

**MENTAL HEALTH CARE
AND COMPLEMENTARY
THERAPIES FOR
PRIMARY HEALTH CARE
TEAMS DURING THE
COVID19 PANDEMIC:
EXPERIENCE
REPORT FROM A
INTERPROFESSIONAL
PERSPECTIVE**

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Abstract: Objective: To describe the experience of university extension through interprofessional approach to mental healthcare of Primary Care professionals with Complementary Therapies in the context of the Sars-Cov-2 pandemic. Method: The intervention took place in the city of Juiz de Fora (MG), with the participation of the Universidade Federal de Juiz de Fora (UFJF) and the Juiz de Fora City Hall (PJF), notably as Family Health Units (USF). It took place between January and March 2021, with the participation of two USF and approximately 50 professionals from the six teams. Seven successive weekly workshops were held in each team in the remote and face-to-face modalities. The meetings consisted of treatment in body practices (self-massage) and group meditation, followed by continuing education activities, focused on Interprofessional Education (IPE) in health and interprofessional skills for mental health care. Results: The following benefits were achieved through the work: Interaction between the University and health services; promotion of Self-Care through Integratives and Complementary Practices and interprofessional skills and abilities. As limitations, it is worth mentioning: Termination of the Workshops and the Extension Project; Difficulty in maintaining schedules for case discussion and reunions; connection between university group and health teams damaged by the remote communication due to the Pandemic; Limitations of technological resources and infrastructure; Incomplete participation or absence of health professionals in the Workshops due to work overload or sick leave; and discontinuity of PICS and self-care actions by the Health Teams after the closure of the Workshops. Conclusion: Complementary Therapies and Interprofessional practices proved to be effective for APS workers' health care and important for the continuing education of health professionals.

Keywords: Primary Health Care, Pandemics, SARS-CoV-2, Occupational Health, Complementary Therapies, Interprofessional Education.

INTRODUCTION

The extensionist practice contributes to the re-signification of the role of universities, going beyond the sense of academic training and collaborating directly with the community. University extension stimulates the contact of the professional in training with practical activity and the application of the knowledge acquired during the course. It contributes to the training of health professionals by providing the students with performance in various scenarios related to health care and new experiences of improvement of health care (NASCIMENTO et al., 2019). For Nunes et al. (2019) the pandemic of COVID-19 stimulated changes in several scenarios in universities that adapted their classroom activities to the new remote model, including university extension.

Currently, professional training in healthcare includes aspects that disengage from the practice centered on the disease and the biological model. The demand for shared learning experiences and decision-making through interprofessional work has become a constant reality in healthcare (ABRAHÃO et al., 2019).

Interprofessionalism comprises different health professionals who act collaboratively, interdependently based on the Health Competencies: collaborative leadership, interprofessional communication, teamwork, conflict resolution, community-centered care, and role clarity. Interprofessional Education (IPE) is a health strategy, aligned to the principles of SUS, effective in the promotion, prevention, treatment, and rehabilitation of the health of individuals and communities. The interactive learning between different

team members promotes development and improvement of all individually and collectively (GRIGGIO et al., 2020).

Since the 1978 International Conference on Primary Health Care-World Health Organization (OMS) Alma-Ata and later 2018 Astana Conference-Primary Health Care (PHC) has been recognized as the first level of contact of individuals, family and community with the national health system by which health care is brought as close as possible to the places where people live and work, and constitutes the first element of a continuum of health care (WORLD HEALTH ORGANIZATION AND UNITED NATIONS CHILDREN'S FUND, 1978; WORLD HEALTH ORGANIZATION, 2019).

In Brasil such assumptions inspired in the Constitution of the Republic of 1988 the institution of the free, universal, integral and equitable Unified Health System (SUS) and, subsequently, the Family Health Strategy (FHS) as a decentralized public policy with a family and community focus, a priority in the organization of the primary care level, with a coordinating role in the care network. In this sense, the Basic Operational Norm 1/96 (BRASIL, 1996), among other devices.

