

Complementary therapies as resources for mental health in Primary Health Care



Práticas integrativas e complementares como recurso de saúde mental na Atenção Básica
Terapias complementarias como recurso en la salud mental en Atención Primaria de Salud

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ABSTRACT

Objective: To verify the knowledge of Primary Care professionals about Integrative and Complementary Practices (PIC – “Práticas Integrativas e Complementares”) and if they perceive these Practices as a care resource in Mental Health.

Method: Quantitative study carried out with 70 professionals from a Basic Unit of Health in the city of São Paulo between May and June of 2016. The data were collected through a questionnaire elaborated by the researchers. For statistical analysis, the frequency distribution of the variables and the Fisher test were considered.

Results: The professionals said that they were aware of some PIC (73.9%), that users of the service with Mental Health issues would benefit from them (94.2%), that they would like to receive training (91.3%), and that they consider the practices a possible resource for care in Mental Health (92.8%).

Conclusion: The professionals’ knowledge needs to be deepened. Still, they consider PIC as a resource for Mental Health in Primary Care.

Keywords: Complementary therapies. Primary health care. Mental health.

RESUMO

Objetivo: Verificar o conhecimento dos profissionais atuantes na Atenção Básica sobre as Práticas Integrativas e Complementares (PIC) e se as percebem como um recurso de cuidado em Saúde Mental.

Método: Estudo quantitativo, realizado com 70 profissionais de uma Unidade Básica de Saúde no município de São Paulo entre maio e junho de 2016. Os dados foram coletados mediante questionário elaborado pelas pesquisadoras. Para análise estatística, considerou-se a distribuição de frequência das variáveis e o teste de Fisher.

Resultados: Os profissionais afirmam conhecer alguma PIC (73,9%), que usuários do serviço com questões de Saúde Mental se beneficiariam das mesmas (94,2%), que gostariam de receber capacitação (91,3%) e que as consideram uma possibilidade de recurso para o cuidado em Saúde Mental (92,8%).

Conclusão: O conhecimento dos profissionais precisa ser aprofundado. Ainda assim, os mesmos consideram as PIC como um recurso em Saúde Mental na Atenção Básica.

Palavras-chave: Terapias complementares. Atenção primária à saúde. Saúde mental.

RESUMEN

Objetivo: Verificar el conocimiento de los profesionales que actúan en la Atención Primaria sobre las Práticas Integrativas y Complementares (PIC) y su percepción como un recurso de cuidado en Salud Mental.

Método: Estudio cuantitativo, llevado a cabo con 70 profesionales de una Unidad Básica de Salud en la ciudad de São Paulo entre mayo y junio de 2016. Los datos fueron recolectados a través de cuestionario elaborado por los investigadores. El análisis estadístico consideró la distribución de frecuencias de las variables y la prueba exacta de Fisher.

Resultados: El 73,9% de los profesionales afirman conocer alguna PIC, el 94,2% piensan que los usuarios del servicio cometas de Salud Mental se beneficiarían de las mismas, el 91,3% les gustaría recibir capacitación, y el 92,8% las considera una posibilidad para el cuidado en Salud Mental.

Conclusión: El conocimiento de los profesionales necesita ser profundizado. Sin embargo, los mismos consideran las PIC como un recurso en Salud Mental en la Atención Básica.

Palabras clave: Terapias complementarias. Atención primaria a la salud. Salud mental.

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INTRODUCTION

Complementary Practices (CP) work according to what the World Health Organization (WHO) calls traditional medicine and complementary/alternative medicine (TM/CAM). The WHO recommends its member States to elaborate national policies that incorporate these practices to their official health systems, focusing on Primary Care (PC)⁽¹⁾.

According to such recommendations, Brazil approved, in 2006, the National Policy of Complementary Practices (PNPIC), aiming to implant and adapt actions/services of traditional Chinese medicine/acupuncture, homeopathy, herbal medicine and phytotherapy, balneology and anthroposophical medicine⁽¹⁾.

The Complementary Practices (CP) include systems and resources that value listening and sheltering, developing therapeutic ties, and integrating the human being to his or her context. The health-sickness process is seen as a broad process, and aims to promote care from an ample perspective, and especially, to stimulate self-care⁽²⁾. The availability of CP in Primary Care (PC), as well as its consolidation as a therapeutic method that also functions as a health promotion tool, favors the offering of integral health care⁽³⁾.

