

Interdisciplinarity in mental health care practices: an integrative literature review

Interdisciplinaridade nas práticas de cuidado em saúde mental: uma revisão integrativa de literatura

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ABSTRACT This is a qualitative research, built as an integrative review focused on compiling and analyzing information on the expression of interdisciplinarity in mental health care practices. Data collection took place between May and August 2021, in the BVS, SciELO, Scopus, Academic Google, OpenGrey, and ProQuest databases, in Portuguese, English, Spanish, French, or Italian. Using the SPIDER strategy, the following were defined: scenario, subject of interest, design, evaluation, and type of research, allowing the bibliographic profile of the records to be presented; characterizing the practices and analyze the characteristics of interdisciplinarity in mental health work. The 43 productions that made up the corpus of the study were analyzed descriptively and using thematic content analysis technique, discussed in the light of the theoretical framework of collective health. Four thematic units were identified: ‘concept’, ‘operationality’, ‘objective’, and ‘attributes’. It was concluded that there is a theoretical emptying regarding what characterizes interdisciplinarity in the mental health work scenario; that interdisciplinarity represents an opportunity to overcome the biomedical model of care; and that there are limits and possibilities for its realization. Teamwork, matrix support, and continuing education are considered to favor an interdisciplinary attitude.

KEYWORDS Interdisciplinary placement. Mental health. Public health. Patient care team.

RESUMO *Estudo de abordagem qualitativa, do tipo revisão integrativa de literatura, com o objetivo de compilar e analisar a produção teórica a respeito da expressão da interdisciplinaridade nas práticas de cuidado em saúde mental. A coleta se deu entre os meses de maio e agosto de 2021, nas bases BVS, SciELO, Scopus, Google Acadêmico, OpenGrey e ProQuest, nas línguas portuguesa, inglesa, espanhola, francesa ou italiana. Com o uso da estratégia Spider, foram definidos: cenário, assunto de interesse, desenho, avaliação e tipo de pesquisa, permitindo apresentar o perfil bibliográfico dos registros; caracterizar as práticas e analisar as características da interdisciplinaridade no trabalho em saúde mental. As 43 produções que compuseram o corpus do estudo foram examinadas de maneira descritiva e por técnica de análise de conteúdo do tipo temática, discutidas à luz do referencial teórico da saúde coletiva. Identificaram-se quatro unidades temáticas: ‘conceito’, ‘operacionalidade’, ‘objetivo’ e ‘atributos’. Concluiu-se que existe esvaziamento teórico a respeito daquilo que caracteriza a interdisciplinaridade no cenário do trabalho em saúde mental; que a interdisciplinaridade representa oportunidade para superação do modelo biomédico de cuidado; e que existem limites e possibilidades para sua realização. Considera-se que trabalho em equipe, apoio matricial e educação permanente favorecem a atitude interdisciplinar.*

PALAVRAS-CHAVE *Práticas interdisciplinares. Saúde mental. Saúde coletiva. Equipe de assistência ao paciente.*

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Introduction

Debates about interdisciplinarity have been perpetrated for a long time by thinkers, researchers and workers from various areas of knowledge. The theme was already discussed in Ancient Greece, but with the advent of the Cartesian model and its hegemony over the scientific method, these reflections suffered a reflux¹ until, recently, they started to occupy the center of discussions in several fields. Despite this, there seems to be no consensus regarding the concept of interdisciplinarity².

The interdisciplinary proposal overcomes multidisciplinary and multiprofessional attitudes despite containing them. It involves the concatenation of perspectives and methods throughout the process of studying an object and generates, in the end, a product we can call transdisciplinary, with the potential to support transforming practice³.

The interdisciplinary perspective amplifies the possibility of care proposals reaching the subject and their collectives completely, in their complex life plans. This idea of integrality, which is part of the public health field, favors the relationship between knowledge in the production of care that goes beyond the focus on the disease and that favors the look at two subjects – the one who offers and the one who provides care⁴.

The field of collective health was built under the aegis of social and health movements, and through the critical effort of thinkers who opposed the atomist and biological qualities of the biomedical model, suggesting the understanding of reality from its concrete plane, full of dynamism, facets, interactions and oppositions. The movements of the Brazilian Psychiatric Reform and the anti-asylum struggle were part of these movements in the 1970s, standing in opposition to institutionalization in psychiatric hospitals and in defense of the idea that subjects should be understood in their complexity, within their life context, and not just due to mental symptoms⁵.

In Brazil, influenced by the international experience of deinstitutionalization, the Psychiatric Reform movement flourished at a time when community and preventive psychiatry were established as a force to combat asylum practices, perpetrated by authoritarian states and privatist health policies⁶. Common to the Psychiatric Reform and the Health Reform, the concept of health emerged as a power to bring about social transformation⁷. In line with ideas from the field of public health, the Brazilian Psychiatric Reform represented the effort to overcome disciplinary models of health care – excessively fragmentary, organicist and individualized –, signaling the value of integrating workers and different disciplinary fields in the construction of new relations between society, psychic suffering and institutions, aimed at a citizen practice and substituting the asylum model^{6,7}.

In a broad sense, the interdisciplinary attitude involves leaning towards the complexity of objects and the integration of perspectives, as opposed to what the current scientific model proclaims: the fragmentation of knowledge into increasingly restricted and specialized disciplinary fields, isolated in their theoretical constructs and practices. In this study, based on an integrative literature review and under the theoretical framework of collective health, the objective was to compile and analyze the theoretical production regarding the expression of interdisciplinarity in mental health care practices.

Material and methods

Study with a qualitative approach, of the integrative literature review type.

Integrative literature reviews are particularly important tools in the field of health, as they provide bibliographic investigations on a given topic and are thus able to guide practices based on scientific knowledge⁸. In

this study, assumptions suggested by Ganong⁹ were adopted, which, together, make up a contiguous series of steps that guarantee the collection, identification, analysis and synthesis of data, capable of attributing methodological rigor to integrative literature reviews. In sequence, these assumptions comprised the steps of: selection of hypotheses or questions for the review; selection of sample composition; categorization of the studies that make up the sample; analysis of findings; interpretation of results; and review report⁹.

For the elaboration of the research questions, the SPIDER strategy was used, which

helps in the search and selection of studies with different methodological designs, making the review more robust¹⁰. The strategy is useful in structuring questions for qualitative and mixed methods studies and literally represents an acronym: the letter 'S' symbolizes the words 'Setting'; the letters 'PI', the terms 'Phenomenon of Interest'; the letter 'D', the word 'Design'; the letter 'E', the word 'Evaluation'; and, finally, the letter 'R' corresponds to the terms 'Research Type'/11. *Table 1* presents the systematizations related to each of the acronym units.

