoting dialog between different fields of knowledge is pointed as a tool of great importance and potentially effective, although complex and challenging[31].

The relationship between care production and the territory is an important issue stated in several documents[19,32]. However, the field has demonstrated difficulties in acting, especially due to the lack of working conditions, which affect the quality of care:

> *"We face several difficulties, such drug addiction, sexuality, because the community we serve has many problems and just a few vacancies and services. Then you try to work with the minimum, but for technical performance, we would need to have space to work or tools, so we get stuck." (P2)*
>
> *"But we do not have, for example, an office. We share it with five other professionals (they keep coming in and out, slamming the door about 10 times during one consultation). We stay in the emergency room, which is not a suitable place, for example." (P7)*

Listening is an indispensable tool when delivering quality care provided it is performed in an environment that allows embracing either professionals or the community. It does not mean the need for a clinical office, but the need for spaces that value the potentiality of the professionals and the impact of their actions. Thus, what is idealized as a work tool is not valued, which makes professionals feel that they are not achieving their goal in promoting population's health.

Working in the territory requires professionals' understanding that they need to commit themselves to the community to such an extent that they fit into their context and get to know it closely so that the community dynamics and the complaints can be understood[8]. Thus, the work is considered difficult and features many complex issues that demand quick responses, which makes it difficult to think about health-promoting work:

> *"I find the territory very difficult. I handle cases of abuse, rape. I find it very, very difficult, I do not see myself performing health promotion and yes, it bothers me a little; I find myself extinguishing fire, I find myself having to intervene, having to do something else. It is very hard, this part of the territory is. I work in a very difficult territory, there is violence against professionals. There are very difficult patients who attack us, even verbally. I have been going through some very delicate issues with this population group." (P7)*

It is undeniable that the specificity of our country involves such territorial aspects. Working with health promotion in such vulnerable settings still seems hard to accomplish. With so many complex issues involved, prevention is still the main work done.

Health-promoting psychology in the territory

This category titled health-promoting psychology in the territory is not limited to a specific field. In fact, from an interdisciplinary perspective that questions the biomedical model it seeks to overcome its limitations[33]. Here, illness is a process that involves biological, psychological, behavioral, cultural, economic, political, social and environmental elements; therefore, the articulation between technical and popular knowledge and a better dialog between managers, institutions and communities should be fostered.

Research[34] has shown that the health status of the Portuguese population has improved over the past ten years due to improvements in Primary Health Care (PHC). The three reform cycles are three periods characterized by the logic of political entrepreneurship with building capacity whose window of opportunity for internally constructed transformation has been greatly influenced by external factors embodied in socioeconomic conditions and political game, which elucidate well the existing dynamics. However, they also consist of moments to learn, to innovate and to correct policies to improve the organization of care. By investing more in PHC and taking responsibility for disease prevention and the promotion of health and healthy habits in the long term, the health system can mitigate costs with avoidable disease.

It is up to the entire team to expand their actions in view of the potentiality and the possibilities of action. Instead of a limited or moralistic approach, the team should be more sensitive to the problems of the community and focus on improving Primary Health Care (PHC) and its articulation with other levels of care:

> *"Knowing that the person – no matter how he/she comes to you – does and did what he/she could do at that moment due to a context that is completely different from that of the person you served before and from that of the person you will serve after. So, I think it is up to the psychologist to realize that and to know that there is a context that shapes what the person presents to you. So, when we see it that way, we are free from judgment, we are free from taboo, we are free from what we expected this person to be and from what he/she really is. So, one should seek to serve this person and take the opportunity to listen to him/her, let him/her speak, always with critical thinking so that the person can develop health promotion." (P11)*

Thus, professional performance should reflect the commitment to practices that enhance the stakeholders involved and promote spaces for expression, awareness and empowerment, always considering the existing subjectivity. Professional performance needs to embrace the context in which each person is immersed by offering services to see the other, listen to their history, take care, listen, be aware, stay together; humanely seek understanding and solving problems according to professional and institutional limitations; and be supportive, presenting targeted actions and embracing without prejudice[35]. The following statement expresses this concern as there is a restructuring of the professional's way of acting beyond the stereotyped role of the traditional clinic:

> *"How can I not take sides? I cannot. There is a health issue in this neutrality issue. Psychology needed to break free and there is a cool movement going on. Discussions about races, about the multiple forms of sexuality, I think there is a discussion about other things too, such as online care. But we are starting to break free; it is not about waiting for people to spend an hour talking about their life. I think there are also other ways for you to think about health outside the clinic." (P13)*

The National Health Humanization Policy[36] proposes the involvement of different stakeholders – workers, users and managers – in the production and management of care and work processes. Some of its guidelines are the ambience (creating healthy, welcoming and comfortable spaces for meetings according to the needs of users and workers) and the expanded clinic (increasing the autonomy of the subjects in order to integrate the team of health workers from different fields according to the specificity of each case with the formation of a bond with the user).

