

Occupational Therapy in mental health in Brazilian congresses: a scope review

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Abstract: Introduction: The psychiatric reform has demanded to Occupational Therapy a boarder type of care focused on autonomy production of individuals facing social exclusion. Despite the wide academic production in this subject, there is lack of studies addressing professional practice on new mental health services. Objective: This work aims to identify occupational therapy mental health practices through a scope review of the XI to XIV annals of Brazilian Occupational Therapy Congresses. Method: A total of 165 abstracts were analyzed. Results: The results show predominance of reports of experience and abstracts from the Southeastern region, with more adult-oriented practices in Psychosocial Care Centers (CAPS), in group and individual strategies, with no focus on medical diagnoses, and with little explanation of theoretical references. Qualitatively, the results highlight psychosocial rehabilitation as reference, and particularities of the therapeutic process and practical experiences in professional training. Conclusion: We believe that the dialogue between issues and impasses about these practices encourages reflections on assistance and research in occupational therapy in Brazil in mental health field.

Keywords: *Mental Health, Occupational Therapy, Health Knowledge, Attitudes and Practices, Professional Practice.*

Terapia Ocupacional em saúde mental nos congressos brasileiros: uma revisão de escopo

Resumo: Introdução: A reforma psiquiátrica vem demandando da terapia ocupacional um cuidado ampliado orientado à produção de autonomia de indivíduos que enfrentam a exclusão social. Apesar de ampla produção acadêmica nessa temática, há fragilidade nos registros acerca da prática do profissional nos novos serviços de saúde mental. Objetivo: O objetivo deste trabalho é identificar as práticas de terapia ocupacional em saúde mental por meio da revisão de escopo dos anais do XI ao XIV Congresso Brasileiro de Terapia Ocupacional. Método: Foram analisados 165 resumos com propostas práticas do cuidado em saúde mental. Resultados: Os resultados revelam predominância de relatos de experiência e procedência predominante da região Sudeste, com práticas mais voltadas a adultos, em Centros de Atenção Psicossocial (CAPS), em estratégias grupais e individuais, sem foco em diagnósticos médicos, e com pouca explicitação de seus referenciais teóricos. Qualitativamente, os resultados destacam a reabilitação psicossocial como norte, particularidades do processo terapêutico e das experiências práticas na formação profissional. Conclusão: Acredita-se que o diálogo entre questões e impasses acerca dessas práticas fomenta reflexões sobre o cuidado e a investigação que temos produzido em terapia ocupacional no Brasil no campo da saúde mental.

Palavras-chave: *Saúde Mental, Terapia Ocupacional, Conhecimentos, Atitudes e Práticas em Saúde, Prática Profissional.*

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1 Introduction

The beginning of the Psychiatric Reform process in Brazil is contemporaneous with the emergence of the Sanitary Movement in the 1970s, favoring changes of the models of care and management in health practices, collective health protection, equity in the provision of services and protagonism of the workers and patients of health services. The Psychiatric Reform has its own history, still under construction, in the movement to ensure care changes in mental health (LUZIO; YASUI, 2010).

As a process aimed at the emancipation of the individual in mental suffering, the reduction of stigma and the consequent increase of social skills and support, the psychosocial rehabilitation was the chosen strategy for the implantation and solidification of the Brazilian psychiatric reform, seeking

care centered on the empathetic host, the bond between workers and patients, the participation of the family, and the responsibility of each member of the team in the development of therapeutic projects. These should be individualized and include the patients' participation, respecting their choices and limits, aiming at the social insertion and a better quality of life (MÂNGIA; CASTILHO; DUARTE, 2006, p. 89).

Wachholz and Mariotti (2009), Almeida and Trevisan (2011) and Juns and Lancman (2011) emphasize that occupational therapists were supportive of the anti-asylum fight, participating in the new services from this movement, and guided current public mental health care policies, incorporating such reflections in graduate and postgraduate training, care practice and scientific production.