Table 1. Systematizations based on the SPIDER strategy

S - SETTING	Health services.
PI - PHENOMENON OF INTEREST	Care practices in mental health considered, by the authors, as interdisciplinary; or theoretical discussion about interdisciplinarity in the context of mental health work.
D - DESIGN	The only restrictions regarding the design are the exclusion of studies carried out as narrative bibliographic reviews; integrative bibliographic reviews; editorials; and content published on websites, blogs or magazines that do not meet scientific production standards.
E - EVALUATION	Profile of selected records; characteristics of the interventions offered and the teams that conduct them; and conceptual and theoretical attributes of interdisciplinarity applied in mental health work.
R - RESEARCH TYPE	The selection of qualitative, quantitative, quali-quantitative studies and their variations is considered.

Source: Own elaboration.

Based on the systematization favored by the use of the SPIDER tool, three research questions were conceived: 1. What is the bibliographic profile of the selected records?; 2. What are the characteristics of interdisciplinary practices in the context of mental health work, in the set of selected publications?; and 3. What are the characteristics attributed to interdisciplinarity in the mental health work scene?

Preliminary and non-systematized consultations in databases revealed that there is not much production related to interdisciplinarity in the conjuncture of mental health care practices. Therefore, it was decided to maximize the chance of obtaining records by not using limits for the year of publications, and expanding the queries to gray literature databases, which comprise unusual means of scientific dissemination and, therefore, may

contain varied types of publications¹². The searches were carried out between May and August 2021, in an online virtual environment, and included records that were adequate to pre-established selection parameters. As inclusion criteria, studies were adopted if: published in any year and by any country; available free of charge and in full in the researched system; published in the following languages: Portuguese, English, Spanish, French or Italian; that described mental health care practices classified by the authors as interdisciplinary, or that conceptually discussed interdisciplinarity in the context of mental health work. The observed exclusion criteria were: editorials; narrative or integrative literature reviews; texts published on non-scientific websites or blogs; texts without methodological rigor.

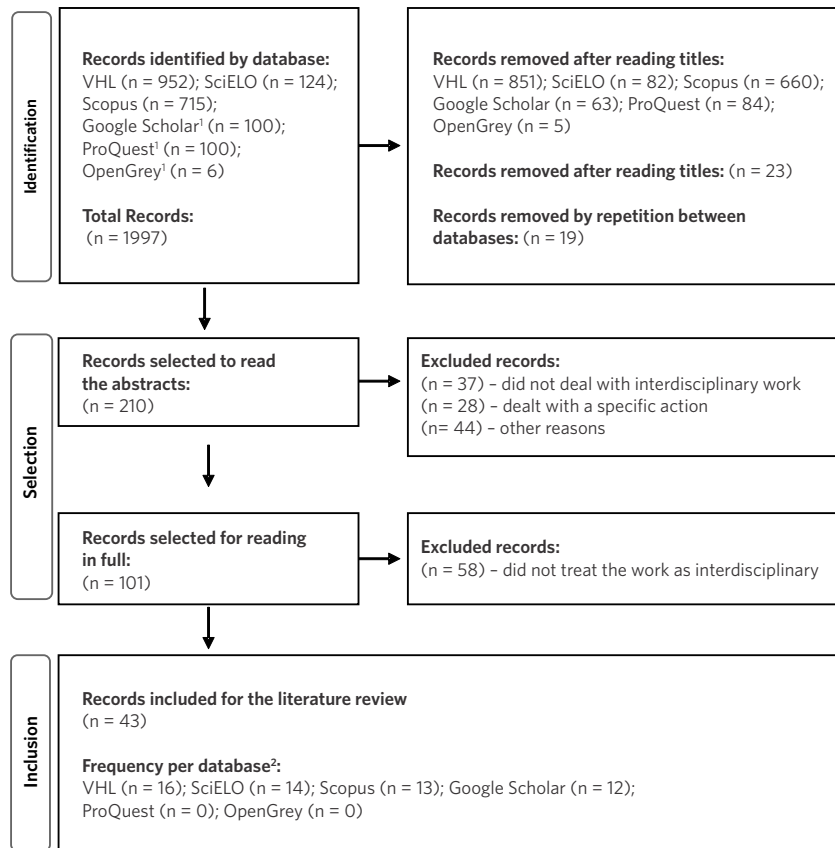
It was decided to carry out searches in the databases: Virtual Health Library (VHL); Scientific Electronic Library Online (SciELO); Scopus; Google Scholar; OpenGrey; and ProQuest – the last three being gray literature bases.

To choose the search terms, Descriptors in Health Sciences (DeCS) were consulted, which are part of a trilingual vocabulary created by the Regional Library of Medicine (Bireme) and inspired by the Medical Subject Headings (MeSH) of the U.S. National Library of Medicine, with the objective of indexing, searching and retrieving scientific material¹³. The chosen descriptor was ‘Mental Health’. This descriptor, in queries, was associated

with the words ‘interdisciplinary’ and ‘interdisciplinarity’ through the use of Boolean logical operators, which are defining elements of the relationships between terms, in searches of scientific literature databases¹⁴. Combinations of descriptors, terms and operators that retrieved more records were chosen. Thus, in the VHL and SciELO databases, the terms were operated in the form: *interdisciplinar* AND “*saúde mental*”; and in Scopus, Google Scholar, ProQuest and OpenGrey databases, the chosen operation was: *interdisciplinar* AND “*saúde mental*” OR “*mental health*” OR “*salud mental*” OR “*santé mentale*” OR “*salute mentale*”.

In the first search phase, 1,997 records were retrieved. It is important to highlight that gray literature databases usually list large numbers of publications, for this reason, up to the first 100 records listed in each of them were selected; while in the non-grey literature databases, all of the listed studies were selected in the initial stage. After reading all the titles, 210 texts were selected for appreciation of the abstracts which, after being read completely and exhaustively, led to the choice of 101 records for full reading, of which 43 were selected for the final bibliographic sample. The detailed description of the registration selection phase is shown in *figure 1*, which was adapted from the flowchart proposal for systematic reviews of literature ‘PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only’¹⁵.

Figure 1. Records identification and selection flow



Source: Own elaboration, adapted from PRISMA¹⁵.

¹ In these databases, recognized as gray literature, up to the first 100 records listed were considered - in the Google Scholar base, more than 21,200 records were listed in the initial search, and in ProQuest, more than 1,600.

