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The challenges of health promotion and disease prevention in the perception of psychologists

who work in Primary Care[1]

The challenges of health promotion and disease prevention in the perception of psychologists working in Primary Care[two]

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SUMMARY
This study had the general objective of understanding the difficulties encountered by psychologists who work in PHC to carry out health promotion and disease prevention actions. And as specific objectives: Characterize Primary Health Care as an organizer of care in the health care network; describe the organization of the work of the interdisciplinary team in primary care; point out the difficulties reported by NASF-AB psychologists in their practice in the PHC context. This study was carried out through a systematic bibliographical review, based on the analysis of articles and publications*online*that made reference to the proposed theme.

Key words:health promotion, psychologists, primary care.

ABSTRACT
This study had as general objective to improve the difficulties encountered by psychologists working in PHC to carry out actions to promote health and disease prevention. And as specific objectives: To characterize Primary Health Care as an order for care in the Health Care Network; to describe the organization of the interdisciplinary team's work in primary care; to point out the difficulties reported by NASF-AB psychologists in their practice in the context of PHC. This study was carried out through a systematic literature review, based on the analysis of articles and*online publications*that referred to the proposed theme. **Keywords:**health promotion, psychologists, primary care.

1. INTRODUCTION

Primary Health Care (PHC) consists of a set of health actions located in territories, with a view to promoting health and preventing diseases, as well as treatment and rehabilitation at the first level of care in local health systems. It is the main means of accessing health services from the Unified Health System (SUS) and has projects that aim to provide coverage and access for the population to these services (BRASIL, 2017).

It is the Family Health Strategy (ESF) that contributes to these purposes, in addition to the actions of community agents. This aims to provide interdisciplinary care for the population, being one of the projects of the National Primary Care Policy (BRASIL, 2013).

Therefore, collective health is characterized as a health practice, which uses different types of knowledge with the aim of expanding the epidemiological and social bases, acting on the basis of comprehensiveness, questioning the traditional biomedical paradigm, individual-centeredand promoting user autonomy in relation to**The Your health**. Therefore, there is a requirement to change the hegemonic model to shared multidisciplinary care, highlighting the need for professional training appropriate to this principle of intervention.

1Research project presented to the Multiprofessional Residency Program in Family Health of Governador Valadares as a partial requirement for approval in the program, under the guidance of Professor Priscila Silva Coelho Gonçalves. Governor Valadares City Hall. Municipal Health Department. Multiprofessional Residency Program in Family Health twoResearch project presented to the Multiprofessional Residency Program in Family Health of Governador Valadares as a partial requirement for approval in the program, under the guidance of Professor Priscila Silva Coelho Gonçalves. Governor Valadares Town Hall. Municipal Health Department. Multiprofessional Residency Program in Family Health
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Therefore, from the creation ofExpanded Family Health Centers (NASF-AB),possible it was decided to form a team with professionals from different areas technically supporting the Basic Health Units (UBS's) that work with the ESF directly in the territories and the role of the psychologist to expand this quality assistance and to legitimize the activities stands out. of this professional in the field of public health (CFP, 2019).

The psychologist has skills that go far beyond qualified listening and psychotherapies within the traditional clinic. Psychology is inserted in the space of primary care to, together with the multidisciplinary team, develop public health with quality of life and enhancement of the subject through the promotion, protection and recovery of this individual, in this way, practicing an expanded clinic that goes beyond the your traditional clinical office (SOUZA, SANTOS; ROMÃO, 2021).

From this perspective of a different perspective, it is necessary for the psychologist, as a member of the health team, to work together with the ESF team, with the aim of promoting the empowerment of the user, that is, showing them that they are the main actor in this process of autonomy in relation to public health policy in PHC, working in this way to promote, protect and rehabilitate health.

But for this to happen, it is essential that the highlighted professional works in an interdisciplinary way with other health professionals regarding the comprehensive care of this user, with a view to promoting this health.

However, it is clear that the inclusion of psychologists in the ESF is done in a very timid manner, and without the specificity of being considered a member of the basic health team.

Within the scope of pol**public ethics of mental health**The absence of a professional psychologist in the ESF is chaotic, where this trained professional would be providing comprehensive and holistic care in mental health care to demystify it without reducing it just to mental disorders, thus reorganizing the model of health care in Brazil (SOUZA, SANTOS; ROMÃO, 2021).

And for this reason, Health Promotion as a perspective for changing care for populations brings together political consensus around the world and in different societies, as a valid and alternative paradigm to the complexity of health problems. Considered one of the great health production strategies, that is, with a way of thinking and operating articulated with other policies and technologies developed in the health system (DEMARZO, 2010).

