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Original Article

Multi-professional residency programs in mental health and occupational therapy

Programas de residência multiprofissional em saúde mental e a terapia ocupacional[1]

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Abstract

Introduction: Multi-professional residencies in mental health are training courses in/for the Sistema Único de Saúde and have the potential to transform practices, in line with the Psychiatric Reform. Occupational therapists have a historical contribution in the field of mental health and there is a scarcity of studies addressing their insertion in this type of training. **Objective:** To map and analyze the insertion of occupational therapy in multi-professional residency programs in mental health in Brazil. **Method:** Exploratory documentary study, with emphasis on the descriptive analysis of institutional documents, carried out in two stages: 1) active search for multidisciplinary mental health residency programs and 2) mapping of occupational therapy in mental health residency programs. **Results:** Occupational therapy is present in 31 multi-professional residency programs in mental health in the country, distributed in twelve states, with 83 places offered in 2020 and 75 in 2021, being the fourth profession with the highest offer of places among the ten identified. Although there is an insufficiency of vacancies compared to other professions, the field of mental health represents the largest offer of vacancies in residences for occupational therapists. **Conclusion:** Interprofessional training can favor an expansion of other professionals about occupational therapy and there is a need for further studies to understand how these training processes happen in practice.

Keywords: Professional Training, Mental Health, Occupational Therapy, Interprofessional Education.

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Resumo

Introdução: As Residências Multiprofissionais em Saúde Mental são formações no/para o Sistema Único de Saúde e apresentam potencial transformador de práticas, em sintonia com a Reforma Psiquiátrica. Os terapeutas ocupacionais têm contribuição histórica no campo da saúde mental e há escassez de estudos que abordem sobre sua inserção nesta modalidade de formação. **Objetivo:** Realizar o mapeamento e análise da inserção da terapia ocupacional nos programas de residência multiprofissional em saúde mental no Brasil. **Método:** Estudo exploratório documental, com ênfase na análise descritiva de documentos institucionais, realizada em duas etapas: 1) busca ativa dos programas de residência multiprofissional em saúde mental e 2) mapeamento da terapia ocupacional nos programas de residência de saúde mental. **Resultados:** A terapia ocupacional está presente em 31 programas de residência multiprofissional em saúde mental no país, distribuídos em doze estados, com 83 vagas ofertadas no ano de 2020 e 75 no ano de 2021, sendo a quarta profissão com maior oferta de vagas dentre as dez identificadas. Embora haja uma insuficiência de vagas em comparação a outras profissões, o campo da saúde mental representa a maior oferta de vagas em residências para terapeutas ocupacionais. **Conclusão:** A formação interprofissional pode favorecer uma ampliação de outros profissionais acerca da terapia ocupacional e há a necessidade de maiores estudos para compreender de que modo esses processos formativos acontecem na prática.

Palavras-chave: Formação Profissional, Saúde Mental, Terapia Ocupacional, Educação Interprofissional.

Introduction

Residency in the Professional Area of Health, uniprofessional and multi-professional modality is a graduate program characterized by the articulation between teaching-service-community, which favors the qualified insertion of health professionals in/for the Unified Health System (*Sistema Único de Saúde* - SUS). Regulated in 2005, through Law 11.129, it can cover the following professional categories: Biomedicine, Biological Sciences, Physical Education, Nursing, Pharmacy, Physiotherapy, Speech-Language Therapy, Veterinary Medicine, Nutrition, Dentistry, Psychology, Social Work and Occupational Therapy, in addition to Medical Physics and Public Health, included later (Brasil, 2006, 2014).

Multiprofessional Residencies in Health (*Residências Multiprofissionais em Saúde* - RMS) are privileged spaces for studying integrality and interprofessionality as central issues (Silva, 2018) in different health areas. For Garcia Junior & Yasui (2018), their training processes seek a common field of practices and experiences, although the exclusion of the medical category in the composition of these programs still reveals a hegemonic way of thinking about health.

The need for transformation in the training processes for work is addressed by Ceccim & Feuerwerker (2004), who consider that health work has a characteristic that encompasses health care, management, teaching, and social control, making up what they call the quadrilateral of health education. However, teaching is one of the least

problematized points, and both management and training institutions still maintain essentially conservative training models.