That the PNPIC emphasizes the insertion of these practices in PC contributes to increasing the access to them, to efficient problem-solving and to the building of a continued, human and integral care. However, the implementation of the CPs in the Unified Health System (SUS) is considered to be a challenge for public management, since qualified human resources are not many, financing is not sufficient, there are not enough spaces to develop new practices, not to mention, there are difficulties for the integration between the CPs and the biomedical logic⁽³⁾.

The PC teams are an important resource to confront health grievances, and it is impossible to talk about integral health without including Mental Health (MH), as well as there are no methods to approach MH that do not consider mechanisms pertaining to the contexts of the lives of people. According to the guidelines, those who need follow-up should have care available in their territory, and the PC is important for the articulation of MH services in⁽⁴⁾.

It was considering this context that, in 2011, the Psychosocial Care Network (RAPS) was instituted in SUS through Decree 3,088, aiming to create, broaden and articulate health care services for the caring of people under mental suffering or who are using crack, alcohol, and other drugs. The RAPS is constituted by the components: basic health care; specialized psychosocial attention; urgency and emergency attention; residential transitory attention; hospital care; strategies to leave the institutions; psychosocial rehabilitation⁽⁵⁾.

Mental health is understood not to be dissociated to general health, and its demands reveal themselves in all RAPS services, especially in the PC. MH care needs to be incorporated to the practice in all levels of attention, with interventions capable of considering the subjectivity, the singularity, and the way in which the individual perceives the world⁽⁶⁾.

Since it became a national policy of the Ministry of Health, the Family Health Strategy (ESF) has, as one of its objectives, the reorientation of the assistance model from a psychosocial perspective⁽⁷⁾, according to what is described in the Mental Health National Policy (MHNP) and in the RAPS. Through work within specific territories and the establishment of links, which provide direct contact with the demands of MH, the possibility of continual care in the PC can be structured⁽⁸⁾.

The articulation between MH and PC can enable the building of a therapeutic project that offers integral care to the individual - one of the main SUS principles. Considering this, the care and the link are considered the main components of care in the ESF, since they are the means through which care can be cross-sectional⁽⁴⁾.

The PC in the attention for MH - when using a psychosocial approach - and the CPs converge, since they have certain premises in common, such as: the subject in their social context, holistic and broad care, the empowering of the user, and the approximation of family and community. The Ministry of Health restates, in the publication "Primary Care Notes: Mental Health", that the CPs are cross-sectional as they relate to the different points of care for the health network, and emphasize that the PC constitutes an ideal place for its development⁽⁶⁾. As the PC is qualified to become a CPs space in the care for MH, many benefits are offered to the population⁽⁹⁾.

The reality of care in the MH of the PC indicates that attention strategies are restricted to groups of different modalities, psychotherapy and/or medication therapy. Recognizing them as important, but not the only possible care options in MH, the CPs are considered to increase the effect of MH actions developed in primary health care.

Knowing how health professionals see the CPs and the policies that base it is relevant, since there is an intersection between them and the fields of primary and mental health care. In addition, it enables us to acquire new tools to constitute a broader practice.

Thus, considering all the above, this study aimed at verifying the knowledge of professionals acting in the Primary Health care regarding Complementary Practices (CPs) and if they see them as a resource for mental health care.

■ METHOD

Quantitative and descriptive research, conducted between May and June, 2016, in a Primary Health Care Unit (UBS). From the 80 health professionals who work in this unit, 70 accepted to take part in this research. The inclusion criterion was: to be a health professional with at least an elementary level education who works in PC; the exclusion criteria were: professionals on leave or vacation during the data collection period. This setting was chosen because it is the practice field of a Program of Multiprofessional Residency in Mental Health, linked to the Ministry of Health, and located in the East Zone of the city of São Paulo, Brazil.

The health service in which this research was conducted was an Integrated UBS, which works on expanded shifts (from Mondays to Fridays, from 07 a.m. to 7 p.m.; and Saturdays from 8 a.m. to 14 p.m.) and offers attention for residents, workers and students of the area, with programmed activities and spontaneous demands, aiming to offer effective and an integral care to the users.

