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PROMOTION OF MENTAL HEALTH IN PRIMARY HEALTH CARE: INTERDISCIPLINARY CARE AND THE RE-SIGNIFICATION OF CARE PRACTICES

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ABSTRACT

The promotion of mental health in Primary Health Care (PHC) is configured as a strategic axis for the consolidation of comprehensive, territorialized, and user-centered care models, especially in view of the increase in psychological distress and the complexity of psychosocial demands. The objective of this study was to analyze, based on the scientific literature, to analyze the interdisciplinary strategies used in the promotion of mental health in PHC and their contribution to the re-signification of care practices. This is an integrative literature review, conducted in the PubMed/MEDLINE database, with a time frame of the last five years, including articles in Portuguese, English, and Spanish. The selection followed systematized steps, resulting in the final inclusion of four studies. The results showed that interdisciplinary work strengthens the comprehensiveness of care, expands access, and qualifies mental health practices through strategies such as matrix support, the Singular Therapeutic Project, collective activities, expanded welcoming, and articulation with the Psychosocial Care Network. It was also observed that such practices contribute to reducing the fragmentation of care, confronting the biomedical model, and expanding the clinic in the territory. It is concluded that interdisciplinarity constitutes a central element for the promotion of mental health in PHC, favoring the re-signification of care practices and the consolidation of more humanized, resolute, and SUS-principle-aligned care models.

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INTRODUCTION

The interface between Primary Health Care (PHC) and mental health constitutes a process historically constructed within the scope of the transformations promoted by the Health Reform and the Anti-Asylum Movement in Brazil, both guided by the restructuring of care models and by overcoming exclusionary practices centered on institutionalization (Monteiro, 2025). In this context, PHC is consolidated as a strategic axis of the Unified Health System (SUS), assuming a central role in care coordination, in the territorialization of actions, and in the promotion of comprehensive practices aimed at meeting the health needs of the population (Souza, 2025). In the Brazilian scenario, the Family Health Strategy (FHS) represents the main organizational device of PHC, with emphasis on expanded, resolutive, and integrated actions, which enable the longitudinal follow-up of people experiencing psychological distress and/or mental disorders, especially those related to depression and anxiety. Such territorial insertion favors the early recognition of mental health demands and the construction of bonds, essential elements for the qualification of care (Brasil, 2017). Mental health care practices in PHC are based on the articulation between technical knowledge and everyday experiences produced in encounters among professionals, users, and communities. Brazilian literature points to several strategies that can be implemented at this level of care, such as the Singular Therapeutic Project, matrix support, therapeutic groups, shared consultations, home visits, integrative and complementary practices, and Permanent Health Education actions, which contribute to the expansion of the clinic and to the construction of responses more sensitive to the singularities of subjects and territories (Nunes, 2025, Ferreira, 2026). In parallel, the Psychosocial Care Network (RAPS) is oriented toward strengthening services that are alternatives to the hospital-centered model, sustaining a logic of territorial, interdisciplinary, and intersectoral care. This articulation between PHC and RAPS favors co-responsibility for care, continuity of care, and the confrontation of the multiple determinations of psychological distress, in line with the principles of comprehensiveness and deinstitutionalization (Souza, 2025).

The convergence between mental health and PHC expresses the need to overcome models centered exclusively on the curative and biomedical logic, by proposing the construction of dynamic practices guided by singularities, territorial contexts, and the social, cultural, and subjective dimensions of the health-disease process (Doce, 2025). In view of the significant increase in mental illness and its multifaceted nature, PHC presents itself as a privileged space for the development of mental health promotion actions, protection of rights, expansion of access, and strengthening of care in freedom (Souza, 2025). Despite normative and organizational advances, mental health in PHC is still configured as a field permeated by challenges, marked by the persistence of medicalizing practices, fragmentation of care, and the centrality of short-duration specialized consultations. Such characteristics contribute to the reproduction of traditional, individualizing, and low-resolutiveness models, limiting the implementation of collective, interdisciplinary, and territorialized interventions (Paim, 2018). In this sense, the re-signification of care practices and the strengthening of interdisciplinary work are configured as fundamental strategies for the qualification of mental health care in PHC (Monteiro, 2025). By integrating different bodies of knowledge and expanding forms of intervention, it becomes possible to promote more humanized, integrated care models centered on the real needs of users (Garcia, 2026). In this context, the present study aims to analyze the interdisciplinary strategies used in the promotion of mental health in PHC and their contribution to the re-signification of care practices.