The search for health promotion and disease prevention still lacks investment and trained professionals. One of the biggest challenges is the fragmentation of health care as one of the main deficiencies of Primary Care. Therefore, studies that point out the role of the psychologist within health units are still limited, requiring new references to guide action, as well as studies that characterize it.

2 PROBLEM

What aspects are identified by psychologists as hindering factors in carrying out health promotion and disease prevention actions in primary care?

3 JUSTIFICATION

Considering that this project aims to understand the difficulties encountered by psychologists who work in PHC to carry out health promotion and disease prevention actions, it could contribute to the advancement of both Psychology and science, as well as Brazilian Public Health. Mainly for disseminating knowledge and critical reflections on health promotion and disease prevention in the context of primary care and NASF-AB, with regard to the role of the psychologist.

Psychology is a science of social relevance, an area of knowledge that, according to Ronzani and Rodrigues (2006), is very important for promoting collective health. The contribution of psychology to ensuring comprehensive health care is relevant, but for this to happen it is necessary that the professional is capable of carrying out health promotion and disease prevention actions effectively and effectively.

The APS is the care coordinator and organizer of the RAS. It aims to provide the population with access not only to disease rehabilitation actions, but also to social actions to promote well-being that value human beings, their interaction with their surroundings and popular knowledge (RONZANI; RODRIGUES, 2006).

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To promote quality of life and offer comprehensive health care, it is essential that overcome the barrier of specialties, focusing on interdisciplinary work, that is, where everyone has a common objective.

Therefore, the choice of this topic is justified with the aim of providing theoretical support to Psychology professionals working in PHC and the NASF-AB team, and to future psychologists who will enter this public policy, in order to expand the theoretical framework and improve practice. of these professionals.

4 OBJECTIVES

4.1 GENERAL OBJECTIVE

Understand the difficulties encountered by psychologists who work in PHC to carry out health promotion and disease prevention actions.

4.2 SPECIFIC OBJECTIVES

- Characterize Primary Health Care as an organizer of care in the health care network;
- Describe the organization of the work of the interdisciplinary team in primary care;
- Point out the difficulties reported by NASF-AB psychologists in their practice in the PHC context.

5 METHOD

This study was carried out through a systematic bibliographical review, based on the analysis of articles and publications*online*that made reference to the proposed theme. It is an instrument of evidence-based practice, which allows for in-depth analysis of a limited topic, enabling the improvement of both research and assistance.

The methodological option for review is justified due to the relevance of the exposed topic, which aims to present and discuss the literature findings relating to the topic.

To select the study articles, each descriptor was searched in the database, as shown in Table 01.

Descriptors	Virtual Health Library
Primary Health Care	140,859
Prevention of diseases	589,767
Health promotion	1,402,923
Psychology	**1,528,087**

Table 1- Database of the total number of articles found in each descriptor.

Due to the large number of articles located, the search was refined based on the association between the descriptors, as shown in Table 02. After searching this material, 205 articles were found which contained the keywords of this study, with only 28 being selected for compose our sample.

Associated descriptors	Virtual Health Library
Primary Health Care and Psychology	15,363
Primary Health Care and Disease Prevention and Health Promotion and Psychology	205

Table 2- Association of database descriptors.

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The articles were collected from the Virtual Health Library – BIREME, in the MEDLINE (Pubmed), LILACS (Latin American and Caribbean Literature in Health Sciences) and SCIELO (Scientific Electronic Library Online). The selection of articles took place using the keywords: "Health Promotion", "Disease Prevention", "Psychology" and "Primary Health Care".

To select the articles, the summaries of the publications found were first read, with the aim of refining the sample through inclusion and exclusion criteria. The inclusion criteria in the study were: complete articles that addressed the themes of Primary Health Care, Disease Prevention, Health Promotion and Psychology, published in the last ten years, available and free, only in the Portuguese language due to the large number of articles worldwide , making an exception for classic literature with knowledge that is still relevant today. The exclusion criteria were: repeated articles, articles from other languages and articles that did not meet the objectives proposed in this study.

Subsequently, articles that specifically dealt with the topic of interest, objective of study, were selected and saved, and then each article was carefully read and the texts were descriptively analyzed.

6 RESULT AND DISCUSSION

Primary Health Care

In the current scenario, Brazilian public health policies are organized and governed by the laws of the Brazilian Single Health Theme (SUS). In the context of Primary Care, the Family Health Strategy (ESF), one of the Ministry of Health's proposals for the reorganization of Primary Care, has been implemented as a replacement model of care for the biomedical, traditional, individual-centered model (STARFIELD , 2002).