This service has an ESF team and a multiprofessional team whose objective is caring for MH demands. Some CPs are offered to the users, such as Traditional Chinese Medicine/Acupuncture, Herbal Medicine and Phytotherapy; some groups also use Meditation, Relaxation, and Body Workout techniques.

To collect the data, a questionnaire with three stages was used, containing questions about sociodemographic data (age, gender, marital status, professional training, time of work on the field, time of work in the unit, week working hours); questions about the characterization of knowledge (if they had heard about or know any CPs, level of knowledge regarding each CP, if the CPs raise interest, if they have ever used any CP in their personal lives, if they know any PNPIC, if CPs should be made available by SUS, if they are offered in the health unit where they work, if any user of the service has ever asked for a CP, if the community would be interested in potentially available CPs, if they suggest the use of CPs to the users, for what problems would they recommend CPs, if they had any education regarding CPs during their professional formation or if there has been any training or course about them); regarding the CPs and the opinion of the professionals concerning their application in the MH field (if CPs could be used to treat MH, if users with mental disorders could benefit from using CPs, if they would like to receive training to apply CPs in MH, if the CP could be a resource to take care of MH in the PC, if the CP could be a problem to psychiatric treatments, if there is any risk of

abandoning the treatment, if users would adhere). These questions were created based on the National Policy of Complementary Practices⁽²⁾ and on the proposal created by Hill, which describes the basic therapeutic chains of alternative/complementary medicine⁽¹⁰⁾.

Data was inserted in the software Microsoft Excel®2007 and a statistical analysis was conducted, considering the frequency distribution of the described variables. Fisher's exact test was applied to find the association between the different variables, considering $p \leq 0.05$ results as statistically meaningful.

The study was approved by the Research Ethics Committee of the Nursing School of the University of São Paulo, according to resolution 466/12 of the National Health Council, under protocol 1.508.573. All ethical precepts were respected, and all participants were voluntary, and signed the Free and Informed Consent Form (FICF).

■ RESULTS

The sample of this study included 70 professionals from a Primary Health Care Unit from the City of São Paulo. Most participants (48.6%) were between 29 and 39 years old; most were female (81.4%), and stated they were married (38.6%). Most professionals work in the field for 6 to 10 years (40.0%); they worked from 1 to 3 years in the unit (52.2%) and worked 40 hours a week (72.9%).

Regarding the field of study of the professionals, the following was found: Community Agent (18.6%), Social Assistant (4.3%), Oral Health Auxiliary (1.4%), Dentist (4.3%), Nurse (14.3%), Pharmacist (2.9%), Physical therapist (4.3%), Phonoaudiologist (1.4%), Physician (10.0%), Psychologist (2.9%), Nursing Technician (22.8%), Pharmacist Auxiliary (5.7%), Oral Health Technician (1.4%), Occupational Therapist (1.4%), and others (4.3%) – which were Environmental Promotion Agents, Nutritionists and Physical Education Professional –, to a total of 70 subjects.

Regarding the knowledge of professionals about the term "Complementary Practices", the answer found was affirmative in 76.8%, while the knowledge about CPs was found in 73.9% of cases.

The knowledge level of the professionals, regarding the CPs mentioned in the National Policies of Complementary Practices, can be found as follows, in Table 1.

Knowledge about the CPs was collected to enable the professionals to add other practices beyond those mentioned. 5.71% of the professionals mentioned at least one of the following: Chromotherapy, Circular Dances, Labor Gymnastics, Lian Gong, Meditation, Reiki and Tai Chi Pai Lin.

Table 1 - Knowledge level declared by professionals regarding the CPs and the National Policies for Complementary Practices. São Paulo - SP, 2016

CP	Null/Low	Moderate	High
	N (%)	N (%)	N (%)
Traditional Chinese Medicine/Acupuncture	20 (29.0)	44 (63.8)	5 (7.2)
Balneotherapy	66 (100)	0 (0)	0 (0)
Homeopathy	18 (26.9)	46 (68.6)	3 (4.5)
Herbal Medicine/Phytotherapy	23 (32.9)	43 (61.4)	4 (5.7)
Anthroposophical Medicine	57 (87.7)	6 (9.2)	2 (3.1)

Source: Research data, 2016.

