

**INTERVENTION IN
WORKER HEALTH,
MENTAL HEALTH AND
INTEGRATIVE AND
COMPLEMENTARY
PRACTICES IN
PRIMARY HEALTH
CARE DURING THE
COVID19 PANDEMIC:
EXPERIENCE
REPORT FROM THE
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 resignification of the role of universities, going beyond the sense of academic training and collaborating directly with the community. The university extension encourages the contact of the professional in training with the practical activity and the application of the knowledge learned during the course. It contributes to the training of health professionals by providing academics with activities in various scenarios related to health care and new experiences of improving health care (NASCIMENTO et al., 2019). For Nunes et al. (2019) the COVID-19 pandemic stimulated changes in several scenarios in universities that adapted their face-to-face activities to the new remote model, including university extension.

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

Interprofessionality comprises different health professionals who work collaboratively, interdependently based on Health Competencies: collaborative leadership, interprofessional communication, teamwork, conflict resolution, community-centered care and role clarity. Interprofessional Education (IPE) consists of a health strategy, aligned with the principles of the SUS, effective in carrying out actions to promote, prevent, treat and rehabilitate the health of individuals and communities. Interactive learning

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

Since the International Conference on Primary Health Care – World Health Organization (WHO) Alma-Ata of 1978 and later the Astana Conference of 2018 – Primary Health Care (PHC) is recognized as the first level of contact for individuals, the family and community with the national health system whereby health care is brought as closely as possible to the places where people live and work, and constitutes the first element of an ongoing health care process (WORLD HEALTH ORGANIZATION AND UNITED NATIONS). CHILDREN’S FUND, 1978; WORLD HEALTH ORGANIZATION, 2019).

In Brazil, such assumptions inspired the 1988 Constitution to establish the free, universal, integral and equitable Unified Health System (SUS) and, later, the Family Health Strategy (ESF) as a decentralized public policy with a family and community focus, priority in the organization of the primary care level, with a coordinating role in the care network. In this sense, the Basic Operational Standard 1/96 (BRASIL, 1996), among other provisions.

The ESF is guided by the principles of universality, accessibility, bonding, continuity of care, comprehensive care, accountability, humanization, equity and social participation. These guidelines are developed by actions of Family Health Teams (ESF), with a multiprofessional configuration, responsible for caring for the populations assigned to them due to the territory covered by the Basic Health Unit (BHU). In the work of multiprofessional teams, the participation of Community Health Agents (ACS) stands out (BRAZIL, 2011).

With the advent of the Sars-CoV-2

pandemic and the emergence of the first cases in Brazil, in January 2020, health professionals became extremely exposed to the contagion of the virus, which spreads rapidly in the population. Given this scenario, they showed 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 through society, culminating in anxiety, depression, insomnia and others. As aggravating these symptoms, many had the need to move away 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 diseases, since the volume of demands in PHC to mitigate respiratory symptoms was very high in this period. Linked 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 dealing with COVID 19 (PRADO et al; 2020).

The pandemic has brought about numerous challenges accompanied by feelings of fear, anxiety and doubts in the work environment. Health professionals are faced with the challenge of decision-making that permeate ethical dilemmas due to lack of resources, high stress load, emotional overload and little knowledge about the transmission and adequate treatment for the disease caused by SARS-CoV-2. Decision-making is constant in the daily lives of health professionals in the face of the coronavirus, requiring difficult decisions, which result in mental suffering (VALENTE et al., 2021).

Integrative and Complementary Practices in Health (PICS) consist of a set of techniques that work in different spheres of health, exerting a strong influence on mental health. These are non-drug methods that aim to promote disease prevention and health promotion and

recovery through self-care and valuing the individual as the protagonist of their healing process. In addition, 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 PHC in Brazil and in the world as recommended by the Alma-Ata Declaration (1978), the ESF being the ideal model for implementing the practices, since it is based on monitoring and bonding with the user (BARBOSA et al, 2019). Its viability stems from the proximity of the health team to the individuals, as it is inserted in the territory and in their daily lives, which contributes to the patients' adherence to the treatment and the proposed care strategies.

For Goleman (1999),

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

The PICS are an important tool for the care of users and, in this epidemiological context, especially for health professionals who have too many demands for 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 be replicated at opportune times, in practices ideally carried out daily to change habits both in the workplace and in the family.

Thus, this article aims to report a university extension experience for the interprofessional mental health care of PHC professionals with PICS in the context of the Sars-Cov-2

pandemic in a municipality in Minas Gerais, Brazil. It is expected to contribute to the dissemination of teaching and health care strategies that are viable in adverse scenarios within the scope of PHC.