AAPS has been consolidated as part of one of the major operational strategies for the construction of Health Care Networks (RAS), representing the first level of care, considered the preferred contact of users to health systems and consequently their link with the entire network. . She is the organizer of the network, coordinator of care and has the capacity to resolve a significant part of the population's most common health problems (BRASIL, 2017).

It is also considered the gateway to health systems in Brazil, for those people who are subject to eventually seeking support from public services, and can be considered an alternative course of action to achieve the objectives of the SUS doctrinal principles of universalization, equity and comprehensiveness .

Its essential attributes include care in the individual's first contact with the health system, longitudinality, comprehensiveness and coordination of care, ensuring continuity of care. Thus, the organization of health services at the ESF prioritizes health promotion, protection and recovery actions, in a comprehensive and continuous manner (OLIVEIRA et al, 2013).

Therefore, Primary Care, by representing the first level of health care for the individual and the community, directs the work of all other levels of the health system. For this level of care to truly achieve its purposes, it must be linked to variables in the physical and social environment in which people live and work, and not just focus on the immediate object of absence of illness.

The search for this articulation breaks with the prevailing understanding for a long time, according to which health was synonymous with the absence of physical and mental illnesses, determining health services to prioritize curative medical care in their organization (ANDRADE et al, 2017).

These definitions point to the complexity of the topic, which requires considering the need for intersectoral and interdisciplinary actions to create healthy living conditions. Guaranteeing health therefore transcends the sphere of clinical-care activities, bringing the need to construct new concepts that can broadly encompass the health-disease process (GIOVANELLA, 2018).

In this sense, the SUS, as a State policy for improving the quality of life and affirming the right to life and health, dialogues with reflections and movements within the scope of health promotion.

To develop comprehensive care for the user's health, interdisciplinary work becomes a real necessity for the health professional. Interdisciplinary knowledge and practice emerge as alternatives to promote the interrelationship between different areas of knowledge, between professionals and between them common sense, relating to divergent thinking that requires creativity and flexibility, the principle of maximum exploration of potential of each science and understanding its limits (BRASIL, 2006).

Interdisciplinary knowledge provides professionals with a vision that transcends the specificity of their knowledge, and their performance becomes broad and contextualized, enabling them to understand the social implications of their practice so that it can truly become a collective and effective product.

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Through the principle of integrality, therefore, SUS opens doors for new actors in health care teams. health, to take care of health in a comprehensive way, making it essential that, at the first level of care, there are interdisciplinary teams that develop intersectoral actions. And the professional psychologist, in this context, offers a great contribution to the contextualized and integral understanding of the individual, families and the community (OLIVEIRA et al, 2013).

The psychologist is responsible for a very wide range of activities, which include the study and evaluation of the emotional development and mental and social processes of individuals, groups and institutions, the diagnosis and evaluation of emotional and mental disorders and social adaptation and, also, the coordination of teams and activities in the area (CBO, 2002).

But in Primary Care, he finds the main challenge in transforming the paradigm of individual care into a reform that enables "primary care, as a set of values and principles to guide the development of health systems" (WHO, 2008).

The role of the Psychologist in Primary Care

The psychologist in Primary Care is considered the professional mediator in promoting the mental health of the population, beyond the "office" and its "clinic", activating promotion actions and working with the participation of the community.(CFP, 2019).

Its role is crucial when it comes to bringing about positive changes, that is, as an agent of change, in situations and people who are vulnerable or suffering from a pathology, making this assisted population aware of the importance of adhering to treatment, forming operational working groups to meet emerging demands, resistance and possible withdrawals from users of these services (WE READ; LHULLIER, 2020).

Insert yourself into this public health context in prevention policies, showing the true role of the Psychologist in these spaces, not delimiting this work only from a traditional and individualizing clinical context, but rather from an expanded psychology, working with demands wherever they are , in the community, at the UBS, in hospitals, as long as it brings to the person assisted a feeling of being the main actor in this "health-illness" context(PIRES & BRAGA, 2009).

Therefore, the psychologist inserted in this area of health work works with the subject in an integral way, intervening in whatever is necessary so that their physical or mental health is not affected, understanding that that individual is a person who lives in a community and within it there are contexts that are part of that subject and that they can empower themselves through interventions and guidance carried out by the psychologist with this being, becoming an important piece not only for practicing a traditional and individualizing clinic, but mainly in the community aspect, going where this community and this subject are inserted (CFP, 2019).