Note: *Did not answer: Traditional Chinese Medicine/Acupuncture (1); Balneology (4); Homeopathy (3); Medicinal Plants/Phytotherapy (0); Anthroposophical Medicine(5).

Regarding their interest in CPs, at least 94.3% were interested in the subject. It was found that 72.9% of the participants have used CPs in their personal lives, for their own health issues, while a smaller percentage, 27.1% stated to have never used any CP. There was a tendency ($p = 0.059$) for those who said to have used some CP in their personal lives to believe that their practices should be made available to the population through SUS.

Only 14.5% of the professionals stated to know the PNPIC, while 29.0% had heard about it and 56.5% did not know about its existence. The connection between this answer and the time during which the person had been working in the field was significant ($p = 0.003$). The professionals that have from 6 to 10 years of experience in health, which were 40% of the sample, are the ones who know the policy the best, followed by those who have been working in the field for more than 10 years, which represent 25.7% of the total number. The other professionals, who have worked in the health field for less than 5 years, are the ones who state to know the less about this policy.

Regarding the practices contemplated by the PNPIC, 92.9% of participants are familiar with Traditional Chinese Medicine/Acupuncture, 2.9% with Balneotherapy, 75.7% with Herbal Medicine/Phytotherapy, 75.7% with Homeopathy, and 12.9% with Anthroposophical Medicine. When it comes to the practices that the PNPIC does not include, 32.9% are familiar with Aromatherapy, 30% with Color Therapy/Chromotherapy, 62.9% with Bach Flower Remedies, 40% with Hydrotherapy, 7.1% with Iridology, 84.3% with Massotherapy, 72.9% with Meditation, 52.9% with Music Therapy, and 40% with Reflexology.

The professionals who know Traditional Chinese Medicine/Acupuncture tend ($p = 0.022$) not to believe that the CPs can worsen the treatment of people who use psychia-

tric medication. The professionals who know Massage Therapy also tend ($p = 0,012$) not to believe that the PCs can jeopardize the treatment of these people.

The number of professionals who mention to know the CPs and are not contemplated in the National Policy of Complementary Practices is represented in Graph 1.

From the subjects of this study, 92.8% believe that the CPs should be made available in the Unified Health System, while 4.3% think they should not, and 2.9% said they do not know how to answer this question.

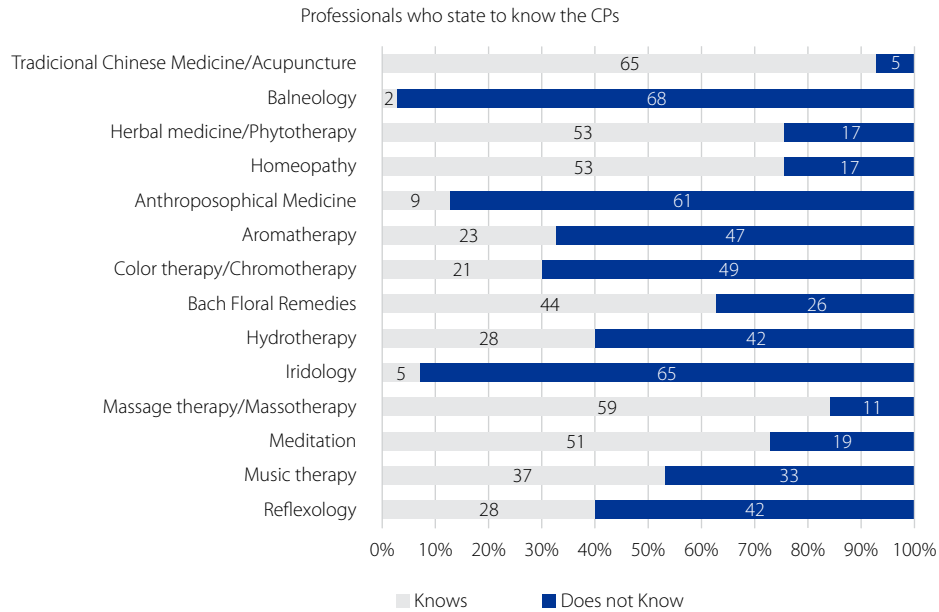
As to whether there any available CPs in the health unit, 91.3% of them answered yes, 5.8% answered no, and 2.9% stated not to know if any of these practices is offered in their health care unit. 65.3% of the professionals stated to have received, from users, the solicitation for the use of some CP, while 33.3% never did, and 1.4% did not remember. One participant did not answer.