METHODS

The present study is configured as an integrative literature review, a method that enables the systematic synthesis of evidence derived from empirical and theoretical research, allowing for an expanded

understanding of the state of knowledge regarding the promotion of mental health in Primary Health Care (PHC), with an emphasis on interdisciplinary care and the re-signification of care practices. This approach was adopted because it favors the critical analysis of studies with different methodological designs, contributing to the identification of trends, convergences, gaps, and challenges present in the scientific production. The integrative review was conducted in a rigorous and systematized manner, following previously defined steps, which included: formulation of the research question, definition of the search strategy, establishment of inclusion and exclusion criteria, selection of studies, data extraction, and analysis of results. This methodological pathway aims to ensure the transparency, reproducibility, and reliability of the findings. The guiding question of this study was: What are the main interdisciplinary strategies described in the literature for the promotion of mental health in Primary Health Care, and in what way do these strategies contribute to the re-signification of care practices?

The bibliographic search was conducted in January 2026 in the PubMed/MEDLINE database, selected for its scope and relevance in indexing scientific journals in the health area. The search strategy was built from the combination of controlled descriptors and free terms related to the research topic, associated by Boolean operators. The search equation used was: ("Mental Health") AND ("Primary Health Care" OR ("Interdisciplinarity" AND "Interprofessional Care")) OR ("Health Promotion"). Filters were applied regarding the publication period of the last five years, the Portuguese, English, and Spanish languages, and the availability of full text. The application of the search strategy initially resulted in 1,441 records in the databases. After applying the free full-text filter, 535 studies remained for the screening stage. At this stage, the titles and abstracts were read, and 520 studies were excluded, of which 260 did not show thematic relevance related to the promotion of mental health in Primary Health Care and 260 referred to other care contexts, without a specific focus on interdisciplinarity and the re-signification of care practices. Thus, 15 studies were selected for full-text reading. In the full-text analysis, six articles were excluded for not specifically addressing mental health in PHC. In the next stage, five articles were excluded for not fully meeting the previously established inclusion criteria, resulting in the final selection of four articles, which composed the sample of this integrative review, as presented in Figure 1.