These elements create spaces for diversified actions, such as therapeutic groups and other care alternatives in addition to clinical care. Given such gains for health, studies[37-40] have shown that work with theatrical groups, dance, group for men, groups for pregnant women, among other practices, can be found in the territory and go beyond the stereotyped model of psychology and other fields.

In being committed to recognize the territory as part of their work process, the professionals need, at all times, to rethink and reinvent themselves beyond what was learned in their training[40]. Such situation, which generates

anxiety for taking certainty away, requires the appreciation of smaller daily activities carried out in the territory aimed at health promotion, as shown in the following statement:

> *"I think that if we only strive for big things and fail to value the small ones and the impact of the small things and actions on our daily work, we will not make it. It is hard, it is frustrating, and it also has its benefits. If we can recognize these small things, these small changes we make, the transformations we make at the micro level, I think we will get motivated to keep striving for the macro maybe." (P12)*

The insertion of the psychologist[41] in the Family Health Support Center (*Núcleo de Apoio à Saúde da Família - NASF*) is not yet fully defined. Research[42] has pointed out the difficulties encountered in establishing spaces of exchange in this context, which is in accordance with the results presented herein, which reveal the difficulties that these professionals face in the application of their knowledge more effectively in the context of health promotion.

It should be noted that the recognition of the territory is fundamental for the development of health promotion actions as it manifests itself in various forms of power in which subjectivities are constituted and the feeling of belonging to the place is strengthened. Community empowerment, social participation, the pursuit of equity through actions on social determinants, and the development of multi-strategic and sustainable actions will be favored by assuming these dynamics[43].

Some limitations of this study was the focus on a delimited geographical region with specific professionals, which does not allow generalizations. Therefore, further research needs to be conducted with other professionals in order to add new perceptions about the studied territory. Even so, due to the interdisciplinary nature of the theoretical framework that underlies this study, and even though the data cannot be generalized, the points discussed herein may contribute to think of other sectors or fields of knowledge so that the potentiality of the territory is considered. There is a need for further studies that consider the dynamics of the territory as it is constantly changing, both in terms of population growth and services offered.

The present study showed that despite the need to incorporate actions aimed at improving the living conditions of a territory health promotion, as an ideology related to intersectoral work and action on the social determinants of health faces difficulties or tensions for its effective implementation. The discussion allows us to say that although the PNPS prioritizes intersectoral work as a possibility of exchanges between different stakeholders in the territory professionals find it difficult to do so. As an action plan, professionals understand that identifying the potentialities of the territory allows them to develop actions that create spaces of expression, promote dialog and value the subjective production of this population. Thus, it was pointed out that the professionals need to rethink their practice, which is still based on the biomedical model learned in their academic training. The territory demands other forms of care that go beyond this model, which requires professionals with the ability to reinvent and restructure themselves based on the demand found in the territory.

FINAL CONSIDERATIONS

With the purpose of analyzing the potentialities and challenges for health promotion in the territory based on the perception of psychologists working in the Southern region of São Paulo, Campo Limpo, we sought to recognize the territory as a fundamental tool for the consolidation of health promotion actions.

Recognizing the potentiality in the territory involves the professionals broadening their horizons of action and creating spaces of subjective and collective production. However, it also focuses on the need to recognize the limitations of the place, the difficulties in offering and articulating services and the disrespect for the basic rights of that community. Thus, it is essential that stakeholders take on a political position and an ethical conduct to understand the complexity of health in order to consider life production in the territory.

CONFLICTS OF INTEREST

There were no conflicts of interest.

CONTRIBUTIONS

Ludimilla Deisy da Silva Gomes Martins, **Mariangela Nascimento Bezerra de Paula**, **Vivian Andrade Araújo** and **Elisabete Agrela de Andrade** contributed to the study conception and design and analysis; the writing of the manuscript and approved the final version for publication. **Ludimilla Deisy da Silva Gomes** and **Elisabete Agrela de Andrade** contributed to the interpretation of data and critical revision.