The studies highlighted the importance of their inclusion in the ESF, and their recognition by other health professionals is also clear, regarding the need for their presence at all levels of health, from the primary level, through the secondary level to the tertiary.

Regarding the social role of the psychologist, the research also brings the experience of groups to discuss cases among a UBS team, in order to reflect on the importance of the psychologist in this context, enhancing sociocultural understanding linked to health, through action in NASF. Therefore, they reinforce the need for psychologists to be increasingly included in PHC with the aim of implementing the expanded clinic through matrix support, promoting action in collective health (KLEIN, 2015).

Given this, one can think about the importance of new references for the profession of psychology, especially with regard to collective health practice within the public sector.

Above all, the analysis of the articles shows that this action based on the social demands a positioning that needs to be constructed since the training of professionals, as this perspective is only possible in the face of a deconstruction of knowledge. The psychologist must be available to learn and understand different realities, seeking appropriate interventions and holding others involved jointly responsible.

Challenges of psychology in PHC

There are many factors that interact recursively for the current situation of Psychology in public health, which is still considered undefined and unsatisfactory, especially in PHC. One of the most debated factors refers to - training of psychologists and other health professionals (ALEXANDRE; ROMANGNOLI, 2017).

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Factors that justify this lack of preparation include insufficient training to work in the public sector. lack of training and effective technical support to work at this level of care. And the need for mental health to be more inclusive of people in the community, in their family well-being, and not something separate, excluded, that comes for consultation, which has been the reality in primary health in the FHS. This draws attention to the importance of comprehensive care, without separating mental health from other areas of health (CEZÁRIO, 2019).

Thus, the need to deconstruct the hegemony of knowledge was verified, to act in a humanized and contextualized way. This collective health movement is a complex factor, which requires a reformulation of professional training, as well as an interest in the humanization of the technical team in primary care.

It was also possible to notice that the role of the psychologist in public health is not clear, neither for the current legislation nor for the professional class. This weakens the performance of this professional, disqualifying their potential, especially when it comes to basic health care (BÖING, ELISANGELA AND CREPALDI, MARIA, 2020).

The research showed that to try to resolve this issue, partnerships were established in various regions of the country, between the Ministry of Health, Universities and Municipal Health Departments to create specialization courses and residencies in family health with the aim of training professionals. health professionals, including psychologists, to develop work in accordance with the ESF model (HORI; NASCIMENTO, 2014).

However, what is clear, in practice, is that professionals, even after two years of specific education and training, as is the case of multidisciplinary residencies, find themselves in an indefinite situation at the UBS, as they do not find the space and conditions to develop work consistent with the new model of health care that is intended to be implemented.

And the primary condition that psychologists lack is to be part of an interdisciplinary health team, and to have the possibility of assuming the role of health professionals, like others, and not exclusively that of specialists in specialized care.

Faced with this situation, although these education and training courses are fundamental strategies for the performance of health professionals in accordance with the new care model, they cannot be taken as the only measures, as changing the model is a complex process that involves many inter-
- related (FREIRE; PICHELLI, 2013).

There is also an obstacle between the curative and preventive commitment of the ESF, creating confusion among professionals in the face of exacerbated demands. Studies have shown that currently the demand for actions aimed at “disease is much greater than health”, not having much space for preventive interventions (CINTRA; BERNARDO, 2017).

Therefore, amid this deconstitution of roles and commitments, the role of the psychologist is not well understood in primary care. The professional does not have clarity nor are there sufficient guidelines to support their role in this sphere. Thus, workers and users end up waiting for the psychologist to act individually, or even as a “fix-it” professional, who is there to intervene in all these emerging demands.

But, in reality, the health sector urgently needs care that does not just restrict the reduction of the individual in the biomedical context, being considered as objects in the hands of professionals. The psychologist is a professional trained and qualified for demands beyond the biological order, most of which are neglected by health team professionals, such as doctors, nurses and dentists, where they are not trained to act in the context of this mental health, and mainly be allocated only in relation to health as a process of absence of disease (SILVA, BRUSCATO, 2012).

However, in the view of these professionals, the unique and exclusive vision of the traditional and individualizing clinic still persists, being still seen as the professional who only deals with framing issues of this subject and mental disorders.

The review also showed that professionals identified that the psychologist is the only professional trained and qualified to work in the context of mental health, being seen as a professional with a different perspective, capable of perceiving nuances, psychological contexts, which are precisely placing barriers in the treatment of this subject in the health context (SCHNEIDER, 2015).