The way of training and intervention in health proposed by the multidisciplinary residences has the possibility of "[...] affecting the daily services and, at the same time, affecting the University with the reality of the services". Thus, they favor the teaching-service integration (Garcia Junior & Yasui, 2018, p. 162). We emphasize that, in residency programs, other training and executing institutions may be linked, and the University does not make up its entirety.

One of the modalities of Multiprofessional Residency is the one that characterizes the Mental Health area. Mental health residencies have the potential to transform practices, together with the Psychiatric Reform (PR), enabling learning that goes beyond the field of theoretical and practical knowledge, including attitudes, political positions, skills, and competences to deal with the specifics of care in mental health, with subjectivity as its raw material (Coelho et al., 2017). Thus, it is a professional training process that invests in the construction of meanings for the experiences of students in the field (Emerick & Onocko-Campos, 2016) and the strengthening of the mental health area in universities and the public health network.

Characterized by a rupture in the concept of madness and psychiatric knowledge, PR puts the asylum mode in check and starts to consider human suffering in its complexity, not just as a simple object of mental illness (Yasui, 2010). It is a complex social process that intertwines different dimensions: technical-assistance, theoretical-conceptual, legal-political, and sociocultural (Amarante, 2007).

When considering the complexity of the Brazilian Psychiatric Reform, which requires a transformation of the care paradigm, Emerick & Onocko-Campos (2016) point to the demand for new training processes

> For new paths, new questions are needed. To learn how to deal with new modes of care, with the complexity that presents in life in the open air, new training paths must be followed [...]. If we seek to transform how people are treated to transform their suffering, we must invest in transforming how we train professionals to work in the Deinstitutionalization process (Emerick & Onocko-Campos, 2016, p. 99).

The commitment to the Psychiatric Reform and the Anti-Asylum Movement marks the history of occupational therapy (OT). In this sense, the training of professionals involved with social inclusion and emancipation of individual and collective individuals is recommended (Lussi et al., 2019).

Different studies address mental health training in occupational therapy at the undergraduate level (Palm et al., 2015; Lins & Matsukura, 2015a, 2015b). When discussing this training from the perspective of professors linked to OT undergraduate courses, the study by Lins & Matsukura (2015a) revealed the challenges of the distance between what is recommended in public policies and what is observed in practice, and also the limitation of curricula. In the postgraduate training in mental health in OT, especially in the context of residences, there is a lack of studies.

Thus, when considering the important contribution of occupational therapists in mental health care and the power of multi-professional residencies for qualified training

in this scenario, it becomes relevant to know how the profession has participated and been inserted in these programs.

In this sense, we will take the insertion of occupational therapy in mental health residency programs as the object of study of this article. Our objective was to map and analyze the insertion of occupational therapy in multidisciplinary residency programs in mental health in Brazil.

Methodology

We started from an exploratory documental study, with emphasis on the analysis of institutional documents, and from the authors' reflections based on psychosocial care and interprofessional education for the mapping and analysis of the insertion of occupational therapy in multidisciplinary residency programs in mental health in Brazil.

Documentary research uses materials that have not received an analytical treatment (Gil, 2018) and allow for the expansion of knowledge about a given phenomenon, which requires historical and sociocultural contextualization (Sá-Silva et al., 2009).

Data were collected between October/2020 and January/2021, based on the following documents: public notices for the selection processes of residency programs in mental health; websites of the executing and forming institutions of the programs; and political pedagogical projects of the programs. This process took place in two stages:

Stage 1: Active search for multidisciplinary residency programs in mental health

We asked the technical team of the Multiprofessional Residency of the Ministry of Education (MEC), in October 2020, for a list of Mental Health residency programs, which resulted in a list of 77 programs.

Based on this action, we carried out a manual search of the notices of selection processes for admission in 2020 and 2021 available on the internet, through the *Google*® search platform, and on the institutions' websites.

The inclusion criteria of this stage were: programs characterized as multidisciplinary and active (with at least one class of residents in progress in 2020 and/or 2021), containing the word “mental health”, “psychosocial care” or “care to the user of alcohol and/or other drugs” in its title or its area of concentration.

Stage 2: Mapping the insertion of occupational therapy in mental health residency programs

After the initial screening of the multidisciplinary residency programs in mental health, the inclusion criteria were those that offered places for occupational therapy.

After the mapping of stages 1 and 2, we used a computerized database using the *Excel*® program aiming at the treatment and organization of the data, for descriptive analysis.