REFERENCES

1. Silva P, Baptista T. A Política Nacional de Promoção da Saúde: texto e contexto de uma política. Saúde Debate [Internet]. 2015 [accessed on 2018 Nov 25];39(spe):91-104. Available from: http://www.scielo.br/scielo.php?pid=S0103-11042015000500091&script=sci_abstract&tlng=pt
2. Westphal M, Franceschini M. A contribuição do CEPEDOC para a construção da Política de Promoção da Saúde no Brasil. Cienc Saúde Colet [Internet]. 2016 [accessed on 2018 Sep 26];21(6):1819-28. Available from: https://www.scielosp.org/pdf/csc/2016.v21n6/1819-1828/pt
3. Ministério da Saúde (BR). Política Nacional de Promoção da Saúde - PNaPS: revisão da Portaria MS/GM n° 687, de 30 de março de 2006. Brasília: Ministério da Saúde; 2014.
4. Garbois J, Sodré F, Dalbello-Araujo M. Da noção de determinação social à de determinantes sociais da saúde. Saúde Debate [Internet]. 2017 [accessed on 2018 Sep 26];41(112):63-76. Available from: https://www.scielosp.org/pdf/sdeb/2017.v41n112/63-76/pt
5. Poubel P. Psicologia na saúde pública. Estud Contemporâneos Subj [Internet]. 2014 [accessed on 2018 Nov 2];4(2):193-200. Available from: http://www.periodicoshumanas.uff.br/ecos/article/view/1369/1042
6. Luna I. Sentidos da integralidade no fazer psicológico em saúde pública. Rev Psicol Saúde [Internet]. 2014 [accessed on 2018 Nov 2];6(2):1-10. Available from: http://www.gpec.ucdb.br/pssa/index.php/pssa/article/view/348/434
7. Goya ACA, Rasera EF. A atuação do psicólogo nos serviços públicos de atenção primária à saúde em Uberlândia, MG. Horiz Cient. 2007;1(7):1-21.
8. Conselho Federal de Psicologia. Código de ética profissional do psicólogo [Internet]. 2005 [accessed on 2018 Oct 26]. Available from: https://site.cfp.org.br/wp-content/uploads/2012/07/codigo-de-etica-psicologia.pdf
9. Cintra M, Bernardo M. Atuação do Psicólogo na Atenção Básica do SUS e a Psicologia Social. Psicol Cienc Prof [Internet]. 2017 [accessed on 2018 Oct 26];37(4):883-96. Available from: http://www.scielo.br/scielo.php?pid=S1414-98932017000400883&script=sci_abstract&tlng=e
10. Dimenstein M, Siqueira K, Macedo JP, Leite J, Dantas C. Determinação social da saúde mental: contribuições à psicologia no cuidado territorial. Arq Bras Psicol (Rio J 1979) [Internet]. 2017 [accessed on 2019 Apr 18];69(2):72-87. Available from: https://www.redalyc.org/articulo.oa?id=229053873006
11. Bernardes AG. Pesquisar com o Território: algumas apostas metodológicas. Psicol Cienc Prof [Internet]. 2018 [accessed on 2018 Oct 26];38(2):291-300. Available from: https://doi.org/10.1590/1982-3703003492017
12. Furtado JP, Oda WY, Borysow IDC, Kapp S. A concepção de território na saúde mental. Cad Saúde Pública [Internet]. 2016 [accessed on 2018 Oct 18];32:e00059116. Available from: https://www.scielosp.org/pdf/csp/2016.v32n9/e00059116/pt
13. Silva MG, Fernandes JD, Rebouças LC, Rodrigues GRS, Teixeira GA, Silva RMO. Publicações que utilizaram o grupo focal como técnica de pesquisa: o que elas nos ensinam? Cienc Cuid Saúde [Internet]. 2013 [accessed on 2015 Aug 05];12(2):398-406. Available from: http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/viewFile/9194/
14. Minayo M, Deslandes SF, Gomes RC. Pesquisa social: teoria, método e criatividade. 34ª ed. Petrópolis: Vozes; 2014.
15. Prefeitura de São Paulo (BR). Histórico do Campo Limpo [Internet]. 2019 [accessed on 2019 Sep 03]. Available from: https://www.prefeitura.sp.gov.br/cidade/secretarias/subprefeituras/campo_limpo/historico/index.php?p=131
16. Nóbrega DO, Andrade ERG, Melo ESN. Pesquisa com grupo focal: contribuições ao estudo das representações sociais. Psicol Soc [Internet]. 2016 [accessed on 2019 Apr 19];28(3):433-41. Available from: https://dx.doi.org/10.1590/1807-03102016v28n3p433
17. Bardin L. Análise de Conteúdo. São Paulo: Edições 70; 2011.
18. Conselho Nacional de Saúde (BR). Resolução no 466, de 12 de dezembro de 2012 [Internet]. 2012