The ESF is guided by the principles of universality, accessibility, linkage, continuity of care, completeness of care, accountability, humanization, equity, and social participation. These guidelines are developed by multiprofessional Family Health Teams (FHT), responsible for the care of the populations assigned to them in the territory covered by the Basic Health Unit (BHU). The participation of Community Health Agents (CHAs) stands out in the work of multiprofessional teams (BRASIL, 2011).

With the advent of the Sars-CoV-2 pandemic and the emergence of the first cases in Brasil in January 2020, health professionals became extremely exposed to

the virus contagion, of rapid dissemination in the population. Facing this scenario, they presented signs of mental suffering caused by the insecurity of the pandemic scenario, fear of being contaminated and/or spreading the virus, in addition to discrimination by society, culminating in anxiety, depression, insomnia, and others. As aggravating factors for these symptoms, many had the need to withdraw from their social circles, such as family and friends, in order to avoid contagion. In addition, work overload is an important factor in the development of psychological illnesses, since the volume of demands in PHC for the mitigation of respiratory symptoms proved to be very high in this period. Related to this, many professionals were contaminated by the virus and, consequently, had to be removed for recovery, which also caused an overload of other workers in facing COVID 19 (PRADO et al., 2020).

The pandemic brought numerous challenges accompanied by feelings of fear, anxiety and doubts in the workplace. Health professionals were faced with the challenge of making decisions that go through ethical dilemmas due to lack of resources, high stress load, emotional overload and little knowledge about transmission and proper treatment for the disease caused by SARS-CoV-2. Decision making is constant in the daily life of health professionals in the confrontation with the coronavirus, requiring difficult decisions that result in mental suffering (VALENTE et al., 2021).

The Integrative and Complementary Health Practices (PICS) consist of a set of techniques that act in various spheres of health, exerting a strong influence on mental health. They are non-drug methods that aim to promote the prevention of diseases and the promotion and recovery of health through self-care and valuing the individual as the protagonist of his or her healing process. In addition, the

PICS make use of qualified and welcoming listening, in addition to comprehensive and individualized care, promoting bonds with the user (AGUIAR; KANAN; MASIERO, 2020).

The PICS were implemented in the PHC in Brasil and in the world by recommendation of the Declaration of Alma-Ata (1978), being the FHS the ideal model for the implementation of the practices, since it is based on the monitoring and bond with the user (BARBOSA et al., 2019). Its viability stems from the proximity of the health team with individuals, since it is inserted in the territory and in their daily lives, which contributes to patient adherence to the treatment and care strategies proposed.

For Goleman (1999),

The art of meditation is the oldest method for quieting the mind and relaxing the body. Meditation is, in essence, the systematic training of attention. It aims to develop the ability to concentrate and to enrich our perception. Perhaps the main effect of meditation is to give your body a deep rest, while your mind remains alert. This lowers the blood pressure and slows the heartbeat, helping your body recover from stress (GOLEMAN, 1999, p. 3).

The PICS are important tools for user care and, in this epidemiological context, especially for health professionals who have too many demands of reception. In this extension project, meditation and self-massage were used to promote relaxation and self-care during the guided practice and enable them to replicate it at opportune moments, in practices ideally performed daily for the institution of change of habits both in the work and family space.

Thus, this article aims to report a university extension experience for interprofessional mental health care of PHC professionals with PICS in the context of the Sars-Cov-2 pandemic in a municipality of Minas Gerais, Brasil. It is expected to contribute to the

dissemination of viable teaching and health care strategies in adverse scenarios in the context of PHC.

METHODOLOGY

This experience report as a production of knowledge (MUSSI et al., 2021) assumes that the experience of reality can promote significant and scientific learning, amenable to critical analysis in dialogue with the literature.