² Indicates the number of records, among those selected, which the database contains.

The lack of relationship between interdisciplinarity and work in mental health and the focus on specific professional actions, not linked to professional interaction, were the main reasons for excluding records.

In order to organize the information descriptively and ensure that it was comprehensively and equitably gathered, a data collection instrument was created inspired by other tools used in integrative literature reviews: one validated by Ursi¹⁶ and another proposed by Azevedo¹⁷. The analysis of each selected record led to the systematization of data about its identification; institution of study; publication type; methodological characteristics

employed; assessment of methodological rigor – including level of scientific evidence; and on the recovery of excerpts in which characteristics attributed to interdisciplinarity, in the mental health care scene, were explored. Level 1 evidence was defined as meta-analyses or randomized controlled clinical trials; level 2, individual studies with experimental design; level 3, quasi-experimental studies; level 4, non-experimental descriptive studies or with a qualitative approach; level 5, case reports or experiences; and level 6, the experiences obtained from the opinion of specialists⁸.

The excerpts aimed at the characterization of interdisciplinarity were treated

according to the thematic content analysis technique, and with the support of the online application QDA Miner Lite, which consists of a free program, aimed at examining qualitative data^{18,19}. The recovered passages had a first reading; and – observing exhaustiveness, representativeness, homogeneity and pertinence rules – we arrived at the textual corpus of the sample¹⁸. Descriptive statistics

regarding the frequency of data collected were generated.

Results

Characteristics related to the identification and research questions of the 43 selected texts are shown in *table 2*.

Table 2. Identification of studies according to title, authors, year of publication, database, language, country and research objective

Title / authors /publication year	Database	Language	Country	Research objective or question
"A percepção sobre o trabalho em equipe multiprofissional dos trabalhadores de um Centro de Atenção Psicossocial em Salvador, Bahia, Brasil" (Anjos Filho; Souza, 2017).	VHL SciELO	Portuguese	Brazil	Know the perception of the professionals who are part of a team about multidisciplinary work.
"Acompanhamento terapêutico e ação interdisciplinar na atenção psicossocial" (Pitiá, 2013).	SciELO	Portuguese	Brazil	Discuss the relationship between the action of therapeutic follow-up and interdisciplinarity in health, involved in the field of psychosocial care.
"An Integrated Care Initiative to Improve Patient Outcome in Schizophrenia" (Mayer-Amberg; Woltmann; Walther, 2016).	Scopus	English	Switzerland	Evaluate the impact of integrated care on hospitalization and satisfaction of schizophrenic individuals.
"An interdisciplinary mental wellbeing intervention for increasing flourishing: two experimental studies" (Przybylko; Morton; Morton; Renfrew; Hinze, 2021).	Scopus	English	USA	Investigate whether an online interdisciplinary intervention is capable of impacting the 'flourishing'.
"An interprofessional nurse-led mental health promotion intervention for older home care clients with depressive symptoms" (Markle-Reid; McAiney; Forbes; Thabane; Gibson; Browne; Hoch; Peirce; Busing, 2014).	Scopus	English	England	Examine the feasibility and acceptability of an inter-professional intervention, led by nurses, in promoting mental health in elderly people under home care.
"Análise do processo de acolhimento em um Centro de Atenção Psicossocial Infantojuvenil: considerações de uma investigação etnográfica" (Moreira; Torrenté; Jucá, 2018).	Scopus	Portuguese	Brazil	Analyze the welcoming practices for children and adolescents, developed by professionals at a Psychosocial Care Center for Children and Adolescents.
"Arte e mediação terapêutica: sobre um dispositivo com adolescentes na clínica-escola" (Lima; Martins; Rocha; Parente Junior; Castro; Pinheiro; Domingues, 2013).	VHL	Portuguese	Brazil	Build an interdisciplinary clinical device, favoring the therapeutic mediation of art.
"Avaliação do trabalho multiprofissional do Núcleo de Apoio à Saúde da Família" (Reis; Medeiros; Pacheco; Caixeta, 2016).	Scopus	Portuguese	Brazil	Understand the meanings attributed by care actors to the work carried out in a unit of the Family Health Support Center.
"Concepções de uma equipe de saúde mental sobre interdisciplinaridade" (Schneider; Souza; Nasi; Camatta; Machineski, 2009).	Google Acadêmico	Portuguese	Brazil	Understanding the conceptions of a mental health team about interdisciplinarity
"Construindo saberes no trabalho em saúde mental: experiências de formação em saúde" (Rosa; Andrade; Oliveira; Silva; Ferreira; Inácio; Arađjo, 2015).	SciELO Scopus	Portuguese	Brazil	Present experiences developed from the interaction between knowledge in the area of mental health, mediated by the PET-Saúde/Rede de Atenção Project.
"Entre saúde e educação: sobre um ambulatório de saúde mental infantojuvenil" (Brandão Junior; Canavêz; Ramos, 2017).	SciELO	Portuguese	Brazil	Report an experience based on the logic of expanded outpatient care, in conjunction with the field of education.

Table 2. (cont.)