According to Mângia and Nicácio (2001), occupational therapy practices based on deinstitutionalization demanded and provided new ways of viewing, knowing and interacting with the experience of illness and social exclusion, overcoming any idea of activity as a response to idleness present in the asylum practices and valuing the human activity and the work for the promotion of mental health and the social insertion of the people. Occupational therapy demands practices delineated from singularities, potentialities and needs of the individuals, aiming at the construction of projects of life that favor the strengthening of bonds and new possibilities of exchanges of resources and affections to weave a network of articulated relationships for a social participation, construction of citizenship

and promotion of mental health (BEIRÃO; ALVES, 2010; ALMEIDA; TREVISAN, 2011).

However, Wachholz and Mariotti (2009) as well as Almeida and Trevisan (2011) emphasize that theoretical production of occupational therapists on the process of psychiatric reform, psychosocial rehabilitation and new mental health services are abundant, but there is a lack of publications that explicit the practice of occupational therapists in these new mental health services. Juns and Lancman (2011) point out that knowing occupational therapists' practices will allow knowing how the experiences of these professionals are modifying therapeutic practices.

In this context, we carried out a scope review of the abstracts presented in the annals of the XI to XIV Brazilian Occupational Therapy Congresses in the area of mental health, understanding that this event allows the exchange of knowledge produced in the field. This study has the potential to know what has been done in the entire national territory in mental health area, as well as content for analysis, of which may offer data for the design of standards of excellence for occupational therapy practice.

2 Method

This is a scope review to describe what occupational therapists have produced in mental health practice, through analysis of the annals of the 2009, 2011, 2013 and 2015 Brazilian Congresses of Occupational Therapy to identify the scenario of occupational therapy assistance. The scope review attempts to identify, analyze and systematize data on a broad subject, seeking to identify gaps. It has the steps of systematic review, in terms of transparency and replicability, but it does not focus on evaluating the quality of the evidence produced (ARKSEY; O'MALLEY, 2005).

In this scope review, the descriptors "mental health", "psychosocial rehabilitation" and "psychosocial care" was used in the search tools of the annals compact-disc. The criteria for eligibility of papers were abstracts referring to occupational therapy mental health practices that addressed therapeutic, educational and/or sociocultural proposals in a descriptive and analytical way; practices developed in Brazilian territory; abstracts in Portuguese. The exclusion criteria were works focused on the analysis of mental health public policies, theoretical studies without the presentation of reports or proposals of practices.

The abstracts chosen were manually entered into the StArt software (State of the Art through

Systematic Review), a tool to support systematic reviews in their planning, execution and final analysis of data (FABBRI et al., 2016). The descriptive analysis of the data was done using the StArt program, using the following analytical categories: type of methodology used (essay, experience report, qualitative research, quantitative research, mixed method research); Brazilian geopolitical region; target population; type of service (Psychosocial Care Center [CAPS], outpatient clinics, primary health care [ABS], long-term institution [ILPI], psychiatric hospital, general hospital, residential service [SRT], generic denomination service); types of practice (individual care, group care, therapeutic workshops, labor insertion, cultural actions, health education, matrix support strategy); presence of medical-clinical diagnosis; severity of mental disorder; origin of the abstract (Higher Education Institution or service); theoretical reference presented.

The textual material was submitted to Content Analysis (BARDIN, 2008) with the support of the software ALCESTE (Analyze Lexicale para Contexte d'Ensemble de Segments de Texte), which provides a quantitative analysis of textual data based on vocabulary textual distribution laws, made by the frequency and the χ^2 of the words, identifying classes of words that represent the different ways of discourse on the object of the investigation. Classes can be interpreted as a field of images about a given object (CAMARGO, 2005). After the analysis of the software, an exhaustive reading was performed, seeking a global apprehension of the material in its dynamic and interactive aspects, followed by the aggregation of the themes, explaining the contents of the final categories of analysis for the discussion of the results.

3 Descriptive Results

A total of 491 mental health studies were found and, after applying the inclusion and exclusion criteria, 165 papers were analyzed. The distribution of the abstracts analyzed in each edition of the Brazilian Congress of Occupational Therapy can be observed in Figure 1.