[accessed on 2018 Nov 11]. Available from: http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf

19. Lima E, Yasui S. Territórios e sentidos: espaço, cultura, subjetividade e cuidado na atenção psicossocial. Saúde Debate [Internet]. 2014 [accessed on 2018 Nov 02];38(102):593-606. Available from: http://www.scielo.br/scielo.php?pid=S0103-11042014000300593&script=sci_abstract&tlng=pt

20. Pinto MB, Silva KL. Health promotion in the territory: strengths and challenges of local projects. Esc Anna Nery Rev Enferm [Internet]. 2019 [accessed on 2019 Nov 26];23(1). Available from: http://www.scielo.br/scielo.php?pid=S1414-81452019000100210&script=sci_arttext&tlng=p

21. Ribeiro KG, Andrade LOMD, Aguiar JBD, Moreira AEMM, Frota AC. Educação e saúde em uma região em situação de vulnerabilidade social: avanços e desafios para as políticas públicas. Interface Comun Saúde Educ [Internet]. 2018 [accessed on 2019 Nov 26];22(suppl.1). Available from: https://www.scielosp.org/article/icse/2018.nahead/10.1590/1807-57622017.0419/pt/

22. Colin ECDS, Pelicioni MCF. Territorialidade, desenvolvimento local e promoção da saúde: estudo de caso em uma vila histórica de Santo André, São Paulo. Saúde Soc [Internet]. 2018 [accessed on 2019 Nov 26];27:1246-60. Available from: https://www.scielosp.org/article/sausoc/2018.v27n4/1246-1260/pt/

23. Carmo M, Guizardi F. O conceito de vulnerabilidade e seus sentidos para as políticas públicas de saúde e assistência social. Cad Saúde Pública [Internet]. 2018 [accessed on 2019 Feb 12];34(3):1-14. Available from: http://www.scielo.br/pdf/csp/v34n3/1678-4464-csp-34-03-e00101417.pdf

24. Reis I, Silva I, Un J. Espaço público na Atenção Básica de Saúde: Educação Popular e promoção da saúde nos Centros de Saúde-Escola do Brasil. Interface Comun Saúde Educ [Internet]. 2015 [accessed on 2018 Nov 19];18(suppl2):1161-73. Available from: https://www.scielosp.org/pdf/icse/2014.v18suppl2/1161-1173/pt

25. Cardoso AVM, Souza AAM, Silva PLN, Carvalho HLA, Alves ED, Aguiar W Filho. Cuidando com arte: a promoção da saúde por meio da música. Rev Univ Vale Rio Verde [Internet]. 2016 [accessed on 2019 Feb 07];14(1):714-35. Available from: https://dialnet.unirioja.es/servlet/articulo?codigo=5511275

26. Farre A, Pinheiro P, Vieira N, Gubert F, Alves M, Monteiro E. Adolescent health promotion based on community-centered arts education. Rev Bras Enferm [Internet]. 2018 [accessed on 2019 Feb 7];71(1):26-33. Available from: http://www.scielo.br/scielo.php?script=gcj_arttext&pid=S0034-71672018000100026&lng=en&tlng=en

27. Macedo J, Abreu M, Fontenele M, Dimenstein M. A regionalização da saúde mental e os novos desafios da Reforma Psiquiátrica brasileira. Saúde Soc [Internet]. 2017 [accessed on 2019 Jan 10];26(1):155-70. Available from: http://www.scielo.br/scielo.php?pid=S0104-12902017000100155&script=sci_abstract

28. Machado LM, Colomé JS, Beck CLC. Estratégia de Saúde da Família e o sistema de referência e de contra-referência: um desafio a ser enfrentado. Rev Enferm UFSM [Internet]. 2011 [accessed on 2019 Aug 22];1(1):31-40. Available from: http://dx.doi.org/10.5902/217976922337

29. Kantorski LP, Coimbra VCC, Oliveira NA, Nunes CK, Pavani FM, Sperb LCSO. Atenção Psicossocial Infantojuvenil: interfaces com a rede de saúde pelo sistema de referência e contrarref erência. Texto & Contexto Enferm [Internet]. 2017 [accessed on 2019 Aug 22];26(3):1-10. Available from: https://www.redalyc.org/pdf/714/71452267009.pdf

30. Iglesias A, Avellar LZ. As contribuições dos psicólogos para o matriciamento em saúde mental. Psicol Cienc Profissão [Internet]. 2016 [accessed on 2019 Apr 18];36(2):364-79. Available from: https://dx.doi.org/10.1590/1982-3703001372014