Title / authors /publication year	Database	Language	Country	Research objective or question
<i>"Experiências de uma equipe interdisciplinar de saúde mental"</i> (Moretto; Terzis, 2012).	VHL	Portuguese	Brazil	Investigate, describe and understand some emotional experiences of an interdisciplinary mental health team.
<i>"Gestão do cuidado e interdisciplinaridade: desafios do cotidiano da atenção psicossocial"</i> (Pessoa; Jorge; Lourinho; Catrib, 2018).	VHL Google Acadêmico SciELO	Portuguese	Brazil	Understand the challenges faced by workers in daily psychosocial care.
<i>"Grupo Terapêutico Interdisciplinar: experiência entre farmácia e psicologia"</i> (Lopes; Almeida; Gomes; Silva; Lima; Dantas; Gondim, 2017).	Google Acadêmico	Portuguese	Brazil	Describe the interdisciplinary experience lived by Pharmacy and Psychology undergraduates in monitoring therapeutic groups at a Psychosocial Care Center for Children and Adolescents.
<i>"Interdisciplinaridade e Atenção à Saúde Mental em Centros de Atenção Psicossocial (CAPS): produção de sentidos e subjetividades"</i> (Oliveira, 2018).	Google Acadêmico	Portuguese	Brazil	Investigate meanings of interdisciplinarity in mental health care for professionals who work in Psychosocial Care Centers.
<i>"Interdisciplinaridade: fortalecendo a rede de cuidado em saúde mental"</i> (Azevedo; Filha; Silva; Faustino; Araruna; Barros, 2012).	Google Acadêmico	Portuguese	Brazil	Identify strategies developed in substitutive services, which aim at interdisciplinarity in the context of actions in mental health and psychosocial rehabilitation.
<i>"Interdisciplinaridade no processo de trabalho em Centro de Atenção Psicossocial"</i> (Jorge; Sales; Pinto; Sampaio, 2010).	VHL Google Acadêmico	Portuguese	Brazil	Analyze the work process of the team of mental health professionals at the Psychosocial Care Center (CAPS).
<i>"Implementation of a collaborative care model for the treatment of depression and anxiety in a community health center: results from a qualitative case study"</i> (Sanchez; Eghaneyan; Mitschke, 2014).	Scopus	English	USA	Examine the implementation of a collaborative care model in a primary care clinic.
<i>"O enfermeiro na equipe interdisciplinar do Centro de Atenção Psicossocial e as possibilidades de cuidar"</i> (Rocha, 2005).	Google Acadêmico	Portuguese	Brazil	Deepen the knowledge about the positioning of nurses in the interdisciplinary team of the Psychosocial Care Center.
<i>"O trabalho multiprofissional nos Centros de Atenção Psicossocial de São Paulo"</i> (Jafelice; Marcolan, 2018)	VHL	Portuguese	Brazil	Analyze how professionals understood multi, inter and transprofessionality and how these practices were carried out in the CAPS of São Paulo/SP.
<i>"O trabalho psicossocial em rede: uma experiência no município de Cajamar"</i> (Ansara; Taffarello, 2015).	VHL	Portuguese	Brazil	Report the experience of a community psychosocial practice, based on the services of the Reference and Social Assistance Center (CRAS).
<i>"Objeto e tecnologias do processo de trabalho de uma equipe itinerante em saúde mental"</i> (Eslabão; Pinho; Coimbra; Lima; Camatta; Santos, 2018).	VHL	Portuguese	Brazil	Analyze the object and technologies of the work process of an itinerant team that cares for drug users.
<i>"O trabalho com grupos no PAIF: um diálogo interdisciplinar com a oficina de intervenção psicossocial"</i> (Afonso; Fadul, 2015).	VHL	Portuguese	Brazil	Systematize the contributions of the Psychosocial Intervention Workshop to the work with groups in the Family Protection and Comprehensive Care Service (PAIF).
<i>"Participação e interdisciplinaridade: uma abordagem inovadora de meta-avaliação"</i> (Furtado; Laperrière; Silva, 2014).	SciELO	Portuguese	Brazil	Assess the housing situation of two clientele of people with Severe Mental Disorder, in the context of the Brazilian psychiatric reform.
<i>"Percepções sobre o processo de trabalho em um centro de atenção psicossocial infanto-juvenil"</i> (Beloti; Quintanilha; Tristão; R. Neto; Avellar, 2017).	SciELO Scopus	Portuguese	Brazil	Analyze the perceptions of health professionals about the work process and the production of care, given the merger of a Psychosocial Care Center Alcohol and Drugs for Children and Adolescents and a Psychosocial Care Center for Children and Adolescents.
<i>"Práticas de cuidado extramuros nos Centros de Atenção Psicossocial Álcool e outras Drogas: a ocupação cidadã"</i> (Fonseca; Gallassi, 2021).	SciELO	Portuguese	Brazil	Investigate the outside practices carried out by professionals who work in Psychosocial Care Centers for Alcohol and Other Drugs.

Table 2. (cont.)

Title / authors /publication year	Database	Language	Country	Research objective or question
<i>"Práticas psicossociais em psicologia: um convite para o trabalho em rede"</i> (Oliveira; Caldana, 2014).	VHL	Portuguese	Brazil	Present reflections of psychologists from Psychosocial Care Centers on aspects of their psychosocial practices.
<i>"Práticas que integram a saúde mental à saúde pública: o apoio matricial e a interconsulta"</i> (Silveira, 2012).	VHL SciELO	Portuguese	Brazil	Address the dissociation between mental health and public health and the practices that propose their integration; analyze health documents that refer to this need for integration.
<i>"Produções discursivas sobre o trabalho em equipe no contexto da reforma psiquiátrica: um estudo com trabalhadores de centros de atenção psicossocial"</i> (Silva; Oliveira Filho, 2013).	SciELO	Portuguese	Brazil	Analyze the discursive productions of workers at Psychosocial Care Centers on the process of teamwork.
<i>"Programa 'UEPG Abraça': uma perspectiva interdisciplinar sobre a saúde mental na universidade"</i> (Florian; Martins; Brabicoski; Silva, 2020).	Google Acadêmico	Portuguese	Brazil	Discuss the activities carried out by the psychosocial care service Program "UEPG Abraça", and report the perspective of the multidisciplinary team on the work process.
<i>"Psicologia e trabalho interdisciplinar na Atenção Primária: um relato de experiência"</i> (Mesquita; Perucchi; Mattos, 2017).	Google Acadêmico	Portuguese	Brazil	Present an experience report on the activity of a psychology resident in a multidisciplinary team.
<i>"Psicologia em ação no SUS: a interdisciplinaridade posta à prova"</i> (Couto; Schimith; Dalbello-Araujo, 2013).	VHL	Portuguese	Brazil	Analyze the consequences of an intervention that took place during the internship project "Psychology and Collective Health: Promoting Health in the Community", at a Basic Health Unit.
<i>"Psiquiatria no século XXI: transformações a partir da integração com a atenção primária pelo matriciamento"</i> (Fortes; Menezes; Athié; Chazan; Rocha; Thiesen; Ragoni; Pithon; Machado, 2014).	VHL SciELO Scopus	Portuguese	Brazil	Analyze the participation of Psychiatry in the organization of PHC-centered mental health care.
<i>"Práticas inovadoras de saúde mental na atenção básica: apoio matricial na redefinição do processo de trabalho em saúde"</i> (Vasconcelos; Jorge; Pinto; Pinto; Simões; Maia Neto, 2012).	Google Acadêmico	Portuguese	Brazil	Analyze the matrix support strategy and its constant developments.
<i>"Rede de atenção psicossocial: adequação dos papéis e funções desempenhados pelos profissionais"</i> (Santos; Pessoa Junior; Miranda, 2018).	VHL	Portuguese	Brazil	Verify the adequacy of the roles and functions performed by higher education professionals in the services of the psychosocial care network of a capital in the Brazilian Northeast.
<i>"Relations between mental health team characteristics and work role performance"</i> (Fleury; Grenier; Bamvita; Farand, 2017).	VHL	English	Canada	Determine the association between job role performance and a wide range of variables related to the effectiveness of teams; evaluate the covariance between each of these variables, and the correlation with external variables.
<i>"Saúde mental e trabalho interdisciplinar: a experiência do 'Cândo Ferreira', em Campinas"</i> (Queiroz; Delamuta, 2011).	Google Acadêmico SciELO	Portuguese	Brazil	Analyze the psychiatric reform process from the perspective of the interdisciplinary work of a health service.
<i>"Saúde mental, intersetorialidade e questão social: um estudo na ótica dos sujeitos"</i> (Scheffer; Silva, 2014).	SciELO	Portuguese	Brazil	Identify the access of people with mental disorders to the network and analyze intersectoral team work.
<i>"The effectiveness of an online interdisciplinary intervention for mental health promotion: a randomized controlled trial"</i> (Przybylko; Morton; Kent; Morton; Hinze; Beamish; Renfrew, 2021).	Scopus	English	England	Examine whether an online interdisciplinary intervention was able to improve measures of mental health and emotional well-being.