The difference in the number of abstracts presented in 2011 edition is probably due to the fact that the IX Latin American Occupational Therapy Congress happened simultaneously to the Brazilian Congress and the event occurred in the city of São Paulo, the State capital with the highest number of the Brazilian occupational therapists.

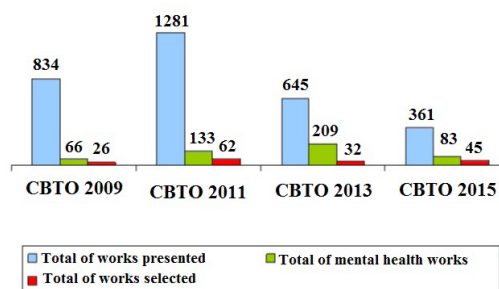


Figure 1. Number of works submitted and selected for the survey.

The results obtained by the descriptive analysis based on the analytical categories can be seen in Table 1.

4 Content Analysis Results

The ALCESTE software analysis of the 165 selected abstracts (corpus) produced 1,611 units of text and selected 98.75% of this total, corresponding to 1,590 units. The classification performed by the software identified five classes, and the corpus was divided into two sub-corpus, 1-2-3 and 4-5; Sub-corpus 1-2-3 was later divided into 1 and 2-3. The thematic analysis provided the identification of the topics treated in each class, as indicated in Figure 2.

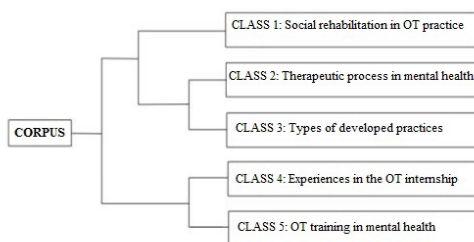
By apprehending the dynamic and interactive aspects of these results, it was possible to aggregate the themes, showing the following final categories of analysis: 1. occupational therapy practices based on psychosocial rehabilitation (class 1); 2. the occupational therapeutic process in mental health: practices in occupational therapy (class 2-3); 3. Occupational therapy training practices (classes 4-5). Each category will be presented in its scope, with excerpts representative of its sense nucleus, identified by the letter S, followed by the corresponding number.

4.1 Occupational therapy practices based on the psychosocial rehabilitation

This theme deals with psychosocial post-reform practices and services, based on the psychosocial rehabilitation reference, although in many of them this reference is not explicitly named. This category includes practices developed in the three fundamental scenarios of psychosocial rehabilitation, which are subject to constant change and differ in the

Table 1. Synthesis of the main analytical categories.

Classification	Results found
Type of methodology	71.5% of experience reports, 24.2% of qualitative research, 3.1% of quantitative research, and 1.2% of mixed method research.
Brazilian geopolitical region	46% of the Southeast region, 12.2% of the Northeast region, 11.5% of the North region, 9.7% of the South region, 3% of the Center-West region and 17.6% of abstracts did not show the region source.
Addressed population	76.4% with adult population, 18.1% with child and adolescent population, 5.5% with elderly population.
Type of service	38.2% in CAPS; 14.5% in other services, 13.3% in general hospital, 9.7% in generic name services, 9.1% in outpatient clinics, 8.5% in primary health care, 3,1% in housing, 2.4% in psychiatric hospitals, 1.2% in long-term institution for elderly.
Types of practice	50% of group, 18% of individual treatment, 15% of therapeutic workshops, 10% of labor insertion, 3% of health education, 2% of matrix support strategy, 2% of cultural actions.
Presence of medical-clinical diagnosis	60.6% are not diagnosed, 39.4% are diagnosed.
Severity of mental disorder	7.7% of mild disorders, 7.7% of moderate disorders, 30.8% of serious disorders, 23% of disorders due to alcohol and other drugs, 30.8% do not present mental disorder intensity.
Origin of the work	62.4% of works from high educational institution, 37.6% from services.
Theoretical reference	57.5% did not present theoretical references, 34% had correlated occupational therapy reference (46.4% with psychosocial rehabilitation, 16.1% with solidarity economy, 10.7% from Pichon Rivièrè and 26.8% with theoretical references that appeared only once, coming from Psychology, Sociology, Arts, 8.5% with reference to occupational therapy (71.4% referred to the Dynamic Occupational Therapy Method [MTOD/DOTM]).

