


The management of mental health in the Primary Health Care Network: An integrative review

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ABSTRACT

The management of psychotic disorders has always been an important topic of study in Medicine, and there are numerous ways to do so. Taking the perspective of Basic Health Care as a bias, these clinical conditions had their administration mechanisms modified over time. Therefore, the present research aimed to analyze the historical, epidemiological and organizational assumptions about the management of mental health cases in primary health care. From this angle, an integrative literature review on the administration of mental health in basic health care was created. That said, the descriptors “Humanization” were crossed; “Mental health”; “Primary Health Care”, in the National Library of Medicine (PubMed MEDLINE), Scientific Electronic Library Online (SCIELO) and Virtual Health Library (VHL) information bases. In this way, research has highlighted numerous ways of managing psychotic disorders in Primary Health Care, highlighting the historical composition of today's approach model, the relevance of humanization at this stage, the main conduct of Primary Care and the challenges inherent to the diagnosis of a mental disorder. Finally, it was demonstrated that there is a satisfactory interaction between the premises and precepts of Basic Health Care in the management of psychiatric disorders, which allows for care and more humanized and holistic care.

Keywords: Humanization, Mental health, Primary attention.

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INTRODUCTION

Although the topic of Mental Health does not have an exact concept, it is plausible to emphasize that this definition has undergone a gradual amplification in recent decades. With the increasingly exorbitant progress in the topics of integrative medicine and humanization, especially in the biopsychosocial care mechanism, mental health can be characterized as a state of cognitive, emotional and sentimental well-being, that said, such a condition allows civilians to enjoy your unique abilities, minimize daily stress and still be productive in your social sphere. In this panorama, it is a fact that managing this condition is of essential interest to the community¹.

At the national level, Primary Health Care or Basic Health Care is defined as the class of health responsible for providing the community with care methods for the most prevalent illnesses, and is also the first entry into the health flow. developed at the national level, with continuity and integration of care as its bias²². In this panorama, it is essential to think about a space of universal medical assistance without covering mental health, since this topic is not separated from health in its definition of well-being, which requires the management of all Primary Health Care services, primarily those from the Psychosocial Care Network².

Considering the impact of psychiatric disorders on the population, the World Health Organization established a Mental Health Action Plan, which highlights the urgency of increasing coverage of care in this area, highlighting primary care¹⁹. However, it is still a great adversity for the population in general to understand that the aforementioned care is the gateway to the health flow, and that clinical conditions related to mental health should and can be managed by the multidisciplinary team present there and that, if necessary, a referral to a specialist doctor, that is, a psychiatrist¹⁶.

The objective of such a survey, therefore, is to demonstrate in the literature, data, reports and information about the administration of mental health conditions in basic care or primary care, a demand inherent to the management of the Unified Health System, which must offer care specific and humanized to all its citizens.

MATERIAIS E MÉTODOS

This survey is an integrative review of the literature, therefore, it was carried out in six processes: 1) designation of the theme and selection of the study's guiding question; 2) definition of inclusion and exclusion criteria; 3) identification of data to be collected from selected research; 4) categorization of research; 5) analysis of the research included in the integrative review and interpretation; 6) review demo⁸.