We carried out numerical systematization of mental health programs, their distribution by geographic region, distribution of vacancies by professional category, with emphasis on the insertion of occupational therapy.

In addition to the insertion analysis, we identified some specificities regarding the curricular organization of the programs and specificities of the professional nucleus highlighted in the pedagogical political projects and the selection notices.

At the end of the process, the results were categorized into 2 axes: (1) Regional distribution and vacancies in the Multiprofessional Residency Program in Mental Health; (2) Occupational Therapy in Mental Health residency programs.

Results and Discussion

In the first stage, from the initial list of 77 programs, we excluded uniprofessionals (5), those that were duplicates (10), those that did not have enough data to locate the program (2), those that were inactive (11) or that it was not possible to locate public notices (10).

During the search, we included 13 programs not listed in the official document sent by the MEC, which were identified in notices integrated with other programs and/or in a manual search on the internet.

In total, we identified 52 mental health residency programs in 43 public notices, from which data were collected on the total number of mental health residency programs with vacancies for admission in 2020 and 2021, their geographic distribution, and offer of total vacancies and by professional category.

In the second stage, the search for residences that offered places for occupational therapy resulted in 31 programs, published in 26 public notices. In these notices, in addition to the data referred to in the previous stage, data was also sought regarding the objective and/or mission of the programs and data that brought something of the specificity of occupational therapy. In this case, we only selected the indication of a specific bibliographic reference for the professional category (located in 13 notices).

On institutional websites, we sought the objective of the program and/or its mission, when this was not explicit in the notices. We also searched for the political pedagogical projects of these programs, finding only 3, in which data referring to the curriculum adopted by the program and specificities of occupational therapy addressed in the document were sought.

Thus, we found 52 residency programs in mental health between 2020 and 2021, and 31 of them had vacancies for occupational therapy. Below, there is a description and discussion of the findings.

Regional distribution and offer of vacancies in Multiprofessional Residency programs in Mental Health

The 52 mental health residency programs that we identified are distributed in the five regions of the country, in 19 states, with a total offer of 525 places (with admission in 2020) and 492 places (with admission in 2021), according to Table 1.

Table 1. Distribution of vacancies and Multiprofessional Residency programs in Mental Health, starting in 2020 and 2021, by regions and Brazilian states.

Region/States	Nº Programs	%	Vacancies 2020	%	Vacancies 2021	%
North	**4**	**7.7**	**40**	**7.6**	**42**	**8.5**
Amapá	1	1.9	7	1.3	7	0
Pará	1	1.9	13	2.5	13	2.8
Rondônia	1	1.9	6	1.1	6	1.3
Tocantins	1	1.9	14	2.7	16	3.4
Northeast	**13**	**25**	**150**	**28.6**	**141**	**28.6**
Bahia	2	3.8	13	2.5	14	3.0
Ceará	3	5.8	68	13.0	68	14.6
Paraíba	1	1.9	20	3.8	20	4.3
Pernambuco	5	9.6	36	5.9	36	7.7
Rio Grande do Norte	1	1.9	3	0.6	3	0.6
Sergipe	1	1.9	10	1.9	0	0
Midwest	**4**	**7.7**	**46**	**8.8**	**51**	**10.4**
Distrito Federal	3	5.8	43	8.3	48	10.3
Mato Grosso do Sul	1	1.9	3	0.6	3	0.6
Southeast	**17**	**32.7**	**173**	**32.9**	**151**	**30.7**
Espírito Santo	1	1.9	20	3.8	20	4.3
Minas Gerais	4	7.7	32	6.1	27	5.8
Rio de Janeiro	3	5.8	46	8.8	46	5.6
São Paulo	9	17.3	75	14.4	58	12.5
South	**14**	**26.9**	**117**	**22.3**	**108**	**21.9**
Paraná	3	5.8	19	3.6	18	3.9
Santa Catarina	1	1.9	15	2.9	15	3.2
Rio Grande do Sul	10	19.2	83	15.9	75	16.1
Total	**52**	**100**	**525**	**100**	**492**	**100**

Source: Elaborated by us (2021).

We observed that there is a greater number of residency programs in mental health in the Southeast region (17).