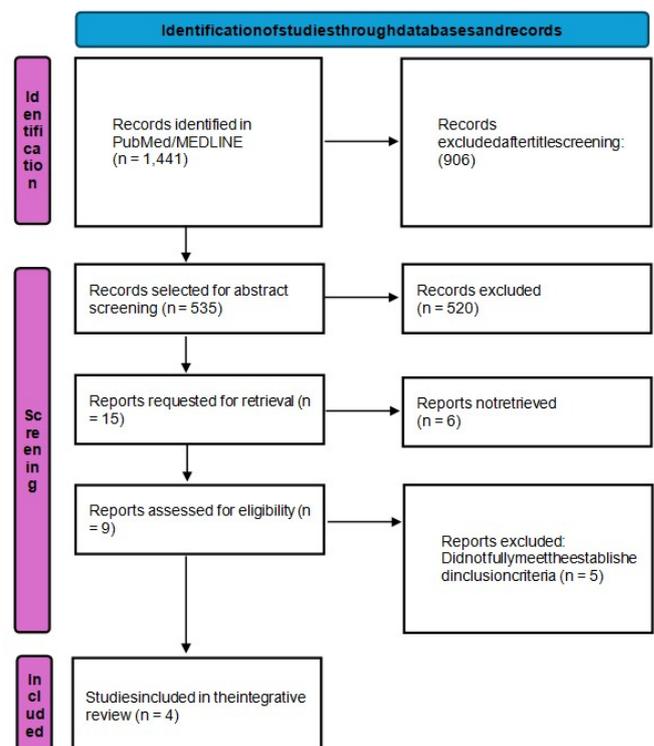


Figure 1. PRISMA 2020 flowchart of the study selection process

RESULTS AND DISCUSSION

The findings of this integrative review show that interdisciplinary practice in Primary Health Care (PHC) is configured as a structuring element for the qualification of mental health care, expanding access, problem-solving capacity, and the comprehensiveness of actions developed in the territory. The analyzed studies converge in indicating that the integration among different professional fields, including nursing, medicine, psychology, social work, and other categories linked to multiprofessional teams, favors the construction of more comprehensive approaches that are sensitive to the multiple determinants of psychological distress, overcoming practices centered exclusively on the biomedical model. Overall, the findings indicate that the qualification of mental health care in Primary Health Care is strongly associated with factors such as the organization of interdisciplinary work, articulation among different points of the Psychosocial Care Network, the expansion of psychosocial practices, and the incorporation of territorial strategies into care planning. Weaknesses such as team overload, insufficient continuing education, and the persistence of practices centered on the biomedical model were associated with limitations in the comprehensiveness and problem-solving capacity of mental health actions. In contrast, the studies highlight that the implementation of strategies such as matrix support, the Singular Therapeutic Project, collective activities, shared consultations, and the strengthening of teamwork contribute to expanded access, improved continuity of care, and strengthened comprehensiveness, favoring more humanized practices centered on the needs of users and territories. Table 1 presents a synthesis of the main characteristics and results of the selected studies, allowing a comparative view of the available evidence on interdisciplinary strategies for the promotion of mental health in Primary Health Care.

specialized services (Monteiro, 2025). In this context, the studies highlight that the implementation of strategies such as the Singular Therapeutic Project, shared consultations, and home visits expands the understanding of users' needs by incorporating subjective, family, and community dimensions into care planning. Such practices contribute to the re-signification of clinical practice in PHC by shifting the exclusive focus from diagnosis and medication prescription to a person-centered approach, considering life contexts and existential projects (Nunes, 2025). The practice of matrix support in mental health was identified as one of the main mechanisms for strengthening interdisciplinarity and qualifying PHC teams. The analyzed studies indicate that matrix support favors knowledge exchange, technical-pedagogical support, and co-responsibility among primary care professionals and specialized services, especially the Psychosocial Care Centers (CAPS).

This articulation contributes to expanding the problem-solving capacity of PHC, reducing fragmentation of care, and promoting greater clinical safety in the management of mild and moderate cases within the territory itself. In addition, the results show that the development of collective activities, such as therapeutic groups, conversation circles, and educational actions, constitutes an important strategy for promoting mental health in PHC. These practices favor the strengthening of support networks, the reduction of social isolation, and the sharing of experiences among users, contributing to the reduction of stigma associated with psychological distress. The literature indicates that such collective interventions expand the therapeutic potential of the territory by recognizing the community dimension as a fundamental component of mental health care. The articulation between PHC and the Psychosocial Care Network (RAPS) also stood out as a determining factor for continuity of care and for the appropriate management of more complex cases.

Table 1. Characterization and main results of the studies included in the integrative review. Recife, 2026

Authors (Year)	Objectives	Findings
Garcia, 2026	To understand the perceptions of nursing professionals regarding the performance of home visits in mental health in Primary Health Care.	Nursing professionals reported knowledge of the family environment, strengthening of bonds, qualified listening and welcoming, and health education as important factors of home visits in mental health.
Monteiro, 2025	To understand how interdisciplinary practices have been applied in the management of anxiety disorders, identifying strategies, obstacles encountered, and possibilities for improvement, with a view to qualifying comprehensive mental health care in the SUS.	Among conventional practices, the use of Integrative Community Therapy and other Integrative and Complementary Health Practices (IChP) stands out. When articulated with the work of multiprofessional teams, these practices have contributed to more humanized and problem-solving care. Qualified listening, matrix support, and articulation with the Psychosocial Care Network (RAPS) are identified as central elements for strengthening continuous and comprehensive care.
Nunes, 2025	To report the experience of developing an interdisciplinary and intersectoral Singular Therapeutic Project, with a focus on the mental health of an Indigenous adolescent.	The Matrix Support tool was used to develop the Singular Therapeutic Project with an interdisciplinary and intersectoral approach for an Indigenous adolescent with a history of self-harm and a suicide attempt.
Souza, 2025	To describe and analyze the perception of Primary Health Care coordinators regarding the structure of care provided to patients experiencing psychological distress within the scope of Primary Health Care.	The importance of therapeutic workshops, support groups, and family involvement in continuity of care was highlighted. Strengthening mental health in primary care requires investments in professional training, greater integration between levels of care, and strategies that expand the problem-solving capacity of care in primary health care.