The experience report presented here develops from interprofessional actions instituted for health promotion, prevention and care in mental health, directed to health professionals working in PHC during the Covid-19 pandemic, through the implementation and sharing of self-care strategies based on PICS. These actions were an offshoot of the PET-Health Interprofessionality Project coordinated by the Ministry of Health (MH) and involving more than 100 Brazilian educational institutions and health services, with the goal of providing interprofessional experiences for undergraduates of various health courses. In the city of Juiz de Fora (MG) the Federal University of Juiz de Fora (UFJF) and the Juiz de Fora City Hall (PJF) participated, notably the Family Health Units (FHU). The practice scenarios are located in the socially vulnerable northern region of the city, and the strategies were designed according to the needs identified by the Health Teams.

In face-to-face activities prior to the pandemic, a Situational Strategic Planning (SSP) was carried out to diagnose the territory and - using the Ishikawa diagram (fishbone) - the high number of patients in mental distress was identified as a health problem, as well as its causes and respective consequences.

With the worsening of the COVID-19 pandemic and the growing labor and emotional overload of health workers, it became a priority to develop care strategies

with emphasis on mental health and well-being for the Health Care Teams, and then to institute strategies of integral care with PICS for users. As an action to mitigate mental suffering in the Teams, the PICS - specifically meditation and the body practice of self-massage - were considered important tools, since they are non-drug techniques that, when applied and executed by trained individuals, have proven results in the management of anxiety, stress, depression, and other diseases.

Prior to the institution of the care to the Family Health Teams, the PET Team received training in PICS, under the direction of a doctor from the Integrative and Complementary Practices Service (SPIC) of PJF, the project's preceptor. With the training, the whole PET Team became able to conduct PICS activities. The PET team also participated in an Extension Course on Interprofessionalism that addressed the Interprofessional Competencies, their applicability and importance for health services.

The intervention took place between January and March 2021 with the participation of two FHUs and approximately 50 professionals from the six teams. Each Team participated in seven successive weekly Workshops in the remote and face-to-face modalities, due to the pandemic scenario and health tele-site limitations. At the end of the Thematic Workshops that addressed the six interprofessional competencies and carried out the PICS care, a last Workshop was held to evaluate the whole process.

The Workshops were divided into three moments: 1) Team care; 2) continuing education for PICS and interprofessionalism; and 3) planning for mental health and interprofessionalism. The first moment consisted of the Team's care with self-massage and guided meditation, aiming to promote mental health care and provide an experience of self-care and relaxation. This care also

had a function of Permanent Education in PICS for later use with patients. Care was performed in body practices (self-massage); group meditation with approaches of focused attention and open monitoring; attention to abdominal breathing and perception of external (environment) and internal stimuli (thoughts); followed by HPS activities, focused on IPE and interprofessional competencies for mental health care.

The sharing of information was done through health telephones, synchronous meetings with Google, and WhatsApp groups. Prior to the workshops, participatory health planning was conducted with the PET Project Team and USF/APS Teams to identify and prioritize health problems and needs in the territories.

In attention to ethical assumptions, the PICS interprofessional care workshops were recorded and reported in writing, with a record at the beginning of each session of due authorization from the participants regarding the use of the information for planning the comprehensive care of the team and the community. This experience report includes among its authors the Health Team Coordinators and Preceptors of the services, in respect to the ethics and legitimacy of the information reported here.

Chart 1 presents the methodology of the intervention regarding health professional care; HPS for PICS; HPS for interprofessionalism and planning of interprofessional actions in mental health. Juiz de Fora (MG), 2021.

RESULTS AND DISCUSSION

The results of the interprofessional intervention in health of PHC workers analyze and identify the benefits achieved, limitations faced, and suggestions for proposed directions. They contemplate aspects related to participation in the extension project, the context of the pandemic, the work process,

the care in PHC and HPS. These elements are described in Chart 2, below.

BENEFITS OF INTERPROFESSIONAL CARE IN PICS FOR HEALTH CARE WORKERS IN PHC

University extension enables articulation and approximation between the academy and the external community. The university, as an educator, renews daily care through scientific updating and reflection on professional practice. The health services renew the teaching through the contact of the students with the Team, the society, and its needs, in a mutually beneficial relationship.