Table 2. (cont.)

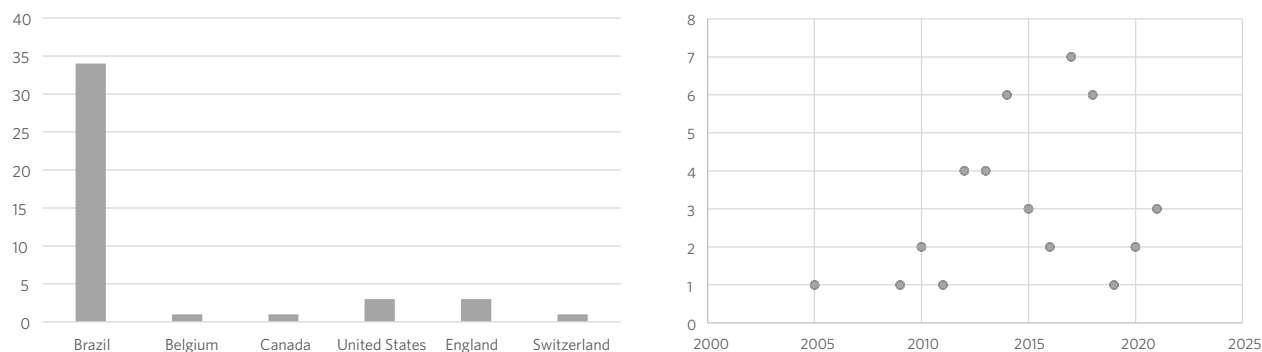
Title / authors /publication year	Database	Language	Country	Research objective or question
"The Missouri Prevention Center: a multidisciplinary approach to reducing the societal prevalence and burden of youth mental health problems" (Herman; Reinke; Thompson; Hawley, 2019).	VHL Scopus	English	USA	Describe the multidisciplinary contributions of the Missouri Prevention Center in improving the social, behavioral and emotional aspects of young people.
"Trabalho em Equipe na Saúde Mental: o desafio interdisciplinar em um Caps" (Vasconcelos, 2010).	Google Acadêmico	Portuguese	Brazil	Investigate the possibilities and obstacles of interdisciplinary integration Center for Psychosocial Care.
"Variables associated with interprofessional collaboration: a comparison between primary healthcare and specialized mental health teams" (Kebe; Chiocchio; Bamvita; Fleury, 2020).	SciELO Scopus	English	England	This study has two objectives: first, to identify, analyze and compare variables associated with interprofessional collaboration in teams of mental health workers.
"Why Collaborative Care for Depressed Patients is so Difficult: a belgian qualitative study" (Broeck; Ketterer; Remmen; Vanmeerbeek; Destoop; Dom, 2017).	Scopus	English	Belgium	Identify limits to interdisciplinary collaboration between physicians in the treatment of severely depressed patients; identify and measure variables that can contribute to improving collaboration between the first and second levels of Belgian health care, in the treatment of depressed patients.

Source: Own elaboration.

The database that concentrated the highest occurrence of records, among those in the final sample, was the VHL, with 16.29% (n = 16) of them; followed by SciELO, with 14.25% (n = 14); of Scopus, with 13.29% (n = 13); and Google Scholar, with 12.22% (n = 12). Most

of the selected studies came from Brazil and were published, more frequently, between 2010 and 2012 as can be seen in *graph 1*. The predominant language was Portuguese, in 79% (n = 34) of the sample, followed by English, in 21% (n = 9) of it.

Graph 1. Country and year of publication



Source: Own elaboration.

Note: On the left, the frequency of publications by country; on the right, the dispersion of the number of publications per year.

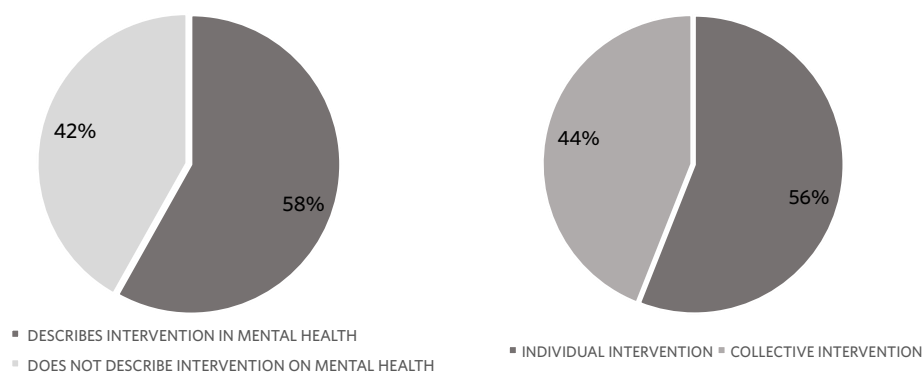
Of the publications, 81% (n = 35) came from the health area, while 19% (n = 8) came from other areas. Most of the investigations were developed using qualitative research methods and conducted, above all, at the core of psychology, public health and interdisciplinary research.

Regarding the level of evidence, 51% (n = 22) of the studies corresponded to level 4 – non-experimental descriptive studies or studies with a quantitative approach; 44% (n = 19), to evidences of level 5 – case or experience reports; around 2% (n = 1), level 2 – individual study with experimental design; and

approximately 2% (n = 1), to evidences of level 1 – meta-analyses or randomized controlled clinical trials.