The study by Sarmento et al. (2017), which analyzed the distribution of the offer of multidisciplinary residency programs in health from 2009 to 2015, observed an increase in the programs offered in the national scenario. However, the trend of concentration in the Southeast region continued, especially in São Paulo, followed by the Northeast and South regions. The North and Midwest regions were also the ones with the lowest number of programs offered.

We noticed that, in the number of vacancies offered per year, the Southeast region continues to present the highest number, followed by the Northeast region.

We identified that 31 of the 52 mental health residency programs are offered in Brazilian capitals and 21 are in municipalities in the interior of Brazil. Among these

programs, 3 are regional (with vacancies for different municipalities in a single multidisciplinary residence), and they are located in the following states: Espírito Santo (with vacancies in the capital and three other municipalities), Ceará (with vacancies in the capital and another 11 municipalities) and Rio Grande do Sul (with vacancies in 4 municipalities in the interior of the state). Also, one of the programs is characterized as interstate, including in the practical scenarios of the municipalities in the northern macro-region of Bahia and the Petrolina macro-region, in the state of Pernambuco.

We have not located active mental health residency programs in the following states: Acre, Alagoas, Amazonas, Maranhão, Mato Grosso, Piauí and Roraima. In the states of Santa Catarina and Rondônia, the programs are only offered in the interior.

The Multiprofessional Residency in Health programs have regionalization, decentralization, and the interiorization of the health work as their guiding axes. In this way, they are a "training proposal with the potential to secure professionals in regions where there is a restriction in the supply of health services, strengthening the bonds of responsibility with the communities" (Sarmento et al., 2017, p.421). We observed that this process of interiorization is present in nine states (which concentrate, as mentioned above, the 21 municipalities with residency programs in mental health). However, we identified that there is a need for studies to identify the idleness of vacancies and whether these offers have favored the establishment of professionals, recommended by the RMS.

Onocko-Campos et al. (2019) point out that, until 2010, there were only six vacancies for multidisciplinary residency in mental health in a single state. There was a significant increase in offers in 2013 (95 vacancies), 2014 (68 vacancies), and 2015 (54 vacancies). In 2017, 29 programs, distributed in ten Brazilian states, had 300 vacancies[2].

Thus, we observed an expansion of residency programs in mental health in recent years, until 2020. In 2021, we had a drop in the offer of 33 places. Figure 1 depicts this evolution in the number of vacancies per year.

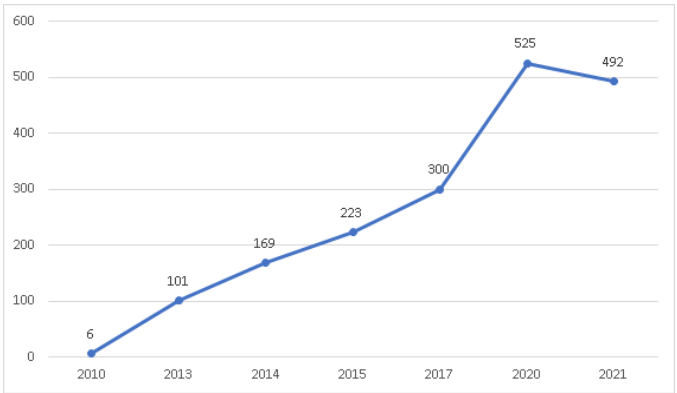

Figure 1. Evolution in the number of places offered per year in the Multiprofessional Residency Program in Mental Health (2010 – 2021). Source: Elaborated by us (2021).

[2] Data reported by the Ministry of Health, from e-SIC (No. 2368225), in november 2017. Technical Note No. 42- SEI/2017 - CGEAP/DEPREPS/SGTES/MS (Onocko-Campos et al., 2019).

Professional categories of the multidisciplinary residency programs in mental health

To be characterized as a multidisciplinary residency program, at least three distinct professional categories must be present. In our study, we identified ten professional categories in mental health residency programs: nursing, physical education, pharmacy, physiotherapy, speech-language therapy, nutrition, dentistry, psychology, social work, and occupational therapy. Figure 2 shows the distribution of vacancies by profession in 2020 and 2021.

The multidisciplinary mental health residency programs offered vacancies for a minimum of three professional categories and a maximum of seven. The most prevalent, identified in eighteen programs, was the composition of only three professional categories: psychology, nursing, and social work (respectively). This composition was present in thirteen residency programs.