METHODOLOGY

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

The experience report was developed from interprofessional intervention actions for health promotion, prevention and mental health care, aimed at health professionals working in the face of the Covid-19 Pandemic in PHC, through the realization and sharing of strategies of self-care based on PICS. These actions resulted from the PET-Saúde Interprofissionalidade Project coordinated by the Ministry of Health (MS) and which involved more than 100 Brazilian teaching and health service institutions with the objective of providing interprofessional experiences for undergraduates from different health courses. In the Municipality of Juiz de Fora (MG) the Federal University of Juiz de Fora (UFJF) and the Municipality of Juiz de Fora (PJF) participated, notably the Family Health Units (USF). The practice scenarios are located in the northern region of the municipality exposed to social vulnerability, and the strategies were designed according to the needs raised by the Health Teams.

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

With the worsening of the COVID-19

pandemic and the increasing work and emotional overload of health workers, the development of care strategies focused on mental health and the well-being of health teams has become a priority, to be subsequently comprehensive care strategies were instituted by PICS with users. As an action to mitigate mental suffering in the teams, PICS, specifically meditation and the body practice of self-massage, were considered an important tool, since they are non-drug techniques, possible to be applied and performed by trained individuals, with proven results for the management of anxiety, stress, depression and others.

Prior to the intervention, the PET team received theoretical and practical training, under the direction of a physician from the PJF's Service of Integrative and Complementary Practices (SPIC), preceptor of the project. With the training, the entire PET team became able to conduct PICS activities. In addition, the PET team held an Extension Course in Interprofessionalism, where all interprofessional skills were addressed, as well as their applicability and importance for health services.

The intervention 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, due to the pandemic scenario and telehealth limitations. The workshops were divided into three moments: care for the team, continuing education and planning on interprofessionalism and mental health. The first moment consisted of providing care to the team through self-massage and guided meditation, aiming to provide an experience of self-care and relaxation, promoting mental health care. This care also had the function of Permanent Education in PICS for later

patient care. The meetings consisted of care in body practices (self-massage) and group meditation with focused attention approaches and open monitoring, with attention to abdominal breathing and the perception of external (environment) and internal (thoughts) stimuli; followed by continuing education activities, focused on IPE in health and interprofessional skills for mental health care.

Information sharing was carried out by telehealth, synchronous meet and WhatsApp groups. Prior to the workshops, participatory health planning was carried out with the PET project team and USF/APS teams to identify and prioritize health problems and needs in the territories.

In consideration of ethical assumptions, the Interprofessional Care Workshops in PICS were recorded in recording and written reports of each workshop, with the proper authorization of the participants at the beginning of each session, and their use for the evaluation of the results and the construction of proposals for the planning of the integral care of the team and, consequently, of the users. At the end of the discussions on the six interprofessional competences, a seventh workshop was held with the USF teams to evaluate the entire process. In addition, this experience report includes among the authors the coordinators of the Health Teams, and other preceptors of the services, with a view to guaranteeing ethics and legitimacy to the information reported here.

Table 1 presents the methodology of the intervention regarding the care of the health professional; EPS for PICS; EPS 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 PHC worker health analyze and identify benefits achieved, limitations faced and suggested referrals. They include aspects related to participation in the extension project, the context of the pandemic, the work process, care in PICS and EPS. These elements are described in Table 2, below.

BENEFITS OF INTERPROFESSIONAL CARE IN PICS TO HEALTH WORKERS IN PHC

The branch of the university extension allows articulation and approximation between the community and academia. The university, as an educator, brings a freshness to the daily care, bringing scientific updates and enabling reflection on professional practice. Health services enable contact with society's scenario and its needs, adding mutual benefits. The inquiries and uncertainties of the students also make the professionals train themselves to receive them, seeking in science support for the activities and functions developed.

The extension team was composed of students from different health courses, which made it possible to expand the vision and discussions on the themes. In addition, it made it possible for UBS professionals to have contact with areas that are not part of PHC, which expanded comprehensive care.

For Griggio et al. (2020), interprofessional education (IPE) favors the process of professional training for health and reinforces permanent education, stimulating interprofessional action. In addition, it is effective in consolidating knowledge and advancing interprofessional teamwork, fundamental aspects for the acquisition of interprofessional skills.