**Figure 2.** Classification done by ALCESTE.

production of social value when analyzed from person to person: housing, relational network, and work (SARACENO, 2001).

Some abstracts describe experiences of income generation enterprises, usually as the main form of labor insertion of the population in psychic suffering.

The income generation project has been presented as an important resource for labor insertion and the achievement of citizenship and autonomy for people with mental disorders, but these experiences are still fragile and with few conditions to effectively generate income for patients (S13).

Through the craftsmanship made with the reuse of the banana plant using fiber from the plant stem, new possibilities are created for patients, through the acquisition of skills, expansion of social contracts, valuation of the individual, overcoming invisibility in the job market, searching for a change in social reality (S41).

The family has also been the target of many practices addressing difficulties of family involvement and acceptance of the diagnosis, treatment, and social and family living, as well as practices that seek to face disinformation, stigma, fears, and disinterest.

Questions are raised about the challenges and difficulties inherent in the family's relationship with the mental health patient [...] The discussion was made by notes on the beliefs related to mental disorder, the recognition of the limitations of the hospital structure and organization, the effects of medication, prejudice, the difficulty of social inclusion and psychiatric reform (S22).

Besides the family, the Community Living Centers (CECCOS) appear as spaces for social and affective exchanges to expand the social circulation of madness.

[CECCO] is part of a solid mental health network, enabling to promote health promotion actions and to think about the whole person within the community, which is fundamental for the social reintegration of the patients and for the strengthening of community ties. Currently, it offers educational, cultural, social, inclusive, interdisciplinary and intersectional actions [...] (S50).

Practices in occupational therapy in the housing scenario were identified in interventions in residential therapeutic services (STRs).

SRT can be considered as an important program in the social reinsertion of hospitalized individuals and in other situations of psychosocial vulnerability, allowing them to exercise autonomy (S6).

4.2 The therapeutic process in mental health: practices in occupational therapy

In this category, we could observe the commitment of professional practices to promote social insertion and expansion of opportunities for exchanges and affections through group and individual therapy sessions and therapeutic workshops, being open to dialogue with the community and with the families of people with psychic suffering.

The therapeutic groups were the predominant practices in the selected abstracts, followed by the individual therapeutic sessions and the workshops, respectively. It was identified that the groups were seen as potential to encourage and guide families in the issue of mental health care, (re)construction of everyday life, exchanges of experiences and life stories, expansion of the patients' social support network, construction of knowledge and skills, relief of distress, expression of feelings, seeking to expand mental health care beyond drug and medical care and even fostering changes in service physical structure in which the group occurred.

The dynamics of these groups of activity enabled to observe the role of occupational therapy in the mental health care of family members, regarding the reconstruction of everyday life, the establishment of social exchanges, the construction of knowledge, the redefinition of norms and values, the demarcation new paths of life and other possibilities of being and doing, besides the treatment and problems presented by their children (S33).

The group intervention allowed the patients to exchange experiences and reports of their life histories sharing them through the accomplishment

of expressive activities, besides the experience and experimentation of significant therapeutic processes that contributed to the expression of feelings and satisfaction of emotional needs. [...] The group constituted as a space that allowed the accomplishment of joint activities or simply being together, sharing personal or social information, clarifying expectations, favoring the resolution of conflicts, allowing the opening of doors for the connection with people and networks that until they were not part of the patients' social network (S74).

The workshops provided collective processes of creation, valorization of the creative potential of each participant, as well as experiences of social role exchanges and experiences of limitations, potentialities, affections and belongings.