Among the professionals. 94.3% state to believe that the community would be interested in CPs, while 4.3% said not to know, 1.4% claimed that the population would not be interested and 1 did not answer.

Regarding whether they suggest the use of CPs to users, 82.6% state that they do, while 17.4% said the opposite, and one participant did not answer. Regarding the objective of the suggestion, 47.1% suggested the CP for the care of physical problems, while 62.9% indicated it for the care of emotional/mental/behavioral issues.

When it comes to the suggestion of practices that were not mentioned in the questionnaire elaborated by the researchers, 7.14% of the participants stated to have indicated at least one of the following practices: Circular Dance, Lian Gong, Reiki, Tai Chi Pai Lin and Hypnosis.

The frequency analysis for the suggestion of CP use by the professionals from the Primary Health Professionals is below, in Table 2.



Graph 1 - Number of professionals that mention to know each CP. São Paulo - SP, 2016
 Source: Research information, 2016.

Table 2 - Frequency of the suggestion of CPs by health professionals from the health unit. São Paulo - SP, 2016

	Never N (%)	Some Times N (%)	Always N (%)
Traditional Chinese Medicine/Acupuncture	7 (10.8)	30 (46.1)	28 (43.1)
Balneotherapy	40(86.9)	5 (10.9)	1 (2.2)
Herbal Medicine/Phytotherapy	18 (30.0)	28 (46.7)	14 (23.3)
Homeopathy	19 (33.3)	28 (49.2)	10 (17.5)
Anthroposophical Medicine	37 (77.0)	9 (18.8)	2 (4.2)
Aromatherapy	35 (70.0)	12 (24.0)	3 (6.0)
Color Therapy/Chromatic therapy	36 (76.6)	7 (14.9)	4 (8.5)
Bach Floral Remedies	31 (57.4)	17 (31.5)	6 (11.1)
Hydrotherapy	24 (44.4)	21 (38.9)	9 (16.7)
Iridology	37 (86.0)	6 (14.0)	0 (0)
Massage Therapy/Massotherapy	17 (28.8)	22 (37.3)	20 (33.9)
Meditation	14 (25.9)	24 (44.5)	16 (29.6)
Music therapy	25 (45.4)	21 (38.2)	9 (16.4)
Reflexology	32 (62.7)	13 (25.5)	6 (11.8)

Source: Research data, 2016

There is no evidence of any correlation between the knowledge of the professionals regarding the CPs present in the national policy and the ones they suggested.

As to whether they had studied CPs in their education, 68.2% of the professionals were found not to have done so, while 24.6% stated to have had some type of training about

it. 7.2% said they do not remember. Concerning whether they received any training/course about CPs, 23.2% said that they did, while 76.8% answered they did not receive any such training after starting working in the unit.

Still regarding their education, it was found that 91.3% would like to receive some type of training to use CPs in the care they offer for mental health issues. 8.7% said they would not like that, and one of the participants did not answer the question.

When questioned about the use of CPs in the treatment of MH, 92.8% stated that these practices can be used in these cases, 7.2% said that they could not answer the question, and one participant did not answer the question. For 94.2% of the professionals, people with needs that relate to MH could benefit from the use of the CPs, while 5.8% stated not to know how to answer the question, and one participant did not answer it.

43.5% of participants claimed to know someone with issues regarding MH that use or had used some CP, while 56.5% gave a negative answer and one did not answer the question. This question had a significant correlation ($p = 0.023$) with the one regarding whether the professional had a previous contact with "complementary practices", and it was possible to correlate knowing someone who use or had used one ($p = 0.011$) to the knowledge of some CP.