Fifteen residency programs had 5 professional categories, and seven of them had the three previous professions, occupational therapy and physical education (respectively, the fourth and fifth professional core with the greatest number of vacancies).

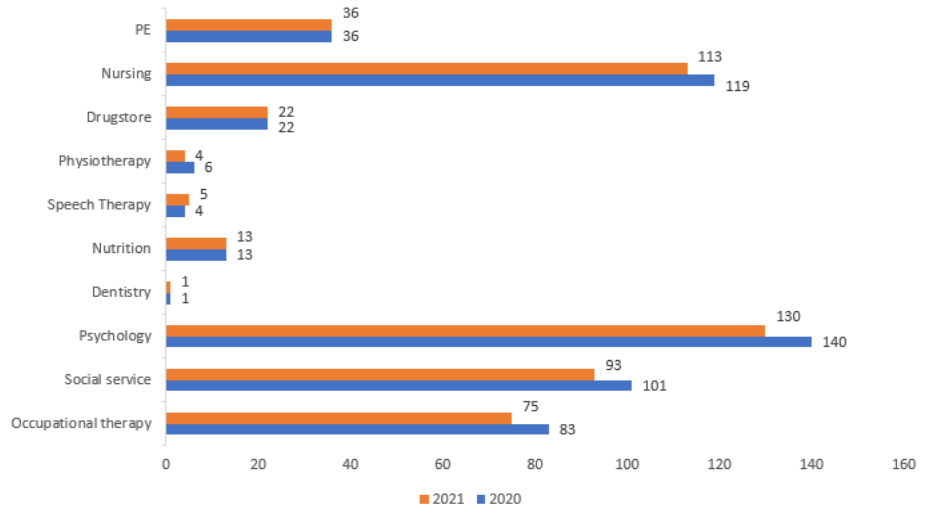

Figure 2. Quantitative distribution of vacancies in the Multi-professional Residency Program in Mental Health, by professional category, with admission in 2020 and 2021. Source: Elaborated by us (2021).

The World Health Organization (Organização Mundial da Saúde, 2010, p. 7) defines interprofessional education as "[...] the learning that occurs when students from two or more professions learn about each other, with others and with each other to enable effective collaboration and improve health outcomes", which are favored in RMS programs.

The constitution of interdisciplinary and interprofessional teams is based on overcoming the fragmentation of work and biomedical individualization; seek the reconstitution of the integrality of collective work in health; and qualified professionals, aiming to democratize the work context and the realization of comprehensive care (Peduzzi et al., 2020).

Interprofessional education aims towards the development of interprofessional work and collaborative practices. However, having different compositions with the ten professional categories identified in the multi-professional residency programs in mental health does not guarantee that work takes place in the interprofessional logic, recommended by the RMS.

Occupational therapy in Multi-professional Residency Programs in Mental Health

Occupational therapy currently comprises 31 Residency programs in Mental Health, distributed in twelve Brazilian states. According to the notices of the identified selection processes, 83 vacancies were offered for occupational therapists for admission in 2020 and 75 vacancies for admission in 2021. This means that, in a total of the 33 multidisciplinary vacancies reduced in the last year, 24.2% of the loss of vacancies directly impacted the inclusion of occupational therapists in mental health residency programs.

Of the 31 homes in mental health that have occupational therapists, there were no openings in two programs, located in the state of São Paulo (in the municipalities of Sorocaba and Santos).

There was also a reduction of vacancies for occupational therapy in two residency programs: one in Rio Grande do Sul, which is regional and had a general reduction of vacancies (from 17 to 8), while for occupational therapy, the number of vacancies increased from 3 to 1; and the other in Ceará, that despite maintaining the general number of vacancies (53), it reduced 4 vacancies offered for occupational therapy (which went from 11 to 7). We observed in this last program that these places were reallocated to the physical education course.

There was an increase in vacancies in our profession in only one program, located in the Federal District, in which occupational therapy went from 2 to 5 vacancies. In the overall picture, there was an increase of only one vacancy, as well as a reduction of two vacancies to nursing (from 6 to 4).

At this time, our objective was not to map the reasons for the reduction of vacancies for occupational therapy and the non-opening of new groups in the programs. We believe that the COVID-19 pandemic scenario we are living through has impacted the development of homes, and the context of scrapping public services. However, there is a need for investigation.