We observed the possibility of experiencing roles, choices, flexibility, and autonomy in performing the tasks in the course of the activity, the patients experienced the exercise of confidence in their actions. In this occupational therapeutic space, the disease is not seen, but the productions of life, which are new flavors, desires and subjectivities (S26).

The [photography] workshop offered the possibility of working with images, which allowed patients to relive memories, express feelings, free associations, plan activities, and discuss various topics that have emerged during the course of the work. [...] Also, the feeling of ability and recognition for the work done. [...] (S93).

In individual interventions, the occupational therapy was presented as a practice that focuses not on remission of symptoms, but on the promotion of life processes, the recognition of the individual in his/her singularities, the expansion of self-awareness in the world, the construction of an autonomy that considers self-care and social belonging.

The relevance of the therapeutic process in the sense of legitimizing the place of this adolescent and confirming its potency, from the accomplishment of activities, of the construction of historicity and consequent signification that derive from holding and self-integration experiences [...] (S20).

The activities were described as potential to organize the daily life of the patient, to welcome the suffering and to allow the individual to find his/her meaningful doings. In these abstracts, the potential of activities was considered both in their subjective characteristics (expression of feelings and conflicts) and in the appreciation of what was done, demarcating the individuals' satisfaction with

their achievements, in recognition of their capacity to act in the world.

Several activities are offered that organize the daily life, being a space in which the patient can feel at ease to establish healthier relationships, from the doing. [...] Meetings arise in this space [CAPS] and the coexistence happens, the activity welcomes the individual with his/her suffering and his/her different forms of expression, resuming doing with meaning (S07).

4.3 Occupational therapy training practices

This category focuses on abstracts describing practical training experiences linked to Higher Education Institutions (HEIs), whether they are experiences of initial training in fieldwork or university knowledge translation projects, or as postgraduate training, as residencies. The groups and workshops were the main strategies developed in these works, with similar proposals to those described in the previous category.

From the internship [...] we composed a group entitled Poetry and Music, where poetic and musical experiences of student-trainees, teachers, practitioners, and patients were aggregated, dialoguing with national authors and reverberating in the space of the CAPS as a whole (S136).

The excerpts in this theme explore the importance of practical training in real mental health contexts, developing critical thinking to analyze and intervene in the direction of necessary social formations to care mental suffering and social life of the person with mental disorder.

The CAPS are a place of practical experiences in the area of mental health offered by universities for students. These experiences [knowledge translation project] integrated to the theory contribute to the student to think critically, analyze the problems of society and seek solutions according to local reality and necessity (S108).

5 Discussion

Our results indicate that in the total number of abstracts, with the exception of the 2011 edition, there was a decrease of works presented, but an increase in the mental health area. Also, there is no decrease in abstracts addressing practical experiences. In 2009, there were 39.3% of all mental health works; in 2013, 15.3%, but in 2015, they reached 54.2%. Most of

the abstracts came from the Brazilian Southeast region. According to Santos (2012), several economic activities, such as Science and Technology (ST), are concentrated in the Southeast region. In 2013, the country's expenditures for ST activities totaled just over R\$ 15 million, with a little over R\$ 10.5 billion going to the Southeast region and 83% to the State of São Paulo (BRASIL, 2015). Besides to the higher value received by this region, analyzing the Research Groups Directory from National Council for Scientific and Technological Development (CNPq) (area of Health, Subarea of Physical Therapy and Occupational Therapy), Lopes et al. (2010) indicate that 84% of these groups registered with the term "occupational therapy", in the name, in the title of the research or keywords, are in the Southeast region, as well as undergraduate and postgraduate programs.

Such information enables us to understand the expressiveness of the Southeast region in the dissemination of research and professional practices, as well as to question what professional practices have been disseminated and evaluated in our field of knowledge. Considering that occupational therapy practices are strongly contextualized, part of what has been produced as practical knowledge in the field may not yet be unveiled.