The UBS are composed of different teams, which meet the demands of different territories, however, discussions about the dynamics of services are held in common meetings. As a result, it is impossible for the

PROJECT	CARE FOR HEALTH PROFESSIONALS	PERMANENT EDUCATION FOR PICS	PERMANENT EDUCATION FOR INTERPROFESSIONAL COMPETENCE	PLANNING INTERPROFESSIONAL ACTIONS IN MENTAL HEALTH
1	Reception of the Team; Meditation and self-massage practices (PIOS)	PICS strategies and techniques for patient care	Patient/Family/Community Centered Care	Action planning for patient-centered mental health care
2	Reception of the Team; Meditation and self-massage practices (PICS)	PICS strategies and techniques for patient care	Conflict resolution	Action planning for conflict resolution in mental health care
3	Reception of the Team; Meditation and self-massage practices (PICS)	PICS strategies and techniques for patient care	Clarification of roles	Action planning for Clarifying Roles in mental health care
4	Reception of the Team; Meditation and self-massage practices (PICS)	PICS strategies and techniques for patient care	Team work	Action planning for Teamwork in mental health care
5	Reception of the Team; Meditation and self-massage practices (PICS)	PICS strategies and techniques for patient care	Collaborative Leadership	Action planning for the exercise of Collaborative Leadership in mental health care
6	Reception of the Team; Meditation and self-massage practices (PICS)	PICS strategies and techniques for patient care	Interprofessional Communication	Action planning for interprofessional communication in mental health care
7	Reception of the Team; Meditation and self-massage practices (PICS)	PICS strategies and techniques for patient care	Final evaluation	Feasibility assessment of the continuity of the Project

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

Source: the authors.

BENEFÍTS	LIMITATIONS	POSSIBILITIES
<p>Interaction between University and health services;</p> <p>Opportunity for 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 competences and interprofessional skills in Health work (EPS);</p> <p>Establishment of protected time for Team meetings, case discussions, and planning of care, management 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 Extension Project;</p> <p>Difficulty in maintaining protected times 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>Resource limitations technological and infrastructure, such as: the internet, computers and other audiovisual devices;</p> <p>Difficulty in health management's consent to the participation of professionals in the Workshops during working hours.</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 routine occupational health, PICS 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 extension project in the participating Health Units;</p> <p>Expansion of experiences and methodologies of care and continuing education proposed for other health teams in the municipality;</p> <p>Maintenance of the teams' routine schedules for carrying out PICS and self-care activities.</p> <p>Maintenance of the teams' routine schedules for meeting and action planning;</p>

Table 2 - Evaluation of the workshops regarding the benefits, limitations and possibilities of intervention in workers' health for Family Health Strategy Teams in Juiz de Fora (MG), Brazil, 2021.

Source: the authors.

particularities and specific needs of each territory to be explored in depth. In this context, with the implementation of the workshops carried out separately by teams, it provided the opportunity for protected times, where the unique demands of the comprehensive community were discussed. In addition, the workshops optimized the time between the teams, contributing to the strengthening of the bond between the professionals.

To understand the benefits for assistance, the team reorganized the weekly schedule of all professionals in order to achieve, with each team, fixed weekly times of one hour and thirty minutes for meetings. This flexibility of schedules came from sensitivity to the perceived need for moments to take care of

themselves and the fragility of the team in the pandemic. For the care of the other to happen, it is necessary to be healthy, understanding health in its biopsychosocial definition.

Mental Health in PHC is still a major challenge, both due to the overload of several other chronic comorbidities that the service meets and the lack of professional qualifications to care for these sufferings. The APS ends up being only a referrer for specialized services and a source of revenue renewal. This way, bringing this theme to reflection provided greater knowledge about the limitations of Health Teams in view of the above. An even greater fear is when we look at the mental health of professionals who work in the care of the population's demands and often neglect their own needs.

The mental health of workers was further shaken by the Pandemic, which for the world population was a source of fear, anguish and anxiety, and for health workers this suffering was intensified. The constant evolution of the symptoms that in many cases evolved to the deaths of known people generated great emotional shock to these professionals.

The pandemic brought numerous challenges to the execution of activities, to work, being accompanied by feelings of fear, anxiety and doubts in the work environment. Health professionals are faced with the challenge of decision-making that permeate ethical dilemmas due to lack of resources, high stress load, emotional overload and little knowledge about the transmission and adequate treatment for the disease caused by SARS-CoV-2, in addition to overload and exhaustion. This way, decision-making is constant in the daily lives of health professionals in the face of the coronavirus, requiring difficult decisions, which result in mental suffering (VALENTE et al., 2021).

With this, it was realized that it is necessary for the institutions in which these professionals are inserted to provide workers with good working conditions, including psychological support and support for professionals, who risk themselves daily to take care of other lives (VALENTE et al., 2021).