Two of the 31 residency programs with vacancies for occupational therapy are for Collective Mental Health; three are focused on the care of alcohol and other drugs users (however, with different terminology in the name of the program, such as "chemical dependence" and "comprehensive care for drug users"); one is dedicated exclusively to adult mental health; one for childhood and youth; one is characterized as a hospital residency program, but with an area of concentration in mental health; and another with an emphasis on primary care. The rest (22) do not have specifications. However, there were differences in the terms adopted in the names of its programs: Psychosocial Care Network (2); Mental Health in the Public Health System (1); and Mental Health (19).

The term "Integrated Residency" characterizes the name of seven of these RMS programs in mental health. According to Torres et al. (2019), the term has not yet been officially adopted by the National Commission on Multiprofessional Residencies in

Health, although it is found in some programs and represents a model for thinking and doing residencies.

For Poellnitz & Silva (2019), terms are expressions that name phenomena and/or objects and may have concepts linked to them. What do these different denominations of residency programs say about the mental health care models?

From the notices and institutional websites, we sought to identify the objectives of the residency programs in mental health in which we have the insertion of occupational therapy. We noticed that, in general, there is an alignment with the guidelines of the SUS and the Psychiatric Reform in their presentations.

We realized that there was a great reference to the Psychosocial Care Network. Created in 2011 by Ordinance 3088, one of its objectives is to guarantee the "[...] articulation and integration of the points of care of the health networks in the territory, qualifying care through reception, continuous monitoring, and emergency care" (Brasil, 2011, p. 2). Also, according to its ordinance, it aims to guarantee the population's access to psychosocial care and, in particular, it presupposes the construction of spaces for socializing and sustaining differences in the community. Therefore, this network has Basic Health Units; Community Centers; Psychosocial Care Centers; urgent and emergency services; 24-hour Emergency Care Units; Residential Care Services; wards specialized in General Hospitals; among other services (Brasil, 2011).

The different services were identified as practice scenarios for residency programs; in particular, primary care and the different types of Psychosocial Care Centers. In this sense, we reinforce the importance of residency programs for the transformation of mental health practices, overcoming the asylum mode, and making room for network, community, and interdisciplinary care.

We identified that some programs refer to having "Inpatient Units" and "Institute of Psychiatry" as a practice scenario. However, we could not identify which care model these institutions refer to (and whether or not they are linked to specialized wards in a general hospital, as initially stated in the composition of the Psychosocial Care Network, or refer to psychiatric hospitals). Our reflections are based on the reading of institutional documents, and it is not possible to assess how their practices take place.

Amarante & Nunes (2018) consider that the Brazilian psychiatric reform was expanding and achieved advances such as a greater allocation of resources for psychosocial care and closing of psychiatric beds. However, it suffers from changes in the mental health policy since the end of 2017, which provides resources for closed institutions that were not yet components of the Psychosocial Care Network (such as therapeutic communities and psychiatric hospitals). Knowing how residency programs have operated is important to identify whether they are acting for the consolidation of the SUS and expansion of mental health care.

We also highlight that the programs presented permanent education as necessary for their training processes, favoring the professionals' critical reflection. Interprofessionality was also present in most of the presentations of the objectives of residency programs in mental health, in line with what is expected from the RMS.

Continuing education can be strategic for education and interprofessional work in health, but for that, its intention must be aimed at strengthening collaboration. For Gigante & Campos (2016), it is strengthened from the pact of constructed strategies, to involve different actors from both the health sector (workers, users, and managers)

and education (educational institutions, managers, students of the courses of health area). In the mental health area, we realize that interprofessionalism is something present in its history, in the development of common practices among mental health workers. In this sense, RMS programs must strengthen these practices.

For occupational therapy, interprofessionality infers a political function from the expansion of other professionals over our professional core, something that is historically present in the struggle for identity that occupational therapy has been trying to affirm and seek. Constantinidis & Cunha (2016) point out that

> The fact that the lack of borders that demarcate our territory of action in mental health is part of our identity makes us open to the immanence of this field and we can collaborate so that collective production gains power (Constantinidis & Cunha, 2016, p. 55).

Currently, 127 multidisciplinary residency programs include occupational therapy[3]. Mental Health programs represent 25% of these programs. Figure 3 shows the distribution in different areas/fields of activity of the multidisciplinary residency programs with vacancies for occupational therapy.