Source: Prepared by the authors, 2026.

It was observed that the organization of care based on interprofessional work contributes to the early identification of mental health demands, especially those related to depressive and anxiety disorders and situations of psychological distress associated with social, family, and territorial vulnerabilities. The presence of integrated teams favors the expansion of qualified listening and welcoming, strengthening the bond between users and professionals and enabling more timely interventions, with the potential to prevent the worsening of conditions and reduce the need for early referrals to

The analyzed studies indicate that integration among different points of the network favors shared follow-up, the construction of more consistent care flows, and the reduction of avoidable psychiatric hospitalizations. This dynamic reinforces the principles of the Brazilian Psychiatric Reform by prioritizing care in freedom, territorially based, and centered on users' citizenship (Garcia, 2026). However, the results also highlight the persistence of structural and organizational challenges that limit the full consolidation of interdisciplinary practices in PHC. Among the main barriers

identified are team workload overload, the insufficiency of specialized professionals, the fragility of continuing education in mental health, and the persistence of practices strongly guided by biomedical and medicalizing logic. These factors contribute to the reproduction of fragmented care models, centered on short individual consultations and with limited integration among different professional bodies of knowledge. The analyzed literature points out that the centrality of the medical consultation and pharmacological prescription, although necessary in certain contexts, tends to overlap with other forms of care, restricting the development of psychosocial, collective, and territorial interventions (Souza, 2025). This scenario reinforces the need for institutional investments in interprofessional training processes, continuing education, and matrix support as fundamental strategies for transforming practices and consolidating care models more aligned with the principles of comprehensiveness and humanization. In this sense, the re-signification of mental health care practices in PHC emerges as a complex process that involves cultural, organizational, and political changes (Souza, 2025). The studies indicate that the effective incorporation of interdisciplinarity requires not only the presence of different professional categories but also the construction of spaces for dialogue, shared planning, and collective decision-making. These elements are essential for producing more integrated care, capable of responding more effectively to the singular needs of users and to the specificities of territories. Thus, the findings of this integrative review reinforce that the promotion of mental health in PHC depends decisively on the strengthening of interdisciplinary work and network articulation. The expansion of psychosocial practices, the appreciation of the territory as a therapeutic space, and the recognition of the complexity of psychological distress are configured as pillars for the consolidation of a more problem-solving, equitable, and person-centered care model. These results contribute to the field by showing that PHC, when supported by interdisciplinary strategies and by the Psychosocial Care Network, has high potential to promote mental health, reduce inequalities, and strengthen care in freedom, in line with the principles of the Unified Health System.

CONCLUSION

The findings of this study show that the promotion of mental health in Primary Health Care constitutes a strategic field for the consolidation of more comprehensive, humanized, and user-centered care models. Interdisciplinary practice proved to be a fundamental element for qualifying practices, by enabling the integration of different bodies of knowledge, the expansion of clinical practice, and the construction of responses that are more sensitive to the complexity of psychological distress in the territories. The re-signification of care practices emerges as an indispensable process for overcoming models historically centered on biomedical and medicalizing logic, favoring the incorporation of psychosocial, territorial, and collective approaches. Strategies such as matrix support, the Singular Therapeutic Project, group activities, and articulation with the Psychosocial Care Network stand out as central mechanisms for strengthening the problem-solving capacity of PHC and for ensuring continuity of care. Despite the advances observed, the study highlights the persistence of structural, organizational, and training challenges that limit the full consolidation of interdisciplinary care in PHC, such as team overload, the fragility of continuing education, and the maintenance of fragmented practices. Such barriers reinforce the need for continuous investments in public policies that strengthen PHC, expand professional qualification, and consolidate network integration as a structuring axis of mental health care. In this way, this study contributes to the field by reaffirming the central role of PHC in the promotion of mental health and by highlighting interdisciplinarity as an essential strategy for transforming care practices.

It is recommended that future research deepen the analysis of successful experiences, evaluate the impacts of interdisciplinary interventions, and explore the effects of these practices on health outcomes, in order to support policy formulation and the continuous qualification of mental health care within the scope of the Unified Health System.

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