This way, the learning and practice of PICS, in this case, self-massage and meditation, brought self-care resources to professionals, both in the work environment, at home or with their families. These practices aim to promote relaxation and self-care during guided practice and enable them to replicate at opportune times. In addition, the professionals reported having used the moment to rest and relieve the stress arising from the overload linked to the pandemic moment. Such practices can be performed daily by them and taught to patients

undergoing treatment at the UBS, as a way of relieving psychological problems, such as anxious and depressive symptoms.

Meditation was used to promote emotional control, focusing attention on a specific focus, in this case, diaphragmatic breathing. Diaphragmatic breathing aims to use the diaphragm muscle, which allows for a better movement of oxygen and, thus, facilitates the regulation of vital functions.

The purpose, when establishing a focus for the realization of meditation, is to control the attention to the interior, despising any movement and/or external thoughts, which contributes to the control of stress and anxiety (GOLEMAN, 1999).

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

The implementation of the extension project had as desired outcomes the systematization and construction of strategies for interprofessional health practices that could be incorporated into the routine of the USF teams after the end of the extension action. However, the dynamics proposed for the workshops were presented, in part, as a limitation to the achievement of this objective, insofar as it was not possible to delve into the different programmed stages 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 mentioned as a limitation by the participants, as they were carried out weekly, making it impossible for the Team members to repeat and create daily habits.

On the other hand, the extension successfully fulfilled its purpose of fostering the reorientation of interprofessional practices for worker health care and stimulating reflection on the importance of personal choices about self-care.

This way, 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 (NASCIMENTO et al., 2019).

The short duration of the workshops was also reported by the participants as difficulties, which limited the deepening of meditative practices, combined with the work overload of the teams that, in some cases, made it impossible for professionals to participate in the protected times for the meetings. In addition, many proposed activities demanded more time and engagement from the PHC teams, users and students of the project. The practice of meditation, for example, requires constancy and the adoption of attitudes towards life, constituting a process to be built over time.

Among the limitations imposed by the pandemic itself, the suspension of face-to-face academic activities implied the use of the virtual environment, which made it difficult to create links between the extension project team and health professionals.

The exponential growth of the epidemic and the overload of health services were experienced even in developed countries with more material resources, such as Italy and the United States, revealing the vulnerability of health services. The Brazilian system, which was already in a situation of difficulty in providing universal and equitable care to the population, suffered the consequences of this global crisis (SOARES et al, 2020) felt in the participating units also due to the removal of professionals due to physical or mental illness, which in turn, led to incomplete participation or absence of professionals in the workshops.

In promoting interprofessionalism, institutional support is essential. The IPE of professionals working in Primary Health Care

(PHC) is necessary to encourage and direct the changes to be carried out. Regarding the characteristics of the work processes, it was observed that it was difficult for local management to agree to the participation of professionals in the Workshops during working hours and the cancellation of meetings due to limitations of the teams' agenda.

There was also a lack of technological resources and infrastructure, such as: the internet, computers and other audiovisual devices to carry out the actions. 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 E RIBEIRO, 2021).

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

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

The completion of the workshops by the extension project, a final evaluation was carried out, in which it was possible to identify some possibilities for improvement and continuity of the project, among them were pointed out: Continuity of the Workshops and the extension project in the participating Health Units; Expansion of experiences and methodologies of care and continuing education proposed for other health teams in

the municipality; Maintenance of the teams' routine schedules for carrying out PICS and self-care activities; and Maintenance of the Teams' routine schedules for meetings and action planning.

CONCLUSION

The project developed between PET-Saúde Interprofissionalidade and the Municipality of Juiz de Fora (PJF), notably the Family Health Units (USF), with its performance in the interaction of undergraduates from different courses, health professionals and the contemplated community generated, certainly, several positive fruits. Among them, the positive impacts on the academic training of students stand out, work that promoted: teachings on the subject, future professionals well prepared to work together, alternative methods to conventional biomedical care for professionals and patients in suffering, dissemination of knowledge and execution of PICS, strengthening of PHC, among others. The bond created between PHC and

university professionals brought benefits of improvement in their working practices, connection to other moments of discussion and support. During the execution of the project, the meetings were moments in which the team could meet, creating a protected time for this function, dialogue, improve teamwork and promote self-care and relaxation through meditation and body practices. reality of work, difficulties and potentialities, creation of bonds, learning and identification of modifiable problems and elaboration of solutions. In a way, it was a way of dealing with the Sars-Cov-2 Pandemic, in a more integrative and humanized way, through the mental health care of front-line professionals. In addition, the full mental health of health professionals from the intervention performed allows care for patients in the community in a lighter and more effective way. In short, interprofessional practices proved to be effective for workers' health care and important for the continuing education of health professionals.

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