The extension team was composed of students from different health courses, which allowed the broadening of the vision and the discussions about the themes. In addition, it enabled the contact of UBS professionals with areas that do not make up the PHC, which expanded the comprehensive care.

For Griggio et al. (2020), interprofessional education (IPE) favors the process of professional training for health and reinforces continuing education, stimulating interprofessional activities. Moreover, it is effective in consolidating knowledge and advancing interprofessional teamwork, fundamental aspects for the acquisition of interprofessional competencies.

The UBS of the project host different Teams, which meet the demands of different territories, but the discussions about the dynamics of the services are held in common meetings, which has made it impossible to address particularities and specific needs of each territory. By holding the specific Team Workshops at protected times, the team meetings have discussed the unique demands of the enrolled population. The workshops optimized the Teams' time, contributing to the meeting and strengthening the bonds among their professionals.

WORKSHOP	CARE FOR THE HEALTH PROFESSIONAL	CONTINUING EDUCATION FOR PICS	CONTINUING EDUCATION FOR INTERPROFESSIONAL COMPETENCE	PLANNING INTERPROFESSIONAL ACTIONS IN MENTAL HEALTH
1	Team welcoming; Practices of meditation and self-massage (PICS)	Strategies and techniques of PICS for patient care	Patient/Family/Community Centered Care	Action Planning for patient-centered mental health care
2	Team welcoming; Practices of meditation and self-massage (PICS)	Strategies and techniques of PICS for patient care	Conflict Resolution	Action Planning for Conflict Resolution in mental health care
3	Team welcoming; Practices of meditation and self-massage (PICS)	Strategies and techniques of PICS for patient care	Patient/Family/Community Centered	mental health care
4	Team welcoming; Practices of meditation and self-massage (PICS)	Strategies and techniques of PICS for patient care	Roles	Action Planning for Role Clarification in Mental Health Care
5	Team welcoming; Practices of meditation and self-massage (PICS)	Strategies and techniques of PICS for patient care	Teamwork	Action Planning for Teamwork in mental health care
6	Team welcoming; Practices of meditation and self-massage (PICS)	Strategies and techniques of PICS for patient care	Collaborative Leadership	Action Planning for Collaborative Leadership in mental health care
7	Team welcoming; Practices of meditation and self-massage (PICS)	Strategies and techniques of PICS for patient care	Interprofessional Communication	Action Planning for Interprofessional Communication in mental health care

Table 1 - Activities developed in Workshops according to PICS Care, Continuing Education for PICS, Continuing Education for Interprofessionalism and Mental Health Care Planning for PHC Teams in Juiz de Fora (MG), Brasil, 2021.

Source: the authors.

BENEFITS	LIMITATIONS	POSSIBILITIES
<p>Interaction between University and health services;</p> <p>Opportunity for the Teams to participate in the Extension Project;</p> <p>Participation of students from different health courses, expanding the look at the integral subject and the multi and interprofessional work;</p> <p>Opportunity for the PHC team to meet and dialogue;</p> <p>Development of self-care practices and PICS;</p> <p>Development of skills and abilities in PICS with the support of a SPIC professional (EPS);</p> <p>Development of interprofessional skills and competences in Health Work (EPS);</p> <p>Institution of protected time for Teams meeting, case discussion, and planning of management care and the work process;</p> <p>Planning the Teams and surveying the needs and potential of the services;</p> <p>Opportunity to discuss the mental health of users and professionals;</p> <p>Development of telehealth methodologies to enable extension activities in the context of the Pandemic.</p>	<p>Closing of the Workshops and the Extension Project;</p> <p>Difficulty in maintaining protected hours for case discussion and dialogue in the Teams due to excessive demand for care;</p> <p>Link between university group and health teams damaged by the remote model due to the Pandemic;</p> <p>Limitations of technological and infrastructure resources, such as internet, computers and other audiovisual devices</p> <p>Difficulty in health management consent to the participation of professionals in the Workshops during work schedule.</p> <p>Workshop cancellations due to limitations in the Teams' schedule.</p> <p>Incomplete participation or absence of health professionals in the Workshops due to work overload or absence due to physical or mental illness;</p> <p>Difficulty in establishing a PICS occupational health routine and self-care by the Health Team;</p> <p>Discontinuity of PICS and self-care actions by the Health Teams after the closure of the Workshops.</p>	<p>Continuity of the Workshops and the project extension in Health Units participants;</p> <p>Expansion of experiences and care and education methodologies permanent proposals for other Municipal health teams;</p> <p>Maintenance of routine working hours Teams to carry out activities PICS and self-care.</p> <p>Maintenance of routine working hours Teams for meeting and planning actions;</p>