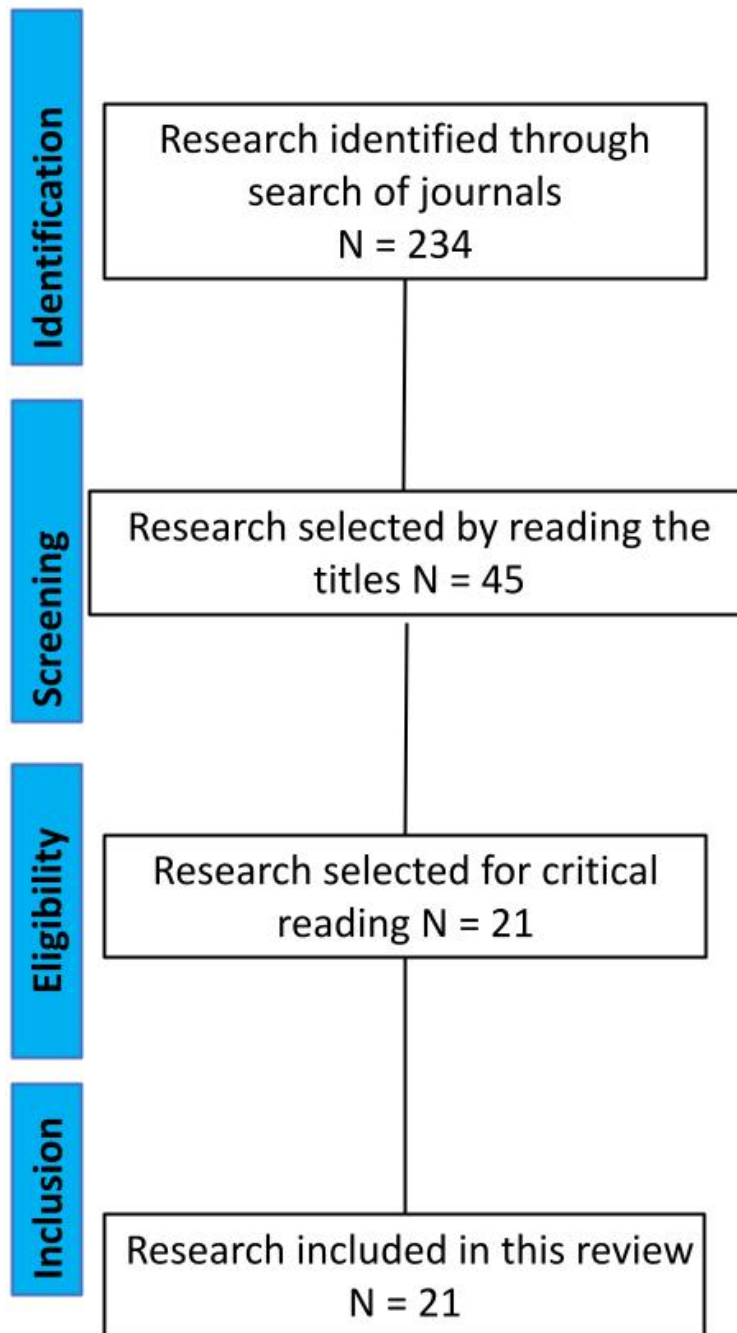
In the initial process, the central question was designated, which guided the current survey: “How should individuals with clinical mental health conditions be managed in primary care and what is their prognosis?”

In order to answer this question, a search for research involving the ideal outcome was carried out through Health Sciences Descriptors created by the Virtual Health Library. Therefore, the descriptors available were: humanization; mental health; primary health care. Therefore, the search was carried out during the months of November and December of the year 2023, through the following databases: Virtual Health Library (VHL), Scientific Electronic Library Online (SciELO) and National Library of Medicine (PubMed).

Therefore, among the inclusion criteria, it was limited to research written in Portuguese and English, published between 2019 and 2023, that portrayed the current topic and that were available electronically in its full configuration, regarding the exclusion criteria. , research that was not in English or Portuguese, that was not subject to peer review, that had no perspective in the management of civilians with clinical mental health conditions in primary health care, especially in relation to prognosis, therefore, were excluded, as they did not meet the criteria listed.

After the research selection process, 234 studies were found, which were evaluated after monitoring the title and summary of the articles considering the aforementioned criteria. That said, following the survey stage, 45 articles were selected. Under this bias, the articles were read in detail, again taking into account the inclusion and exclusion criteria, above all, 25 surveys were not included because they met the exclusion criteria. Finally, 21 articles were selected for the final evaluation and composition of the current review and, subsequently, a record of the selected research was carried out in order to select the best data for collecting information (Figure 1).

Figure 1 – Flowchart detailing the selection of scientific articles.



RESULTS

The Table 1 presents the main studies that were used in the current review. That said, taking into account each survey, some important data are summarized, among which the following stand out: the authors of the research, the research methodology used, the year of publication and title.