Most of the texts, as can be seen in *graph 2*, linked some description, even if summary, about interdisciplinary mental health care practices, which tended to be directed predominantly at individuals rather than at groups. The preferred individual interventions were welcoming, outpatient care, interconsultation, psychosocial support and home care, while the collective ones prioritized health education and meetings in groups and workshops.

Graph 2. Type of intervention



Source: Own elaboration.

Note: On the left, the proportion of publications that did or did not contain a description of interdisciplinary mental health intervention practices; on the right, the type of intervention carried out.

Research that brought panoramas from spaces of Psychosocial Care Centers (CAPS) made up most of the sample, approximately 37% (n = 16) of it. The actors of care practices were, more often, psychiatrists, psychologists and social workers, followed by nurses, general practitioners, students, pharmacists, occupational therapists and nursing technicians.

The task of retrieving passages that characterize interdisciplinarity in the context of mental health care practices resulted in the identification of 54 excerpts from 26 different

studies, of which 96% (n = 25) were Brazilian. In the textual corpus, four thematic units were recognized: ‘concept’, ‘operability’, ‘objective’ and ‘attributes’.

The ‘attributes’ category, through which the main elements that predict interdisciplinary practice in mental health were identified, revealed: the capacity for interaction between workers who make up a care team; the ability to relate knowledge and disciplines horizontally; and the constant focus on the objective construction of a therapeutic plan. Part

of this idea can be observed in the narrative that follows:

Therefore, the NASF's proposal is to work interdisciplinary together with the PHC, in consultation actions, case discussion, joint consultations and home visits to characterize the specific problems of its demand, development of new types of therapeutic intervention, network structuring of health care and intersectoral partnerships with community resources²⁰⁽¹⁰⁸³⁾.

The 'operability' category, through which it was sought to infer which are the fundamental resources for an interdisciplinary attitude of mental health care to be carried out, revealed that professional team meetings and effective communication between professionals emerge as the main operational technology.

With thematic category 'concept', it was intended to explore what would define interdisciplinarity in the mental health care scene. Essentially, this conceptualization referred to work performed by several professionals with different backgrounds.

The thematic category 'objectives', which comprises assumptions about what would be the main purposes when investing interdisciplinary care in those who manifest mental suffering, indicated the intention to overcome traditional models of care, the expansion of care, attention to communities, the solution of current impasses in mental health care and comprehensive care. In the following excerpt, some of these elements can be identified:

Interdisciplinary work has become one of the major advances in psychiatric reform worldwide, as it provides comprehensive care for people in psychological distress, in order to share knowledge and remedy deficiencies and doubts in the most necessary moments²¹⁽⁹⁶⁴⁾.

When presenting the conclusions or research discussions, the authors of the selected documents exposed limits and possibilities for carrying out interdisciplinary work, within

the scope of mental health care. The main impasse, pointed out in about a third of the records, was the lack of training for an interdisciplinary attitude; both during professional graduation and – mainly – in work spaces. In 23% (n = 10) of the records, the disciplinary posture, reproduced in individual practices and not connected to the work of other professionals, represented a barrier to the consolidation of interdisciplinarity, such as the disarticulation of service management from the interdisciplinary proposal and the difficulty for scheduling regular team meeting spaces. The influence of the biomedical model and the difficulty for intersectoral interaction, as well as the precariousness of employment relationships, were noted, less frequently, as limits. Regarding the possibilities, there was a predominant indication, among the publications, of the transformative potential that interdisciplinary practices hold in relation to work processes in health, and of matrix support as a tool capable of favoring them. Other potentialities, such as reducing institutionalization time, comprehensive care, popular participation and intersectoral communication, were also, to a lesser extent, linked to interdisciplinary work in mental health.

Discussion

The selected material is predominantly Brazilian and dated from the last ten years. This occurrence can be linked to Brazil's world leadership in publishing scientific research with open access, as well as the role that the field of Brazilian collective health has, since the sanitary reform, in the creation of critical spaces that allow reflections on new care practices and about the appropriation and sharing of knowledge^{22,23} – which, essentially, is linked to the idea of interdisciplinary work.

Observations regarding the time and origin of the records lead to two findings: one concerns the scarcity of publications from Latin American countries on the subject, countries

that were and are involved in the structuring of collective health as a theoretical field; and the other addresses the fact that, although discussed since antiquity, interdisciplinarity has not gained permanent space in the scene of scientific production linked to work in mental health, reaching it only in the last ten years, and in a timid way.

In the field of mental health, the Brazilian role in the incorporation of new forms of care must be recognized. Brazilian public policies aimed at mental health have changed significantly in recent years, as a result of national and international movements that incorporated ideals of preventive and social medicine, and that conceived other notions of interdisciplinarity and management²⁴. Although the first outbursts of the Brazilian Psychiatric Reform date back to the 1970s, it was only more recently boosted in the country, when, in 2001, Law n° 10.216/2001 was approved and the National Mental Health Policy (PNSM) was instituted and when, in 2011, the Psychosocial Care Network (RAPS) was implemented, regulated by Ordinance No. 3,088/2011²⁵. The new compositions promoted by the RAPS favored the incorporation of workers with different backgrounds in a care model that intended to replace psychiatric hospitals and install itself at the base of communities²⁵. It is believed that the recent Brazilian experience in the structuring of public mental health care services, organized under the logic of work of multidisciplinary teams, has fostered – especially in recent years – the political, social and theoretical discussion regarding interdisciplinary action strategies.

The areas of psychology, collective health and interdisciplinary research were the most frequent founders of the selected studies, which, for the most part, were carried out under a qualitative approach. Qualitative methods are valuable in health research when one wants to assimilate a topic in a holistic and interpretive way²⁶; in this sense, the tradition of these areas to penetrate the material and subjective scenario of their research objects

probably influenced the choice for these research approaches. Health professionals who traditionally intervene on psychic issues – such as psychiatrists and psychologists – were the most involved in the practices described, which reveals a conservatism regarding who should be the protagonist in mental health care.

In a perspective in which the subject, in his territory and broad context of life, is the core of the intervention, other sectoral networks, such as culture, sport, leisure, should be involved in the discussion and proposition of care, in an act that encompasses the consolidation of intersectoral dialogue, which must fundamentally be driven by health management agendas.

Limits and possibilities for carrying out interdisciplinary work

The interdisciplinary attitude suffers, on the stage of mental health care, limitations, but also indicates new work possibilities.