In the category *others,* there are residency programs related to the following areas of concentration: Urgency/Emergency/Trauma; Cardiopulmonary Care (3.9% each); Management (3.1%); Intensive Care (2.4%); Adult and Elderly Health; Hospital; Palliative Care (1.6%); Medical clinic; Critical Patient; Infectology; Integrative and Complementary Practices; Comprehensive Health Care; Occupational Health and Rural Population Health have a single program, which represents 0.8% of the total/each.

Regarding the offer of residency programs for occupational therapists, we found that Mental Health represents the largest offer (25%), followed by Family Health/Primary Care (12%).

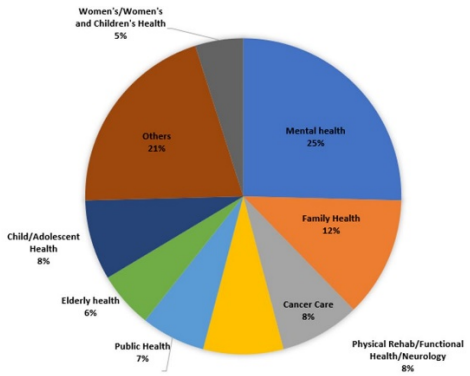

Figure 3. Division by area/field of action of the Multiprofessional Residency Programs that offer vacancies for Occupational Therapy (2020-2021). Source: Elaborated by us (2021).

[3] According to a survey carried out by the National Executive of Occupational Therapy Students (ExNETO, 2021).

For Camargos et al. (2017), the insertion of occupational therapists in the SUS has enabled the implementation of different programs and policies and is currently recognized as a potential professional category in the services of the Psychosocial Care Network, Primary Health Care, and Emergency Network. Both service networks are present in the practice scenarios that we identified in mental health residency programs with the inclusion of the occupational therapist.

When considering only the mental health residency programs that include the occupational therapist, São Paulo is the state that concentrates the highest number of programs (8), followed by Rio Grande do Sul (6).

Rio Grande do Sul is the state with the highest number of residency programs in mental health (10 programs in total and 6 of them with occupational therapists). Among the RMS that offer places for occupational therapy in the state, mental health represents 38.9% of the programs, a proportion greater than the national scenario (25%).

Although there is an emphasis on the number of programs with insertion of occupational therapists in Rio Grande do Sul, a survey carried out by the Technical Chamber of Mental Health of CREFITO-5 in 2018 revealed a shortage of occupational therapists hired to work in its public health services and concentration in the state capital (Conselho Regional de Fisioterapia e Terapia Ocupacional, 2018).

Medina (2016) also observed the insufficiency or absence of occupational therapists hired to work in the practice scenarios where residents are inserted. The author carried out a study with three multidisciplinary residency programs (in hospital and primary care). Thus, reports of lack of knowledge of the occupational therapist's professional performance were frequent, both by service users and other professionals.

In addition to the lack of knowledge about the profession, it is important to highlight that this insufficiency of professionals in the health network reflects the scrapping of public services and the use of the residence as a labor force in the services, which impairs its training aspect. This aspect is highlighted by Silva (2018), considering that the fact that it is characterized by teaching and service makes it

> [...] on the one hand, a possibility of interdisciplinary training connected with the concrete daily life of health needs and, on the other, so vulnerable to its apprehension as precarious work. It is precisely because of its central characteristic that the parameters set in the regulation of this training are indicative of the meanings that the RMS has taken on in the SUS (Silva, 2018, p. 207).

More specifically in the mental health area, we have already pointed out the dismantling and unfunding process that has been built throughout the history of Brazilian psychiatric reform (Amarante & Nunes, 2018). These aspects impact the insertion of professionals in the mental health area and their qualified training, in which occupational therapy is inserted.

From the point of view of the specificity of occupational therapy in these homes, we found in the notices the indicated bibliographic references, which were present in 13 of the 31 programs. When looking only at the productions that articulated occupational therapy and mental health, 54 different indications of bibliographic references were identified, most of them from authors from the Southeast region.