31. Coneglian L, Cavalcante F, Leandro J. Reforma psiquiátrica e cidadania: considerações a partir de uma experiência. Trivium (Rio J) [Internet]. 2015 [accessed on 2019 Jan 19];7(1):127-33. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S2176-48912015000100012

32. Barbosa CF, Mendes IJM. Concepção de promoção da saúde de psicólogos no serviço público. Paidéia [Internet]. 2005 [accessed on 2019 Jan 18];15(31):269-76. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-863X2005000200014

33. Ministério da Saúde (BR), Secretaria de Atenção à Saúde. Política Nacional de Humanização da Saúde. Documento Base. 4ª ed. Brasília: Ministério da Saúde; 2007.

34. Lapão LV, Pisco L. Primary health care reform in Portugal, 2005-2018: the future and challenges of coming of age. Cad Saúde Pública [Internet]. 2019 [accessed on 2019 Aug 30];35(Suppl 2):e00042418. Available from: https://www.ncbi.nlm.nih.gov/pubmed/31411303

35. Hermeto EMC, Fernandes LLA, Silva NM, Holanda ICLC. Teatro como recurso terapêutico na prevenção ao uso de drogas: percepção de adolescentes. Rev Bras Promoç Saúde [Internet]. 2013 [accessed on 2019 Aug 25];26(3):333-9. Available from: https://periodicos.unifor.br/RBPS/article/view/2935/pdf

36. Barone L, Paulon S. Ensaiando uma clínica do chão: cartografando a Saúde mental na Atenção Básica em interface com a dança. Interface Com Saúde Educ [Internet]. 2019 [accessed on 2019 Aug 25];23. Available from: https://doi.org/10.1590/Interface.180599

37. Souza LGS, Meireles AA, Tavares KMC, Menandro MCS. Intervenções psicossociais para promoção da saúde do homem em Unidade de Saúde da Família. Psicol Ciênc Prof [Internet]. 2015 [accessed on 2019 Aug 25];35(3):932-45. Available from: https://www.redalyc.org/pdf/2820/282042221021.pdf

38. Pio DAM, Oliveira MM. Educação em saúde para atenção à gestante: paralelo de experiências entre Brasil e Portugal. Saude Soc [Internet]. 2014 [accessed on 2019 Aug 25];23(1):313-24. Available from: http://dx.doi.org/10.1590/S0104-12902014000100025

39. Pitombeira DF, Xavier AS, Barroso REC, Oliveira PRS. Psicologia e a formação para a saúde: experiências formativas e transformações curriculares em debate. Psicol Ciênc Prof [Internet]. 2016 [accessed on 2019 Apr 18];36(2):280-91. Available from: https://dx.doi.org/10.1590/1982-3703001722014

40. Leite D, Andrade A, Bosi M. A inserção da psicologia nos núcleos de apoio à saúde da família. Physis (Rio J) [Internet]. 2013 [accessed on 2018 Nov 20];23(4):1167-87. Available from: https://www.scielosp.org/pdf/physis/2013.v23n4/1167-1187/pt

41. Cela M, Oliveira IF. O psicólogo no núcleo de apoio à saúde da família: articulação de saberes e ações. Estud Psicol (Natal) [Internet]. 2015 [accessed on 2019 Apr 18];20(1):31-9. Available from: http://dx.doi.org/10.5935/1678-4669.20150005

42. Moysés ST, Sá RF. Planos locais de promoção da saúde: intersetorialidade(s) construída(s) no território. Ciênc Saúde Colet [Internet]. 2014 [accessed on 2019 Aug 22];19(11):4323-30. Available from: http://dx.doi.org/10.1590/1413-812320141911.11102014

43. Mendes R, Akerman M. Intersetorialidade: reflexões e práticas. In: Fernandez J, Mendes R, organizadores. Promoção da Saúde e Gestão Local. São Paulo: Hucitec/Cepedoc; 2019. p. 85-110.

First author's address:
Ludimilla Deisy da Silva Gomes Martins
Centro Universitário Adventista de São Paulo - UNASP
Estrada de Itapecerica, 5859
Bairro: Jardim IAE
CEP: 05858-001 - São Paulo SP - Brasil
E-mail: ludimilladeyse@gmail.com

Mailing address:
Elisabete Agrela de Andrade
Centro Universitário Adventista de São Paulo - UNASP
Estrada de Itapecerica, 5859
Bairro: Jardim IAE
CEP: 05858-001 - São Paulo SP - Brasil
E-mail: elisabeteagrela1@gmail.com

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