It was noted that most publications had descriptions about an attitude of interdisciplinary care focused on mental health, a frequency that indicates that the stage of practice instigates, based on experience, reflections and research. The marked recurrence of investigations of the case study or experience report type corroborates the founding role that experiences assume for scientific productions on interdisciplinarity in mental health work, since both types – case studies and experience reports – are methodological strategies that observe and discuss concrete realities. Although high levels of scientific evidence are not attributed to them, they are useful indicators of particular situations that, together, can translate complex contexts. However, the scarce variety of methodological and disciplinary approaches that focus on understanding the interdisciplinary attitude in mental health care hinders a broad and in-depth understanding of the subject.

Among the practices described, those aimed at individuals were more registered, but not far in frequency from those aimed at collectivities. In the latter case, therapeutic groups, workshops, and health education gained prominence – which, characteristically, takes place considering people's experiences and knowledge in their concrete plans of life, under the logic of the relationship between three groups: professionals interested in prevention and health promotion; managers; and users²⁷. In this sense, health education links the first idea of interdisciplinarity – the integration of actors and knowledge – and expresses the interest found in the field of collective health in understanding the subjects in their territory – which involves the determination of spaces in constant construction, marked by the dynamism and peculiarities of their populations²⁸.

It should be emphasized that, in the center of counter-hegemonic care proposals, interdisciplinarity could justify the penetration and investigation of the social reality of individuals, their communities and cultures, the observation of the historical and temporal composition of subjects, and innovate the ways of carrying out health work. On the contrary, the evaluation of the bibliographical sample can reveal that practices considered interdisciplinary maintained characteristics perpetrated by a hegemonic model of care, engaged in approaching individual subjects and in care strategies consolidated by outpatient care attitudes.

Also, as an obstacle to the interdisciplinary exercise, the rigidity of health disciplines was highlighted, which, governed by the biomedical model, contribute to the objectification of subjects to an organic body, and of this body to its minimal parts. Professional training, guided by this same model, instructs the specialization of workers who, when dealing with fragments of the individual, lose the ability to understand it as a whole and who, when guided by their rigid cores of knowledge, become little skilled in dialoguing with other fields of knowledge.

Interdisciplinary work requires breaking

the boundaries of the discipline, recognizing the value of different fields of knowledge and to be willing to engage in dedicated interaction.

The establishment of an interdisciplinary practice requires professionals committed to a new way of dealing with specific knowledge, capable of articulating it with the network of knowledge involved in the health system²⁹⁽⁴⁰⁴⁾.

However, no interdisciplinary action is carried out without environments that favor the encounter between different professionals. The CAPS are portraits of spaces of this intended coexistence; and, probably for this reason, they were frequently mentioned in the selected studies. They are the main Brazilian strategy for overcoming an asylum model of care for the mentally ill in favor of citizen, community and territorialized assistance, facilitators of the approximation of collective health and mental health knowledge, towards interdisciplinary attitudes of care³⁰. Thus, it is reasonable to state that the characteristics of public mental health policies intervene in the way care is planned and executed, which gives the State and managers the power to favor or hinder the interdisciplinary task.

There seems to be, as an immanent need for the operation of interdisciplinary work, the willingness to communicate knowledge and to constantly articulate knowledge. However, for professionals to express, combine and discuss their positions and differences, spaces must be formed and maintained as part of the service agenda; in this context, team meetings emerge as an important tool. The implementation of team meetings involves some elements that were pointed out by the authors, such as: the organization of work schedules, aiming at the concentration of the largest number of professionals at the time of the meetings; the shortening of the distance contained in the disciplinary dialogue, represented in the challenge of proposing a horizontal communication; and the commitment of managers to defend meeting spaces. Temporary work

relationships, including managers who occupy commissioned positions, make it difficult to carry out interdisciplinary work, which, strictly speaking, requires a team that is longitudinally committed to the territory in which it operates, and capable of staying there for long periods³¹.

Continuing education attitudes are essential for health workers to review their own practices and transcend their specific disciplines, achieving an interdisciplinary attitude, capable of expanding the paths for understanding the subjects beyond the opposition between biological and social, and in favor of comprehensiveness³². Professional training for interdisciplinary action – given as permanent education and as part of the pedagogical curriculum of undergraduate programs – portrays the complex nature of building this type of attitude, which cannot be carried out by simply offering guidelines or procedures, restricted to a work environment and its actors, but which reaches workers during and after their professionalization process. Here, the role of managers in mediating the team's communication and in the ongoing training of caregivers is highlighted as fundamental for the implementation of interdisciplinary practices of mental health care.

In the studies analyzed, it can be seen that the protagonists of interdisciplinary care came, mostly, from some areas of training: psychiatry, psychology, social assistance and nursing (nurses, nursing technicians and nursing assistants). It is assumed that the frequency of these professions, in this attribution, is due to, in Brazil, being the professional categories foreseen in the composition of the minimum teams of the CAPS³³. This finding indicates the fundamental role of the State and public management in predicting the hiring of different professionals, from different disciplinary fields, in the mental health care network.

At the heart of interdisciplinary work is the horizontal integration between care agents, as well as the willingness to combine – and not to isolate – knowledge. This task implies the

challenge of simultaneously coordinating what is specific to a disciplinary field or profession and what is more general. The specificities can be understood by the concept of core knowledge – a group of knowledge that guarantees a profession its identity, determines its practices and understands, concretely, compliance with the production of use values –; while the generalities are linked to the concept of field of knowledge – a space with imprecise limits, over which disciplines can relate and communicate, helping each other in their demands³⁴.

The proposal is for an interdisciplinary work that does not intend to abolish the specificities of the various professionals; they continue to perform the actions that are their own, but they also perform those that are common, valuing the use of different techniques and the integration of different knowledge³⁵⁽³⁵⁶⁾.

Thus, the recognition that practices can be specific to a core of knowledge or profession does not preclude the interdisciplinary act. On the contrary, if taken to the space of the field of knowledge, they can add to the sharing of knowledge.

Regarding the concept of interdisciplinarity in mental health work, most publications did not bring theoretical boundaries capable of differentiating it from ideas such as multiprofessionality or multidisciplinary. The occurrence of multiple professionals with different backgrounds is a constituent of interdisciplinary action, but, in itself, does not represent it. The ways in which these actors relate and invest their knowledge is what determines the interdisciplinary attitude. In the following excerpt, some of these impressions can be noted:

In general terms, these practices consist of interdisciplinary meetings between professionals who work in mental health services (psychologist, psychiatrist, occupational therapist and others) and professionals who work in basic health centers (physicians, nurse, community

agent and others), so that the former can help the latter, especially regarding the assessment and care of cases that need mental health care, with the aim of being able to receive and monitor some cases that may not require specialized care³⁶⁽²³⁷⁸⁾.

