The impact and trends of Integrative Community Therapy on the production of mental health care

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The increasing demand of people to obtain relief from the pains of the soul is nothing new within the migratory context. Migrants are characters fighting a silent battle, invisible fruit of unfair and excluding economic policies. This battle, which has no apparent weapons, leaves deep scars on the body and soul of human beings.

For years, the Northeast region of Brazil has been the setting of people who migrate from the field to the city in search of dreams and better living conditions. Whole families move to large cities, places that provide no support, and thus occupy peripheral urban spaces with no perspective of ever achieving the "golden dream".

Through our daily work with individuals who suffer the consequences of migration, we began to understand the drama of this Brazilian population. To be a migrant and poor is as harrowing and frustrating as being a "lost soul" seeking contact with the living, without ever being seen or heard.

Over these last 25 years of community work, we have observed that "diseases of the soul" can be cured when individuals find a safe and accepting place to talk about their pain. When this space is found in a group context, the healing effect is much greater. People have problems, but they also have solutions and need to be stimulated to become aware of their human and cultural potential.

For those who are not yet familiar with ICT, we define it as a safe and welcoming place to deal with suffering, where people meet and sit side by side, in a circle, to share their concerns, problems or tough situations. However, it is also a place to express joy, celebrate victories and success stories. With ICT, we learn from listening to the participants' life stories, valuing the knowledge that each one has acquired through their experience[1]. In this collective space of listening, words, and building bonds, we free ourselves of an imprisoning past and allow ourselves to exist in relationships with others. We rediscover our humanity and the value of offering a helping hand.

Integrative community therapy helps form bonds, both affective and social, by creating or recreating communities whose sense of belonging is absent or debilitated. People no longer feel strange and rootless and rebuild their sense of identity based on the similarities with and the life stories of those beside them, people who until that moment were strangers. Thus, ICT forms ties, friendships, affinities, and empathy.

In ICT, participation and protagonism are respected. It values the uniqueness of subjects and horizontality of dialog. In ICT practice, all have equal rights to their "turn and voice", which implies practicing horizontality. There is no hierarchy, no one is the "keeper of knowledge"; all participants present in the circle can learn from the narratives shared, and the solutions found by each individual.

The stories told in these circles represent true pearls that affect the health and lifestyle of all those present. As we listened to these stories, we glimpsed the possibility of opening a space for scientific investigation to understand the changes that occurred in people based on their participation in the therapy sessions.

Research into Integrative Community Therapy is relatively new in Brazil. Although its object of study has existed for over 25 years, this lag between the emergence of the object and its study is not a surprise. It can even be considered normal for a set of practices, modes of being and doing, thinking and feeling, or what Émile Durkheim[2] named *social facts*, to take a while before being attracting the curiosity of academics. In order for a set of practices to produce effects that draw the attention of researchers, they must have already caused such consequences in a way that, through its application and dissemination, it is unavoidable that teaching and research institutions turn to the new expanding phenomenon.

In this context, we reiterate that research on ICT is still recent in academic circles. The first articles published in indexed scientific periodicals date back to 2006. A survey conducted on databases found that up to 2012, there were 21 articles, 17 master's theses and 2 doctoral dissertations on the topic. The main areas of research were health and education. As a tool of mental health care, ICT reinforces existing support networks, creates spaces of inclusion and values diversity, recovering the cultural heritage and personal history of individuals[3].

Such studies show the effectiveness of this technology of care in different contexts and diversified groups. In Brazil, there are studies on ICT carried out in basic health units, psychosocial care centers, hospitals, schools, neighborhood associations, churches, prisons, and other community spaces. This therapy has also been applied in mixed (general communities) or specific (older adults, women, adolescents, children) groups and those with similar problems (users of psychosocial care centers and their family members, individuals undergoing hemodialysis, children receiving chemotherapy, women in violent situations, visually impaired individuals, among others).

Research into ICT is based on different methods and approaches. However, qualitative studies are the most predominant, as ICT has been adopting the action research method, defined as the "rejection of the monopoly of universities over the production of knowledge." This does not imply denying academic knowledge, but recovering this other source for generating knowledge: people's experience. It is about allowing for a scientifically-based method to enable another more intuitive and cultural method to take shape and increase awareness, consistency, and recognition of skills acquired by non-conventional means[4].

With this in mind, we realize that oral history could also recover such knowledge, as it gives priority to that which is experienced, from the root, at the root and for the root. The results of such research have been encouraging.

Based on these investigations we can affirm that the impact of ICT on the production of mental health care is innovative. Although it has existed for over two decades, only in 2010, in the IV Brazilian National Conference on Mental Health was it recognized as an advanced psychosocial intervention and became part of the Ministry of Health's basic health care charter on mental health [5]. Such recognition was a result of the efforts expended by the Brazilian Association of Community Therapy – ABRATECOM and 46 ICT Training Centers. Since 2005, they have been working in partnership with institutions affiliated with Federal, State, and Municipal governments to train professionals in health care and other similar fields to develop ICT in their respective working environments.

In addition to other integrative and complementary practices, ICT has been contributing to reverse illness caused by continuous stress, despair, abandonment, and insecurity. All these elements comprise the **syndrome of psychic misery**, which is the result of a triple loss: loss of confidence in oneself, in others and in the future. Individuals suffering from this syndrome have lost their greatest asset. They no longer believe in their potential, depreciate themselves, feel reduced to nobody both before their families and society, and believe that they no longer deserve love from others[4].

In short, in this current context, there is a strong trend in mental health to adopt care models and practices that invest in the psychosocial realm. Integrative Community Therapy has stood out as one of these practices, with strong possibilities for strengthening the community-based model, focused on territory, for it is there where people live, love, work, suffer and build their life plans. Thus, ICT proposes to join forces with community practices already in place, offering an effective and promising approach to the tremendous demand for mental health care services.

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