In this context, training professional psychologists to work in this area of health has always been and will be a huge challenge, as they must have within their scope of work tools that permeate techniques learned in academia, where in practice a divergence between what is known and what really needs to be done (PEREIRA; ALVES, 2017).

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Therefore, the role of professional psychologists at the beginning of their practice in the context of UBS was marked solely and exclusively by a clinical, elitist and individualizing practice, brought with a bias that was learned in academia, a context that does not exist for users seeking assistance in basic health care.

And because it is a practice that has its legacy marked by the framing of the subject and only clinical care in the context of mental health, and more clearly in the context of treating people with mental disorders, this research has identified that many people still see the Psychology limited to this sphere, of madness and clinical. Very hard and slow work is needed so that people in general can understand that mental health goes beyond madness (MOTTA; CARVALHO, 2015).

Still representing a great challenge for the professionals involved, and pointing out the need to formulate and reformulate practices aimed at the collective. It is clear that the need for a paradigm review by health professionals does not seem to be exclusive to psychology, as other professionals in the health team have also presented difficulties in applying the guidelines recommended in current public policies.

The professional performance of the different areas of the health field, in the Brazilian context, is a complex issue to be debated, given the diversity of variables involved, among which the changes in public health care policies and the current characterization of services stand out. basic care offered to the population (FIGUEIREDO, 2015).

Furthermore, the presence of the psychologist at the UBS breaks paradigms, as there is a stereotype of the professional psychologist rooted in a unique and exclusive vision in the field of mental health, more precisely in mental disorders. The results showed that many health professionals no longer perceive the psychologist as inserted only in the context of disorders, but mainly working with these professionals for any and all demands, such as home visits, listening, reception, facilitating processes and working on demands related to the team such as a whole (FAUSTO; ALMEIDA; BOUSQUAT, 2018).

Another challenge is that it is necessary to move away from the paradigm of individualized care and focusing on curing symptoms, because when there is a professional psychologist inserted in primary care, their interventions end up in individualized care, justified by the team's resistance to other intervention proposals.

There is a perceived need to qualify the training process of psychologists who work in primary care, aiming at collective and integrative interventions, especially with regard to the social commitment of these professionals in the face of their interventions. And expand the understanding of other professionals about health in a comprehensive way and invest in action based on collective health without “distinction between health and mental health'' (ARCHANJO, 2012).

This transformation of the biomedical model to a collective perspective of producing health, mainly in primary care, corresponds to the main premise of collective health, focusing on a horizontal and integrated practice (CAMPOS, 2013).

This is because this paradigm favors the healthy development of the population, by including mental health in care, as well as transforming assistance through humanized actions. It was evident that the objective of the psychologist who works in basic health care is to propose collective and integrated interventions in the search for a more autonomous and conscious community, avoiding curative health care based on medicalization.

Therefore, with the psychology professional inserted in primary care, the modes of action of other professionals are also affected, expanding the understanding of health, reducing stigmas and mediating relationships with the user and between teams. However, to achieve the aforementioned objectives, a review of the guidelines that underpin psychologists' practices in primary care is necessary.

With the psychologist working in the teamsNASF-ABin a way aimed at technical support in the territory, it is possible, with the use of dialogues, training and support for health professionals in complex interventions, provide support and promote actions in collective health, in addition to helping to humanize care, by promoting qualified listening and creating professional bonds, facilitating user adherence to treatments.

In this way, it is aimed at collective health actions through the expanded clinic, as stipulated by SUS regulations, in order to generate less unnecessary public health spending, taking into account the reduction in medicalization and lower rates of illness.

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CONCLUSION

The study showed that psychologists have the challenge of working as a team and in shared health practices. teaching, considered a fundamental part in the process of promoting, protecting and recovering health, located in primary health care. The professional psychologist is not directly part of the ESF team, but, on the other hand, he provides support through the NASF-AB, thus, together with other professionals in this team, they work with the aim of expanding the scope of primary care, inserting themselves in this context to promote comprehensive health, in the promotion, protection and recovery of health.

The review highlighted several difficulties faced by psychologists in PHC, but the most challenging is breaking with the paradigm of the biomedical model, still rooted in the actions developed by primary care, as a factor that hinders the process of collective health interventions. From this perspective, health care must have a multidisciplinary and interdisciplinary character..

In this context, it was understood that the psychologist's work can be inserted into the UBS in a contextualized way, understanding the subject and his demands according to his reality, building and constituting this subject as the main actor in this process, allowing this individual to share values and beliefs regarding the health factor in an integral way, problematizing, guiding and facilitating this process in its specific demand.

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