Matrix support translates the initiative to bring together different professionals, and levels of health care, in a legitimate interdisciplinary activity. Guided by a constructivist logic, it considers that the scenario of health practices is dynamic and constantly reframed by the relationships between actors who occupy it, and that it is from the horizontal integration between subjects and knowledge that proposals for the transformation of care production are born³⁷. Matrix support in mental health can be carried out in any space where primary and specialized care workers share knowledge, but the Family Health Support Centers (NASF) are the main structures designed for the development of this practice. The qualification of care, based on matrix support, happens in different ways: by discussing cases, sharing clinical experiences, building therapeutic projects, continuing education, home visits, territorial actions and reflection on work processes. In this way, in the vast space of the fields of proficiency, knowledge capable of expanding the understanding of individuals, collectivities and their sufferings, and of transforming care practices towards integrality is assimilated³⁸.

The task of characterizing the interdisciplinary activity engaged in mental health care practices undoubtedly permeates the theoretical visitation of what, in a broad sense, is understood by interdisciplinarity, but it does not end there. Penetrating the material plane on which attitude services are structured, studying the conjectures that allow or prevent the connection between professionals and knowledge, knowing political and operational determinants of health work, consulting professionals and users about their needs and expectations is a fundamental part

in the challenge of assimilating the meanings of interdisciplinarity in mental health work.

Interdisciplinarity in mental health care practices: a concept in suspension?

The scarcity of publications that deal with the interface between interdisciplinarity and mental health care practices and, among those that address the relationship, the lack of theoretical discussions about what it – interdisciplinarity – represents in this care scenario, point to a conceptual emptying of the theme. This emptying can be related to the biologist and objectifying conduct of health research, often directed to the investigation of organic phenomena and their cause and effect relationships, and to the depletion of spaces that offer possibilities for care actors to reflect on their own work processes.

The consolidation of capitalism reduced health practices to the fetish of merchandise, giving meaning to them through the use of new technologies³⁹. It is believed that the instrumentalization of health work, based on the use of constantly renewed technological devices, of risk stratification instruments and checking diagnostic items, hinders the chance that caregivers and care recipients would have to lean over the complexity of their interaction and, together, decide on its paths. The interdisciplinary attitude is consolidated in the attention exercised in a specific territory and among particular subjects, but it is also influenced by broad economic, social and cultural conjunctures, and affected by the capitalist way of life and its nuances linked to the precariousness of jobs, commodification of health, overvaluation of individuality, and dismantling of the State.

It was observed that, in 40% (n = 17) of the studies that made up the final sample of the integrative literature review, no passages

were identified in which interdisciplinarity was characterized in the context of work in mental health. The superficial assumption that an attitude of care is interdisciplinary may contain mistakes, mainly because there is no consensus about what it actually is⁴⁰. Conceptually exploring interdisciplinarity, in multiple scenarios, is a useful task to understand its essence and particularities, to assimilate what it fundamentally means, and to recognize particular possibilities for its application. It is by accessing different ways of interpreting it that the understanding of its meanings and influences on practice is broadened⁴¹.

Although knowledge about the sum of disciplines has been gaining ground in research and academic productions and pointing to new ways of integrating knowledge, it has been condemned to ostracism by the positivist influence⁴². Positivism is concerned with the delimitation of objects, with the idea of dividing the parts to understand the whole and, thus, with the scrutiny of its study subjects.

Interdisciplinarity, as a care profession, brings with it profound ruptures regarding who is its object – or its objects – of intervention. From the interdisciplinary perspective, the focus of attention is no longer the one that is systematized and delimited by a single area, it emerges and is redefined by the intersection of various types of knowledge⁴³. In mental health, it can be assumed, this object is no longer a brain that lacks serotonin or a body that has undergone an epigenetic alteration, but a unique subject, and also collective, whole, temporal, historical, symbolic and full of possibilities of life. While multidisciplinary and multi-professionalism articulate, in a sectorized way, disciplines or specialists, interdisciplinarity proposes, from the beginning of its work, that the different contributors combine and agree on the ways of looking at the object. It is not, therefore, a question of adding individualized views on a theme, but of dispersing this individualization in order to focus on the object – an object that starts in the research and asks its researchers to articulate ways of studying it

beyond those previously learned or shaped by (uni)disciplinary or (uni)professional practice.

Exploring themes such as interdisciplinarity, multi and transdisciplinarity, and even complexity, represents an attitude of immeasurable value within the field of collective health and has a transformative potential⁴⁴. This consolidates the notion that the commitment to conceptual and theoretical unveiling of the subject of this research can extend beyond the discursive matter and, by transforming constructs of a field, impact praxis.

Final considerations

The growing demands related to psychic illness, as well as the lack of access to mental health care, have required from governments and societies reflections and answers capable of bringing alternatives that diversify the production of care and that democratize it.

Understandings about the psyche are not exhausted by the biomedical, objectifying and organicist perspective, but require incursions into symbolic, cultural, economic and historical planes of the lives of subjects and collectivities. In the field of mental health, the incorporation of interdisciplinarity in care practices is capable of favoring the vast exploration of the dimension of what determines mental suffering, and promoting a comprehensive look at the subjects, directed at the complexity and transformation of the care model. However, the theoretical emptiness regarding what characterizes interdisciplinarity in the scenario of mental health work makes it difficult to identify and carry it out.

The presence of professionals with different backgrounds is an essential condition for the implementation of interdisciplinary practices, but it is not enough. The horizontal communication between team workers and the willingness to share knowledge throughout the care process is what makes care interdisciplinary. For this to be possible, it is necessary to organize teams with a

variety of professionals, to guarantee meetings for the discussion of therapeutic projects, that permanent education can be offered to workers and that mechanisms for approximation between professionals of different backgrounds and levels of attention are provided, such as what occurs by the logic of matrix support. Insufficient training for interdisciplinary work during undergraduate courses and the precariousness of employment relationships, which lead professionals to stay less time at their posts, are also barriers to the implementation of interdisciplinarity.

Expanding research on the subject, adding different methods and knowledge to it, is a key task for assimilating the concept of interdisciplinarity in mental health work and

a valuable subsidy for the transformation of care practices.

Collaborators

Giacomini E (0000-0003-1941-4388)* contributed to the review of the theoretical framework; construction and execution of an integrative literature review; discussion and report of an integrative literature review. Rizzotto MLF (0000-0003-3152-1362)* contributed to guide the review of the theoretical framework; guidance on the construction and execution of an integrative literature review; discussion and report of an integrative literature review. ■

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