Table 1 - Overview of the research included in this integrative review about the Management of individuals with mental health problems in the Primary Health Care Network.

Search	Results	Study Methodology
Pereira et al., 2023	Active listening enables greater autonomy for the user, placing them as agents of their health and illness process, which favors satisfactory clinical outcomes. It is a link that facilitates the humanization of assistance, helping the individual to combat difficulties. Therefore, intervention in times of crisis must be based on welcoming the subject and their emotions in a sensitive and empathetic way.	Literature review
Alcântara et al., 2022	Through this process, it was realized that mental health is a topic that cuts across several disciplines and is influenced by many types of knowledge, that is, mental health is related to a way of understanding mental health and illness based on the paradigms of psychiatry and psychiatric reform.	Literature review
Souza et al., 2022	Therefore, it is also necessary to prepare all levels of basic care to better serve the patient on a full-time basis. In the aforementioned analysis, it is also important to understand the importance of matrix support, as a fundamental parameter in improving multidisciplinary care.	Literature review
Gama et al., 2021	In this scenario, this is a qualitative study, conducted through focus groups involving 134 health professionals. Professionals did not have instruments or strategies to quantify and organize mental health demand, above all, mental health training actions were insufficient. Likewise, problems were identified in the organization and articulation of the Psychosocial Care Network that hindered the continuity of mental health care.	Descriptive qualitative study
Giacomini et al., 2021	Therefore, it is also necessary to prepare all levels of basic care to better serve the patient on a full-time basis. In the aforementioned analysis, it is also important to understand the importance of matrix support, as a fundamental parameter in improving multidisciplinary care.	Literature review
Rezio et al., 2021	The study identified the demands of professionals from two Family Health Strategy teams to support the 12 meetings with each team. The multifactorial team instigated reflection on conceptual aspects linked to mental health care. That said, even though the work is restricted to a local context, it is possible to expand its contributions regarding the analytical field to other experiences, envision different research and point out the need analysis of the reception process in different contexts.	Descriptive qualitative study
Salgado et al., 2021	In this context, the results were compared with the community prevalence of mental disorders found in the literature, therefore, statistical analysis, chi-square test was applied, in addition to qualitative analysis of the scenario of each unit. Thus, Unit A had a low detection rate for all disorders, whereas in unit B, around 50% of the expected cases were detected. The distinction in the detection rate was used as an indicator for analyzing mental health care, therefore, monitoring this indicator helps to qualify mental health care.	Retrospective cohort study
Sterling et al., 2021	The admitted studies point to patients getting mental health care only from their primary care doctor, as well as feedback evaluation found some apps helpful. Furthermore, twenty-four	Literature review

	(68.5%) of patients reported using Breathe2Relax and 24 (68.5%) reported using self-help for anxiety management.	
Araújo et al., 2020	The selected articles highlighted how care is produced and the use of care technologies in users of a CAPS; use of music therapy. Therefore, the humanization process carried out by the Psychosocial Care Center is of paramount importance, as it encompasses not only the clinical state of the individual, but also covers the physical, psychological and social aspects.	Literature review
Cardoso et al., 2020	It is essential to highlight the importance of the work of the community health agent, the presence of the family, directing patients to therapeutic groups and the specialized network, assistance to individuals in moments of the peak of the disorder. Therefore, it can be understood that the mental health care network, in Primary Health Care, is complex and there is a need for communicability between services, as disarticulation generates penalties in the continuity of care.	Descriptive qualitative study
Moro et al., 2020	In this context, this is a cross-sectional qualitative study, carried out in eight services, in which 20 professionals participated. Furthermore, semi-structured interviews were conducted and analyzed using Thematic Analysis. Therefore, it was analyzed that multidisciplinary teams were more present in the units, which contributes to the construction of joint actions with the Family Health Teams. That said, matrix support was shown to have effects on reducing referrals, increasing participation of teams in mental health actions and increasing the resolution of care.	Descriptive qualitative study
Oliveira et al., 2020	Furthermore, studies have shown that there are different ways of managing mental disorders in primary care, emphasizing the historical construction of the current model of approach, the importance of humanization in this process, the central role of Primary Care and the difficulties inherent to psychiatric diagnosis. Therefore, it was evident that there is a positive integration between the principles and precepts of basic care in the management of psychiatric disorders, enabling more humanized and holistic care for these patients at this level of care.	Literature review
Barros et al., 2019	In this way, three empirical categories were obtained: Mental Health Training; Perception of the family health strategy professional on the mental health-illness process and health actions developed by the family strategy team with people with mental disorders. Furthermore, it was possible to identify some actions that converge and diverge from the psychosocial care model.	Descriptive qualitative study
Cardoso et al., 2019	From the content analysis, three classes emerged: “Perceptions about the health care provided in the municipality”, “The biomedical paradigm in mental health care” and “Elements for the construction of a new professional practice in mental health”.	Descriptive qualitative study
Clementino et al., 2019	A user profile was observed predominantly composed of women in the adult age group, with a clinical diagnosis of schizophrenia, associated with other clinical diagnoses. Regarding admissions to psychiatric hospitals before and after joining the service, a statistically significant reduction was chosen. Therefore, it is reinforced that comprehensive, community-based care for users with mental disorders and their families, in accordance with	Retrospective cohort study