Also, there is more predominance of experience reports (71.5%) and studies from higher education institutions (62.4%). In Brazil, the scientific production of an area is driven mainly by the graduate programs, since

[...] it begins to speak of specific research when speaking of Masters and Doctorate dedicated to the themes of a field; this is the locus in which opportunity takes place, where space and time are articulated for experimentation, for study, for research and, consequently, for reflection (MALFITANO et al., 2013, p. 109).

For Oliver et al. (2011) and Malfitano et al. (2013), the perspectives for the growth of occupational therapy depend on the ability to advance in the field of research training more researchers, increasing the number of postgraduate courses, applying for more research funding and qualifying scientific journals in the area.

It is believed that the growth and strengthening of the area at the level of research and postgraduate studies contribute to the understanding and intervention in contemporary problems, as well as to the development of strategies in favor of the populations attended by

the occupational therapist, such as people suffering from psychic suffering and/or with disabilities, who are socially and economically excluded from common life, among others (MALFITANO et al., 2013, p. 109).

In the knowledge-building process, the relationships between research and practice need to acquire new contours that allow the identification of practices and their analysis, to identify good practice guidelines in occupational therapy in mental health, in a movement of practical-research-training (THORNICROFT; TANSELLA, 2010). When analyzing the abstracts coming from HEI, there are several fieldwork experiences and knowledge translation projects as a way to apprehend theoretical contents and to reflect on their professional practice and on future perspectives. This result deserves to be highlighted, as it puts into practice the contextually relevant curriculum (WORLD..., 2016), enabling early professionals to feel prepared for actions in the field of mental health (LINS; MATSUKURA, 2015).

Regarding the theoretical references used in the studies, 57.8% of the abstracts did not present theoretical references, 34% with references related to occupational therapy, such as psychosocial rehabilitation (46.4%), and 26.8% theorists who appeared only once, coming from Psychology, Sociology, and Arts. Only 8.5% of the studies presented occupational therapy theoretical references and of this total, 71.4% referred to the Dynamic Occupational Therapy Method (MTOD/DOTM) (BENETTON; MARCOLINO, 2013).

These results show the strength of the profession by assuming the presuppositions of psychosocial rehabilitation and demonstrate that the goals pursued by occupational therapy are in line with the construction of a care that combines concrete, subjective and social aspects of daily life. They also demarcate a political positioning of the category in the affirmation of the community services and of its base for social insertion. However, they also indicate a certain fragility of knowledge production in dialoguing more internally with our ways of practice, investigating it and being able to think it theoretically - a question that also splashes in the research issue, as highlighted above.

In the dialogue with psychosocial rehabilitation, the work as a social value appears in the abstracts as a central element for social (re) insertion, although indicating weaknesses in the inclusion of people with mental disorders in the labor market. Taking the reality of employment in contemporary Brazilian society, hundreds of unemployed workers were

pushed to the margins (BURSTYN, 2003), in an exclusionary economic model, mainly for those who do not correspond to the ideals of social normality.

The Solidarity Economy was a reference used in 10% of the abstracts aimed at sustaining practices of social inclusion through work, insofar as it fosters a new way of work, more collective and collaborative, favoring individuals with psychic suffering not only support for their incursions in the social and communitarian world, but also for their participation in the decisions and the management of their own lives (LUSSI et al., 2017; MORATO; LUSSI, 2015).

Work, community living and housing were the targets of occupational therapy practices, practices of valuing the individuals' autonomy and coping with stigma both in the family nucleus and in social living with other people outside this nucleus, focusing on overcoming the social imaginary about madness and its dangerousness (LUZIO; YASUI, 2010; FIOCRUZ, 2015). This is a central point for the continuity of the psychiatric reform process, currently under attack, given the recent government measures to foster care modalities through hospitalization in psychiatric hospitals and religious therapeutic communities (AMANCIO; ELIA, 2017).

Practices in general hospitals correspond to 13.3% of the abstracts, and only 2.4% of those were developed in psychiatric hospitals. Although this data reveals a transposition of the field of practice - from the asylum institution to community services, research in general hospitals still has a slow growth rate (FIOCRUZ, 2015). Since the Paulo Delgado's law, the number of beds in psychiatric hospitals has been decreasing (FIOCRUZ, 2015), but the extinction of asylum spaces is still at stake in Brazilian society and the professional community has been positioning politically in confronting setbacks (ASSOCIAÇÃO..., 2017).