Chart 2 - Workshop Evaluation regarding the benefits, limitations and possibilities of the worker health intervention for Family Health Strategy Teams in Juiz de Fora (MG), Brasil, 2021.

Source: the authors.

As for the benefits for the assistance, the UBS has reorganized the weekly schedule of all professionals to achieve, with each Team, fixed weekly meetings of one hour and thirty minutes. This flexibility of schedules results from the need for moments for self-care and the fragility of the Teams during the pandemic. To enable the care to the patients, it is necessary for the worker to be healthy - understanding health in its biopsychosocial definition.

Mental Health in PHC is still a great assistential challenge, both because of the overload of care to several other diseases demanded and because of the lack of professional qualification for the care of those sufferings. The PHC tends to refer to specialized services by the excessive renewal of medication prescriptions. In this sense, this project allowed a reflection on this theme and provided more knowledge about the limitations of the Health Teams regarding Mental Health. When problematizing the mental health of the professionals who work in the care of the population's demands, it was identified that, many times, the workers neglect their own needs.

The pandemic, which for the world population was a source of fear, anguish, and anxiety, had an intense impact on the mental health of health workers. The constant evolution of symptoms - which, in many cases, evolved to deaths of known people - generated great emotional shock to these professionals. The professionals reported that they used the time during the workshops to rest and relieve the stress resulting from the overload associated with the pandemic.

The pandemic brought countless challenges to the execution of the Teams' activities, accompanied by feelings of fear, anxiety, and doubts in the work environment. The health professionals are faced with the challenge of making decisions that go

through ethical dilemmas due to the lack of resources, high stress load, emotional overload and the little knowledge about transmission and proper treatment for the disease caused by SARS-CoV-2, besides overload and exhaustion. Thus, decision making is constant in the daily life of health professionals in the face of the coronavirus, requiring difficult decisions, which result in mental suffering. It was realized that it is necessary that the institutions in which these professionals are inserted provide workers with good working conditions, including psychological support and support for professionals, who risk themselves daily to care for other lives (VALENTE et al., 2021).

In this project, the learning and practice of PICS - in this case, self-massage and meditation - provided self-care resources for the professionals both in the workplace and at home or with their families. These practices aim to promote relaxation and self-care during the guided practice and enable them to replicate them at opportune moments. Such practices can be performed daily by them and taught to the patients in the PHU for the relief of psychological problems such as anxious and depressive symptoms.

The intention, when establishing a focus for meditation, is to control the attention to the inside, ignoring any movement and/or external thoughts, which contributes to stress and anxiety control (GOLEMAN, 1999).

Diaphragmatic breathing aims to use the diaphragm muscle, which enables better movement of oxygen and thus facilitates the regulation of vital functions. In this experience report, meditation with attention directed to a specific focus - in this case, diaphragmatic breathing - was used with the purpose of promoting emotional control to the Teams' workers.

LIMITATIONS OF INTER-PROFESSIONAL CARE IN PICS FOR HEALTH WORKERS IN PHC

The execution of the extension project had as desired outcomes the systematization and construction of PICS strategies and interprofessional health practices that could be incorporated into the routine of the FHU teams after the closure of the extension action.

According to Nascimento et al. (2019), extension is fundamental in consolidating the relationship between institution and community, reinforced through the sharing of knowledge between them, stimulating the training of professionals involved with social reality.