To 85.5% of professionals, the CPs do not jeopardize the treatment of people who are receiving psychiatric medication. For 2.9% they may do that, while 11.6% stated not to know, and one did not answer. People who are being treated with psychiatric medication would not abandon their use so that they could use the CPs according to 46.4% professionals, while 11.6% said they did not know how to answer this question, and one did not answer.

An association ($p = 0.045$) was found between having heard about CPs and believing that people who use them would abandon the use of medication to use only CPs. There was also a significant ($p = 0.027$) relationship between those who stated to know some CPs and that there would be no risk for people who use them to stop using their psychiatric medications.

A good adhesion to the CPs by people with issues regarding MH was not a limiting factor according to 78.3% of the professionals, whereas 20.3% did not know how to answer, 1.4% stated that they would have a good adhesion, and one did not answer this question.

The CPs were considered to be a possible resource for the care of MH in the PC by 92.8% of the professionals from the Primary Care Unit that housed the research. 7.2% did not know how to answer that.

■ DISCUSSION

Regarding the knowledge mentioned by the professionals about each of the practices included in the National Policy, it was found that the most known among them was Traditional Chinese Medicine/Acupuncture. This reality is due to the fact that the Primary Care Unit, the field of the research, offered that modality of CP. Among the CPs that are not in the national policy, Massage Therapy/Massotherapy stands out, possibly for being the closest one to the day-to-day of the population.

The National Policy prescribes that basic knowledge about each CP should be divulged to health professionals, managers, and users. In this study, the dissemination of information about such practices and their potential to aid in different contexts of care was found to be weak. It also stands out that the professionals stated not to have studied CPs at all during their education, and the great majority deny having been through any type of training/course regarding the theme.

Insufficient knowledge about the theme can lead to wrong conceptions concerning it, prejudicing its applicability, and diminishing the reach of the CPs. This gap can be compensated by simply abiding by the rules of the National Policy, which prescribes qualification to be offered by professionals in the SUS through permanent education courses, which are under federal and state responsibility⁽¹¹⁾.

The experiences of implementing the Policy have happened in an unequal and often non-continuous way in the country, often without any actions to evaluate or monitor them, lack of adequate material, and the lack of records of the actions that were conducted⁽¹¹⁾. In this sense, it was found that few professionals who participate in this research know the National Policy for Complementary Practices, which is a paradox because the participants work in the SUS, a place where the implantation and implementation of this important public policy is prescribed, and is currently in effect.

The lack of knowledge from the professionals regarding certain CPs can also be attributed to the many different names used in this field. This is understandable, since some practices are part of the Decree 971/2006, while others are not regulated. Therefore, only once the practices were inserted in the National Policy could the professionals familiarize themselves with them and use them in their fields of work⁽¹²⁾.

Concerning the subject of CPs, they demonstrated interest in the proposal and have used them in their personal lives as a health treatment. Since they had experienced the use of CPs, the professionals were more favorable to their availability in SUS. Although they recognize that the CPs

contribute to emotional/mental/behavioral issues, they do not feel qualified to use them when dealing with Mental Health issues. Confronted with that, it is agreed that in order to overcome the lack of teams adequately trained to execute the CPs, it is necessary for a group of qualified professionals to teach content regarding the theme⁽¹³⁾.

A relevant finding of this research is that professionals who know Traditional Chinese Medicine/Acupuncture, which is contemplated by the National Policy, tend to believe that it does not jeopardize the treatment of people who use psychiatric medication. This data was expected, since this modality is already divulged as an important form of therapy in the public and private health system in the country. Much the same way, Massage/Massotherapy, although not in the National Policy, is not believed to have a negative effect in drug treatments for MH, possibly due to its being practical, accessible, and largely used.

The professionals agree that the CPs must be offered in the public health network, that the users are interested in such practices and have asked for them in the unit where these professionals work. The CPs advanced towards this goal with the recent publication of the Decree 849/2017, which inserts new CPs in the policy: Art Therapy, Ayurveda, Biodance, Circular Dance, Meditation, Music Therapy, Naturopathy, Osteopathy, Chiropractic, Reflexology, Reiki, Shantala, Integrative Community Therapy, and Yoga, highlighting that all of these are according to the directives of SUS⁽¹⁴⁾.