From the reading of their keywords, there was a plurality in the productions about the adopted concepts, types of interventions, target audience, and places of action. In addition to "occupational therapy"(34) and "mental health"(36), the keywords most present in the productions, and the proportion that appeared are: "evaluation" and "mental health services" (5); "psychosocial rehabilitation", "public policies", "occupational therapy/trends"; "drugs" and "child" (4); "deinstitutionalization", "institutionalization" and "social inclusion" (3); "human activities"; "daily activities", "*Sistema Único de Saúde*", "homeless people", "adolescence", "referral and consultation", "methods", "group"; "solidary economy, "cooperativism", "work", "social participation", "rehabilitation", "rehabilitation centers", "health care", "mental disorders"; "disorders related to substance use", "non-directed therapy" and "crisis"(2). On the other hand, "every day", "psychiatric reform" and "psychosocial care" appeared only once, as well as 42 other words.

For Leão & Salles (2016), the concept of daily life, due to its scope and articulation with concepts used in the expanded clinic in psychosocial rehabilitation, favors the foundation of the clinic of occupational therapists in the dialogue with other mental health professionals, favoring interdisciplinary work.

Although only three pedagogical political projects were found, a brief analysis of what they bring allowed us to identify that they approach their proposals, stating that they are following public health and mental health policies.

Another aspect addressed is interprofessional education as a guiding principle in its pedagogical guidelines. They stated that the curricular organization prioritizes teaching-learning methodologies with a focus on interaction, providing discussions and joint experiences of the different professions involved in health care.

Aiming at the development of teamwork, they point to the development of competences common to all health professionals, specific competences of each profession, and the development of collaborative competences, which is in line with Barr (1998) when defining competences for interprofessional education.

Collaborative skills can be understood in six pillars: interprofessional communication; attention centered on the individual, family, and community; the clarity of professional roles; the functioning of the team; collaborative leadership; and conflict resolution (Canadian Interprofessional Health Collaborative, 2010). These proposed competencies aim to guide practices and training for interprofessional teamwork.

In the specific competence profile of occupational therapy, interventions were addressed in the territories, intersectoral actions, contributing to the modification of contexts that generate exclusion and invalidation and increasing the contractual power of users. Psychosocial rehabilitation was also a present concept, highlighting the importance of the occupational therapist's role in expanding the users' experiences in the territories of existence, giving new meaning to their social place.

Regarding the specificities of the occupational therapist in mental health, Almeida & Trevisan (2011) believe that

> [...] all the interdisciplinary actions proposed by the substitute services are following the theoretical assumptions that support the profession; and the occupational therapist is challenged to demonstrate competence in the daily

> work of a team, pointing out how much their training and knowledge about the human activity can contribute to achieving the goals of Psychosocial Rehabilitation (Almeida & Trevisan, 2011, p. 304).

In this sense, multidisciplinary mental health residency programs become powerful spaces for the training of occupational therapists who, with their specificities, can strengthen interprofessionality and mental health care, reaffirming their historic commitment to PR and the Fight Movement Anti-asylum.

Final Considerations

We identified that there are multidisciplinary residency programs in mental health, concerning their geographic distribution, maintenance of the tendency towards centralization in the South and Southeast regions. However, there is an expansion to the Northeast region. We also noticed that there is an internalization process, as recommended by the RMS programs, although insufficient.

Regarding the vacancies available for occupational therapy, we noticed that, although there is a shortage of vacancies when compared to other professions, the mental health area represents the largest offer of vacancies in residences for occupational therapists. This factor may be related to the contribution and historical commitment of occupational therapy to the mental health area and aligned with the anti-asylum movement and psychiatric reform.

We believe that the study favored knowledge about the insertion of occupational therapy in multi-professional residency programs, based on the mapping carried out on its regional distribution and availability of vacancies. Knowing the scope of training and professional insertion of occupational therapy is important for their qualification. However, we observed the need to deepen the knowledge of these programs, such as investigating whether there is the idleness of vacancies, identifying the pedagogical proposals of the programs both in the mental health area and in the professional core and their articulation with public policies, which are crossed by the context of counter-reforms, and which impact on the consolidation of multi-professional residences.

As a limitation of the study, we found the search for selection notices only for current groups of residents (entrance 2020 and 2021). It is not possible to follow the expansion and reduction of vacancies in a transversal way, as well as the difficulties related to data searches, the inconsistencies in its official list, and the small number of pedagogical political projects, which allowed only a brief approximation of the specifics. Furthermore, document analysis does not allow us to understand how these training processes are happening qualitatively, both in everyday academic spaces and in practice scenarios.

Interprofessional training can favor a broadening of the perspective of other professionals about occupational therapy and its specificities in the dynamics of shared teamwork.

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