However, the methodology of the Workshops was a limitation for the achievement of the mentioned objective, since it was not possible to deepen the theory and experience of meditative practices due to the insufficient time available to the workers for the activities and the closure of the project. The low frequency of the practices was also considered a limitation by the participants, because they were carried out only in a weekly meeting, making it impossible to have more frequent PICS and creation of daily habits by the team members.

On the other hand, the extension was successful in reorienting the interprofessional practices for workers' health care and stimulating reflection on the importance of personal choices about self-care.

The short duration of the workshops and the teams' work overload were also reported - which, in some cases, made it unfeasible for the professionals to participate in the protected time for the meetings. In addition, many of the proposed activities demanded more time and interaction between the PHC Teams, users, and students. The practice of meditation, for example, requires constancy

and the adoption of new attitudes towards life, constituting a process to be built over time.

The incorporation of meditation and body practices as measures to promote mental health requires constancy and persistence to promote the creation of habits and continuity in the practitioners' daily lives. Due to the exhausting routine and the little time available for such actions in working hours, the care for the Teams was discontinued after the end of the project and difficulty was observed in the establishment of PICS and self-care routines by the health teams.

As for the limitations related to the pandemic, the suspension of classroom academic activities implied the use of the virtual environment, which hindered the creation of links between the extension project team and health professionals. Moreover, the pandemic impacted the participating teams due to the absence of professionals due to physical or mental illness - which, in turn, led to incomplete participation or absence of professionals in the workshops.

The exponential growth of the epidemic and the overload of the health services were experienced even in developed countries with more material resources, such as Italy and the United States, revealing the vulnerability of the health services. The Brazilian system, which was already in a situation of difficulty in attending the population in a universal and equal way, suffered the consequences of this global crisis (SOARES et al., 2020).

Regarding the teamwork processes, it was observed that it was difficult for the municipal management to agree to the participation of professionals in the workshops during working hours, and meetings were cancelled due to limitations in the Teams' agenda. In the promotion of interprofessionalism, institutional support is essential and the PHC professionals' ITE is necessary to promote and direct the proposed changes.

We also evaluated the inadequacy of technological resources and infrastructure, such as internet, computers and other audiovisual devices to carry out the Teams' actions and, by extension, the project.

The pandemic context generated new learning demands by health workers, who needed to adapt their work routines, use new communication and care tools, even in an adverse and uncertain scenario, causing anguish and conflicts (OLIVEIRA AND RIBEIRO, 2021).

POSSIBILITIES IN INTER-PROFESSIONAL CARE IN PICS FOR HEALTH WORKERS IN PHC

At the end of the workshops, an evaluation meeting was held and possibilities for improvement and continuity of the project were identified: Continuity of the workshops and the extension project in the participating Health Units; Expansion of the experiences and methodologies of care and continuing education proposed for other Health Teams in the city; Maintenance of the Teams' routine schedules for carrying out PICS and self-care activities; and Maintenance of the Teams' routine schedules for meeting, discussing cases, and planning actions.

CONCLUSION

The project of interprofessional care in mental health with PICS, developed in PET-Health Interprofessionality in Family Health Units of the city of Juiz de Fora (MG) presented positive impacts on the academic training of students by promoting theoretical and practical learning in Mental Health, PICS and interprofessionalism; The impacts on the Teams are related to the care of professionals in mental suffering; to the Permanent Health Education (PHE) of the Teams for the PICS, interprofessionalism and Health Planning; changes in the work process

with the institution of specific meetings of the Health Team for communication, case discussion, action planning and PICS self-care. It was possible to better understand the reality of the work, its difficulties and potentialities, through the creation of bonds, shared learning, identification of modifiable problems, and solution planning. The recognition of the needs of PHC teams and their valorization also represented a more integrative and humanized way of facing the Sars-Cov-2 pandemic, through the mental health care of frontline professionals. The promotion of the mental health of health professionals from the intervention carried out also makes it possible to qualify the care for patients in the community in a lighter and more effective way. In this experience report, the promotion of PICS and interprofessional practices proved to be effective for the health care of PHC workers and important for the continuing education of these health professionals.

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