	reformist precepts, requires greater investment in service infrastructure.	
Cordeiro et al., 2019	Furthermore, the data resulted in two categories: revealing the asylum reality in Juiz de Fora through the narrative of professionals at the basic health unit and reports from professionals about difficulties in understanding the reform proposal. In the pre-psychiatric reform period, the dehospitalization process determined a demand for mental health care in the basic health unit, which was not properly met due to the lack of preparation of the health team.	Descriptive qualitative study
Dos Santos et al., 2019	It is plausible to highlight a lack of preparation among professionals who work with mental health, which means that they often do not recognize certain demands as objects of their work or do not know how to work with a certain demand, which ends up justifying referral to the doctor and the consequent prescription of psychotropic drugs.	Literature review
Junior et al., 2019	In this sense, through eighteen articles in the current period, the studies presented concepts such as “welcoming” and “matrix support”, both with foundations for the comprehensive and resolute care of patients in mental suffering. Furthermore, it was possible to verify that caring for patients in mental distress does not require countless technological resources or changes in work processes.	Literature review
Martinhago et al., 2019	Therefore, it is possible to emphasize that there are controversies regarding the Manual, above all, there is a bias of convenience and criticism. There are places where this logic of the Diagnostic and Statistical Manual of Mental Disorders is convenient, as it generates benefits for various sectors, such as health insurance and the pharmaceutical industry. That said, the main criticisms of the Diagnostic and Statistical Manual of Mental Disorders highlight the fact that the Manual transforms psychological suffering into pathologies of a cerebral nature.	Literature review
Rotoli et al., 2019	In this aspect, the challenges identified in achieving resolution of actions are related to the gap in specific knowledge to support what professionals develop; with the organization of services and the participation of managers. Therefore, it is necessary to build shared practices between professionals, people with mental disorders and their families.	Descriptive qualitative study
Santos, 2019	Under this bias, from the aforementioned study, the guiding hypothesis can be proven, and the specific objectives made it possible for the potential of qualified listening as a tool for humanizing care to be satisfactory in the current ideology. Furthermore, qualified listening makes it possible to humanize the practices of promotion and prevention, diagnosis, treatment and rehabilitation in mental health, that is, it makes it possible in this context to consider the social, ethical, educational and psychological circumstances of the subjects involved.	Literature review

The survey analyzed 21 studies on the management of individuals with mental health problems in primary health care, which demonstrated situational, historical and epidemiological topics, as well as highlighted cases that were studied and used as a theoretical bias for the



composition of medical knowledge. . Furthermore, harmony between theoretical topics and case reports is essential for a complete understanding of the natural history of this correlation.