The availability of some CP in the unit that was the field of this research was successful regarding the guidelines of the National Policy for Complementary Practices. Since it can be classified as an Integrated Primary Care Unit, a modality recently instituted in the city of São Paulo, it offers ample care, even counting with a Mental Health team, unlike other units. Much the same, the valuing of such practices by the management is a factor that determines the true inclusion of the CPs in the SUS services, and reflects on the high interest and demands of the users of the territory being considered.

An important finding is that some CPs were not contemplated in the National Policies, such as Circular Dance and Reiki, and were mentioned as indicated/suggested practices by some UBS professionals to their users. This data is relevant, since these two became a part of the Policy after the data collection conducted for this research, indicating that certain practices are inserted in SUS even before they are regulated by the National Policy for Complementary Practices.

It is, therefore, relevant to highlight the existence of local regulations about the theme, such as the Municipal Policy for Complementary Practices in the SUS. According to its description, “[...]are understood by the term integra-

tive or complementary practices all those which, adequately regulated and developed through integrated actions of interdisciplinary fashion, are summed to the techniques of modern western medicine [...]”, including acupuncture, phytotherapy, homeopathy, corporal practices and other complementary therapeutic resources⁽¹⁵⁾.

The premise of the National Policy is the development of CPs from a multiprofessional perspective. In this sense, it is relevant to not that the Federal Council of Nursing (COFEN) has published Resolution 197/1997, aiming at establishing and recognizing the Alternative Therapies as a specialty and/or qualification of the nursing professional - although Resolution 0500/2015 revoked this previous one⁽¹⁶⁻¹⁷⁾. Resolution 389/2011 lists the specialties recognized by the same council, among which is “Nursing in Complementary and Holistic Therapies”⁽¹⁸⁾.

The introduction of the theme of CPs since Nursing graduation is essential. It can be done through many different teaching strategies: speeches, theoretical courses and discussion groups; optative subjects; subject in the curriculum; research incentive. The university is responsible to put in effect the insertion of one of these strategies to approach the CPs, thus contributing to the education of professionals whose perspective is integrative and interdisciplinary, as those of nurses are expected to be⁽¹⁹⁾.

The actions of Nursing in this field are certainly very valuable for the area and for the massive implantation of the National Policy for Complementary Practices at SUS, since these professionals are one of the greatest working forces of the public health system. Thus, it stands out that generalist nurses can meaningfully enrich their practices if they add to their knowledge those related to the CPs.

An important movement favoring the CPs can be perceived throughout the country. The emergence of Naturology graduation courses, dedicated to educating professionals to develop researches and apply the CPs considering all the aspects of an individual, is a sign of their growing acceptance. The naturologist is a professional who sees the life-health-disease process from a multidimensional perspective, and is able to use the CPs in health care⁽²⁰⁾.

The publication “Primary Care Notes: Mental Health”, made by the Ministry of Health, states that the CPs can help in Mental Health care, and restates that they should be present in the different attention levels, especially in the primary health care⁽⁶⁾.

Therefore, considering the inclusion of CPs in the elaboration of the care of users would be an important resource to transform MH in PC and guarantee the integral health care, as stipulated by SUS and in the National Policy for Complementary Practices itself.

CONCLUSION

This study is relevant for a reflection regarding the implantation and implementation of the National Policy for Complementary Practices in SUS, and especially, for its applicability in demands within the scope of Mental Health in Primary Health Care. For the professionals who participated in this research, it is relevant for information regarding this Policy to be divulged, and for information regarding the CPs to be accessible for the population.

There was an expressive number of professionals who stated to have never had access to any content about CPs during their education or to have had any type of training/course about the theme. Some of them, however, claimed to suggest the use of the practices, and to consider them to be able to contribute for Mental Health, when applied at the primary health care level.

The interest and acceptance of the CPs by the professionals are paramount for their use. Therefore, investing in their qualification, for them to be able to see the techniques as another MH therapeutic resource, contributes for the offering of a broader care, and for bringing into effect the principle of integrality, advocated by SUS.

A limitation of this research is its restriction to only one health care unit. On the other hand, however circumscribed, this study has magnitude, as it offers elements that can contribute to broaden the attention for MH in the PC, incorporating the practices suggested in the National Policy for Complementary Practices to this level of attention.

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