Thus, we highlight the diversity of services in which occupational therapy practices occurred, predominantly in CAPS (38.2%). Also, 9.7% used generic terms, such as "mental health service", "mental health institution" or only "substitute service", with 14.5% of the practices being included in "Other" services, as they are practices carried out in non-governmental organizations, schools and public places, observing the intersectoral practices, the ones which has been consolidating in health care and mental health (SCARCELLI; ALENCAR, 2009; SCHEFFER; SILVA, 2014).

These practices occurred mainly in collective spaces, such as group practices (50%) and therapeutic workshops (15%), a characteristic valued by the

presuppositions of psychiatric reform, again indicating the commitment of the profession to the presuppositions of psychosocial rehabilitation. In the qualitative analysis, the data evidenced the presence of opportunities to exchange resources, experiences, and affections (SARACENO, 2001) and fostering creativity and self-recognition.

These collective therapeutic proposals were mainly organized into groups of activities, characterized by the objective of carrying out various activities, with multiple objectives, and in therapeutic workshops, focusing on specific activities (photography, cooking, theater), both addressed the broadening of the individuals' repertoire for the possibilities of being and accessing tools that enable expression, creative processes and subjectivation, the acquisition of several practical and relational skills (CUNHA; SANTOS, 2009; LIMA, 2004). According to Lima (2004), the theoretical production on the therapeutic workshops is still scarce. However, this device has been expanded as a therapeutic proposal in mental health alternative projects, although its use does not mean the deconstruction of asylum practices.

Individual treatment were present in 18% of the abstracts. According to Campos (2014), few works in the literature seek to discuss the importance of the clinic within public health services. At the same time as in the psychiatric reform, the disease was placed in parentheses so the focus on the individual ceases to be exclusively clinical, Amarante (1996) affirms that, often, denial of the disease occurs, which in no way was considered and proposed by this movement. As a consequence, Campos (2014) affirms that this misinterpretation of the abolition of what is clinical and of the mental disease contributes to the emptying of the discussion about the clinic in Brazilian mental health substitutive services, besides denying the concrete and material difficulties of what it means to be and/or living with a person with psychic suffering and minimizing the suffering embodied in these patients.

In qualitative analysis, the individual treatment in occupational therapy is focused mainly on the potentialities of the individual. According to Juns and Lancman (2011), occupational therapists in mental health seek to observe and extract information during the process of doing activities, in the search for procedures towards the construction of autonomy. Also, they report that occupational therapists' practice is also focused on the everyday life of the patient, but with a proper view at the activity, to the questions arising from the process of doing activities - in our study, it can be seen in its potentiality of subjective

expression and concreteness in the world, favoring the recognition of the person as someone with abilities.

Our results on occupational therapy mental health practice are in contrast to those of Fiorati and Saeki (2013), that found technification of work in mental health services and focus on medical knowledge. Our results show that medical-clinical diagnosis was not present in most of the studies (60.6%), and the intensity of psychic suffering was present in only 30.8% of them, what reinforces this analysis.

These data allow thinking about how occupational therapy mental health practice has not been based on the disease, as it is desired by both professional community (LIMA, 2006; MAXIMINO; PETRI; CARVALHO, 2012; SILVA et al., 2015) and Brazilian Mental Health Policy (ALMEIDA; TREVISAN, 2011). However, as we work just with abstracts, it is possible to quest if these practices really regards social insertion and overcoming workshops, individual and groups treatment centered within the services with little dialogue with the community, especially since only 2% of the abstracts dealt with practices with cultural actions that could denote such dialogues.

When analyzing the populations addressed in the abstracts, most of them were focused on the adult population (76.4%), followed by child and adolescent population (18.1%). As Taño and Matsukura (2015) point out, there is a historical debt related to the children and adolescents mental health care and given the increase of services aimed at this population from 2003, it is expected that this is also reflected in the further productions of the area.