DISCUSSION

HISTORY OF MENTAL HEALTH IN PHC

The mental health bias at the national level is a plausible fact, which goes back to the 18th century, that is, a period of segregation in which the so-called “crazy” people were cloistered in the back of their own homes and even in prisons. In this context, those abandoned by the family nucleus were dragged to prison, as a mechanism to segregate them from the social sphere. This type of approach to disorders related to mental health potentiated the adversity inherent to the pathological process and also represented an omission of the basic rights of civilians, which is characterized, according to some authors, as a “policy of dehumanization”³.

The Health Reform Movement and Psychiatric Reform had as their main goal the consolidation of a care mechanism that understood and respected civilians with mental disorders as human beings in their universality. Therefore, it is worth highlighting that this reform began in the 1990s and resulted in a new Mental Health Policy, which disseminated the reduction of beds and a gradual control over the main psychiatric hospitals, the composition of substitute services and also the approval of detailed jurisprudence, Law No. 10,216, of April 6, 2001⁹.

Thus, with regard to the Primary Health Care Network, the aforementioned reform aimed to replace psychiatry centralized in asylums with a mechanism with diverse, open parameters and a community bias, focusing on the biopsychosocial premise of individuals, in equivalence with what was proposed in the Anti-Asylum Fight. Psychosocial Care Centers (CAPS) emerged as models for implementing these techniques. That said, such spaces are based on the humanization of care, care and assistance. Namely, there are CAPS I, CAPS II, CAPS III, CAPSi (children) and CAPSad (alcohol and drugs), each of them having particularities for the management of different mental disorders^{1,4}.

Finally, it can be said that the premises of the Unified Health System (SUS), established by Law No. 8,080, of September 19, 1990, consolidate the structuring of the management of mental health disorders at the current national level. Equity, universality and completeness make the proposal for deinstitutionalization possible and increase the need to offer a service that considers the patient in all their subjectivity, in accordance with their complaints, their singularities, their concerns, above all, due to the weakening that the mental disorders cause⁷.



THE RELEVANCE OF HUMANIZATION IN MENTAL HEALTH CARE IN THE PRIMARY HEALTH CARE NETWORK

The National Humanization Policy was a SUS action at the national level, designed to instigate the improvement of quality and humanization of health services, in addition to expanding work and specific patient care. Undoubtedly, it can be understood as a holistic approach to improving the health system as a whole, emphasizing the relevance of taking care not only of physical health, but also of the biopsychosocial topics that make up the citizen. In this panorama, its applicability in the Mental Health scenario is extremely relevant, given the subjectivities that civilians with mental disorders present^{17,20}.

Therefore, the application of this type of assistance must be based on the premises of the National Humanization Policy, with the aim of overcoming prejudice, stigmatization, intolerance and the challenges that this population faces daily. Firstly, listening and admission consist of not seeing the civilian only as a carrier of an illness, but rather in an integral way, understanding suffering and complaints, as well as being a mechanism for creating bonds and applying humanized therapeutic processes. However, this type of admission to Primary Care is limited, as reception and training of the multidisciplinary team is necessary, something that is not always a concrete reality¹⁵.

Furthermore, another relevant topic that the National Humanization Policy advocates through its applicability is the individualization of assistance, jointly, with non-violent communication. It is essential to highlight that the population with mental problems is still a population that suffers from stigma and, consequently, their expectations, preferences and needs are depreciated. Furthermore, it is plausible to emphasize the relevance of clear and succinct communication between patients and the multidisciplinary team, through respect and appreciation regarding the sociocultural contexts experienced by users of the health service. In this way, the use of simple words and visual resources, correlated with the patient's autonomy, will be premises of humanized care^{6,12}.

From another angle, one of the points that is also developed by the National Humanization Policy and should be taken as a parameter in the care of users with mental disorders is the implementation of a multidisciplinary approach, due to the particularities that these civilians have, permeating their panorama. Social and historical and even characteristics inherent to its clinical condition, the assistance of nurses, psychologists, psychiatrists, social workers and other health professionals in the analysis and therapeutic process is essential for offering truly functional assistance. In addition to the aforementioned approach enabling a more detailed civil context, it also enables the user's various complaints to be addressed in their entirety, meaning that social exclusion is mitigated^{15,17}.



ROLE OF THE PRIMARY HEALTH CARE NETWORK IN THE MANAGEMENT OF MENTAL DISORDERS AND IMPASSES RELATED TO DIAGNOSES

In 2014, the Ministry of Education presented the New Curricular Guidelines for the pedagogical teaching of Medicine at the national level. This list of modifications was intended to encourage the restructuring and readjustment of the curricular matrix aimed at training professionals, consolidating the Public Health scenario. Under this perspective, the reflective, generalist, humanist and critical nature of doctors plays a fundamental role in assisting individuals with mental disorders, especially in the care provided by family and community doctors¹⁰.

The Mental Health class represents a challenging area for the multidisciplinary team of the Primary Health Care Network, due to its complexity and the epidemiological contingent of psychotic disorders. On the national scene, the management of activities in this area is recent, with improvements in the comprehensiveness between Primary Health Care and the Family Health Strategy in the year 2007¹⁰. Therefore, the Ministry of Health establishes the development of Support Centers for Family Health in 2008 and proposes the Psychosocial Care Network in 2011. In this context, some authors emphasize that there is theoretical convergence between the premises of such public policies listed, that said, such actions are intended to expand attention to the psychosocial impasse, giving emphasis on autonomy, civil subjectivities, social inclusion and the permanence of the user registered in the territory⁴.

Therefore, another public policy proposed to improve mental health care is Matrix Support. This service acts as an organizational mode that provides specialized technical support in complex classes to the units' health teams, through shared responsibility. This premise favors the structuring of the integration of care with the activities of the Psychosocial Care Network, in addition to demonstrating multidisciplinary conduct and greater awareness of the current team due to mental health demands, which is essential for consolidating the premises of the Health Strategy. Family Health and the National Humanization Policy^{14,18}.

Therefore, in addition to the way in which care for mental disorders is structured, it is essential to debate the mechanism by which they are diagnosed, especially in the Primary Health Care Network. From this perspective, it is notable that psychological distress is complicated and requires a complex clinical look at the individual and their bias, before establishing a diagnosis. A mechanism that helps in this stage is the Diagnostic and Statistical Manual of Mental Disorders, known as DSM, which addresses parameters for diagnosing mental disorders in patients. Although this manual is composed with the aim of facilitating the assessment of the health-disease context, that is, differentiating between disorders is still a challenging process, requiring specific attention in these cases¹³.



Finally, the rational bias of diagnosis through the DSM, in a majority way, puts the premises of humanization and performance of Primary Health Care into question. The use of standardized parameters for the diagnosis of major depressive disorder or bipolar affective disorder, for example, causes the proposed detailed and holistic establishment to be disregarded, considering that the individual's social and cultural bias is depreciated. Another example would be the various classifications for disorders related to schizophrenia and its psychiatric spectrum, which are subject to very negligible differences in parameters, which is challenging for diagnosis as established by the DSM¹¹.

FINAL CONSIDERATIONS

In the present study, it is plausible to point out that the management of psychotic disorders in the Primary Health Care Network comes from a historical trajectory that is a pillar of the foundations of the SUS. The historical processes of Health and Psychiatric Reform aimed to consolidate the way in which these clinical conditions were managed from a medical perspective, which led to the composition of the National Humanization Policy and the installation of the Family Health Strategy and the Psychosocial Care Network, as well as all the convergence between them for current public assistance. Therefore, the reviewed research verified that there is satisfactory integrality between the Primary Health Care Network and psychic administration, demonstrating that humanized care and zeal stimulates the therapeutic process of this population nucleus.

This review also emphasizes that research of high scientific value on the management of mental disorders is essential, emphasizing the assessment of a more multidisciplinary and diverse spectrum. Furthermore, verifying the correlations between specific care and public policies is extremely important, considering that they are criteria for understanding cases and for composing innovative humanized forms of assistance.

It is urgent that, in the future, for the comparison of similar scenarios to be successfully achieved, prospective surveys and epidemiological assessments must be carried out, analyzing, more precisely, the results and their different contexts of approach, evaluating ways to manage mental disorders, with the aim of offering resolute, comprehensive and humanized assistance to current civilians.



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