By 2014, 201 of the 2,209 CAPS in operation in Brazil addressed child and youth (FIOCRUZ, 2015). In the contemporary scenario of school demand for psychiatry, pathologization of social issues, absence of specific policies for abusive use of alcohol and other drugs in childhood and adolescence, and difficulties in including and caring for these cases in primary care services (TAÑO; MATSUKURA, 2015), the relationship between practice-research-training stakeholders for this population deserves special attention.

Also, only 5.5% of the abstracts have elderly people as the addressed population of their practices. This fact leads to question whether this type of study is being discussed, if it is in the field of gerontology or if it is a great gap in mental health care, what corroborates with Souza and Souza (2013) when they evaluated the reasons for the search and the type of treatment given to the elderly population

in the CAPS, found the lack of knowledge about the psychic suffering of this population.

In terms of mental health matrix support practices, in the four editions of Brazilian congresses researched, only 2% of the studies had this focus. This is a fragile result, since matrix support strategy is a priority practice of the Family Health Support Centers (NASF) to support and to broaden the actions of Primary Health Care, reinforcing the processes of territorialization, health regionalization, and expansion of the mental health care (BRASIL, 2009). This data needs to be accompanied in new editions of congresses and in publications in the area, considering the relevant character of these actions in the organization of the psychosocial network care. This is a relatively recent public policy that has not yet been implemented in a homogeneous manner throughout the country, possibly reflecting the reduced number of works, and to the various changes linked to the current political and economic interests in the country.

Thus, we present the results of the last stage of a scope review, seeking to identify consolidated aspects in the analyzed works, as well as knowledge gaps that require new investigations.

Strength:

1. Strong commitment of the practices to the psychiatric reform and the intense dialogue with the presuppositions of the psychosocial rehabilitation.
2. Teaching-learning processes of mental health occupational therapy occurs in the mental health services, denoting contextual relevance.
3. Little focus given to medical-clinical diagnoses and to the severity of psychic suffering, denoting a context and person-centered treatment.
4. Practices supported by activities in recognition of their diversity and of the multiplicity of their potential in mental health care.

Things that require further investigation:

1. Investigation of occupational therapy practices in the different regions of the country, given the predominance of studies in the Southeast region.
2. Fragility of the production of Brazilian knowledge about practice, seeking to systematize it in terms of theoretical and methodological aspects.

3. Little production around certain populations, such as childhood, adolescence and elderly, and certain professional actions, such as matrix support strategies.
4. Analysis of practices for concrete dialogues regarding social insertion/inclusion and dialogue with the community.

6 Final Considerations

Through a scope review of the abstracts of four editions of Occupational Therapy Brazilian Congress, it was evidenced that most of them are experience reports, coming from the Southeast region, focused mainly on the adult population, whose practices are developed in group consultations and in CAPS, without highlighting the medical-clinical diagnosis. Most of the studies do not explicit their theoretical references and the studies with this references are focused on psychosocial rehabilitation.

Qualitatively, the abstracts show context and person-centered practices, seeking to address stigma and social inclusion. Also, initial and continuing training practices occurred in community mental health services, favoring the development of a contextually relevant curriculum. These results demonstrate a process of constructing psychiatric reform in daily life, suggesting that occupational therapy was also built in dialogue with new meanings, expanding spaces and modalities of intervention, reconfiguring its identity and reorganizing professional practice (BEIRÃO; ALVES, 2010; ALMEIDA; TREVISAN, 2011).

Even though occupational therapy in mental health is one of the fields that has a greater number of professionals, it requires the development of research on the practices developed, especially by the professionals who develop the clinic. This review indicated that the dissemination of knowledge and experiences in the area in national congresses is increasing. It is expected that this exploratory work can contribute to investigations focusing on the practice in a joint and collaborative work between researchers and professionals.

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Author's Contributions

All authors approved the final version of the text.