

Original Article

# Outlines of the professional core of occupational therapy in mental health based on its objects, objectives and instruments

*Delineamentos do núcleo profissional da terapia ocupacional em saúde mental a partir de seus objetos, objetivos e instrumentos*

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**How to cite:** Constantinidis, T. C., Colato, E. R. O., Ricci, T. E., Costa, F. S., Dantas, J. G. T., Melo, C. H., Rocha, L. S., Krutli, R. L. S., Faria, I. B. A., & Lussi, I. A. O. (2025). Outlines of the professional core of occupational therapy in mental health based on its objects, objectives and instruments. *Cadernos Brasileiros de Terapia Ocupacional*, 33, e3739. <https://doi.org/10.1590/2526-8910.ctoAO287937392>

## Abstract

**Introduction:** In scientific meetings there has been a need to discuss occupational therapy practices in mental health from the professional core. **Objective:** To outline the professional core of occupational therapy in Mental Health in Brazil, through its objects, objectives and instruments, verified in scientific production on the practice of this professional. **Method:** This is a bibliographical search to survey occurrences of themes related to the elements object, objective and instruments. 71 articles were analyzed from a previous study, which approached articles until 2018, adding the search update for 2022. **Results:** Among the elements analyzed, it is worth noting that most studies point to activity as a professional object. Daily life, which is also addressed as an object, supports knowledge that, when applied to professional practice, presents specificities in the approach and intersections with the field of mental health. The objective element presented as main themes social participation, autonomy, inclusion and social emancipation, which are interrelated with the principles of Psychosocial Care in Brazil. The instruments of greatest expressiveness were the activity, the group and the workshop. **Conclusion:** While for other professionals working in the field of mental health, activity is a resource — a support or aid in their interventions —, for occupational therapists, it constitutes a fundamental instrument for achieving objectives, which are inseparable from the field of psychosocial care. The performance of occupational

Received on Jan. 8, 2024; 1<sup>st</sup> Revision on June 28, 2024; 2<sup>nd</sup> Revision on Sept. 24, 2024; Accepted on Nov. 12, 2024.



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therapists in territorial, intersectoral and interprofessional work in the field of mental health stands out.

**Keywords:** Occupational Therapy, Mental Health, Interdisciplinary Health Team, Psychosocial Care.

### **Resumo**

**Introdução:** Nos encontros científicos, tem-se constatado a necessidade de discutir as práticas da terapia ocupacional em saúde mental a partir do núcleo profissional.

**Objetivo:** Delinear o núcleo profissional da terapia ocupacional em saúde mental no Brasil por meio de seus objetos, objetivos e instrumentos, verificados na produção científica sobre a prática deste profissional. **Método:** Trata-se de pesquisa bibliográfica para levantamento de ocorrências de temas relacionados aos elementos objeto, objetivo e instrumentos. Foram analisados 71 artigos a partir de um estudo que havia se dedicado ao tema até 2018, adicionando-se a atualização de busca para 2022. **Resultados:** Dentre os elementos analisados, destaca-se que a maioria dos estudos aponta a atividade como objeto profissional. O cotidiano, que também é abordado como objeto, oferece suporte ao conhecimento que, ao ser aplicado à prática profissional, apresenta especificidades na abordagem e intersecções com o campo da saúde mental. O elemento objetivo apresentou como temas principais a participação social, a autonomia, a inclusão e a emancipação social, que se inter-relacionam com os princípios da Atenção Psicossocial no Brasil. Os instrumentos de maior expressividade foram a atividade, o grupo e a oficina. **Conclusão:** Enquanto para outros profissionais, atuantes no campo da saúde mental, a atividade é um recurso — um suporte ou auxílio em suas intervenções —, para terapeutas ocupacionais ela se constitui como instrumento fundamental para o alcance de objetivos, que são inseparáveis do campo da atenção psicossocial. Destaca-se a atuação dos terapeutas ocupacionais no trabalho territorial, intersectorial e interprofissional no campo da saúde mental.

**Palavras-chave:** Terapia Ocupacional, Saúde Mental, Equipe Interdisciplinar de Saúde, Atenção Psicossocial.

## **Introduction**

The realization of the I National Occupational Therapy Research Seminar (SNPTO) in 2009 provided a fertile space for reflections relevant to the production of knowledge in occupational therapy. In 2012, during the II SNPTO, the Working Group (WG) “Occupational Therapy in Mental Health”, established since the I SNPTO, began to identify the need for study and deepening of knowledge production in occupational therapy within the field of mental health.

According to Borba et al. (2021), this working group maintained a significant number of works presented since its first edition, highlighting the fertility of possible experiences in the intersection of occupational therapy and mental health. However, with the deepening of collective discussions at the V edition of the SNPTO, held in 2018, it was observed that publications addressing the specificity of occupational therapy in this field were still scarce. In light of this conclusion, a work of

systematization of knowledge produced by occupational therapists in the field of mental health was developed, through working subgroups.

At the VI SNPTO, held in 2021, based on the systematization work started in 2018, the WG identified the need to discuss occupational therapy practices in mental health from the core of the profession. The fields of occupational therapy practice are historically and socially constructed, and examining knowledge production also raises this issue.

Thus, we identified three challenges: to think about the core and field based on object and objective; to analyze the production of knowledge from the perspective of its dimensions; and to consider occupational therapy from the framework established at the 4<sup>th</sup> National Mental Health Conference: intersectorality, interprofessionalism, and multidimensionality. This article is the result of these reflections, in which we chose to focus on the professional core of occupational therapy in mental health in Brazil.

For Galheigo (1999, p. 49), regarding occupational therapy, “[...] our difficulty is not located in the difficulty of opening our discipline to new perspectives, but, on the contrary, in asserting the contours of “our discipline”. As reported, occupational therapists have been urged to look inward to analyze their potential in the field of mental health. In this sense, the aim of this study is to bring elements that contribute to the delineation of occupational therapy in this field.

It is not about defending a specialty policy, nor about defending corporatism or rigid professional identity. Similarly, we understand that the core of competence cannot be considered as protocol-based and procedural actions in response to situations classified by pre-established criteria. These techniques, confined to their core, do not meet the specific needs of users in organizing their daily lives (Campos, 2000).

On the contrary, this study considers the mental health field as a territory for sharing knowledge and hybrid practices (Lima & Ghirardi, 2008). According to Costa-Rosa (2013), the “in-depth integration” of knowledge in this field is the mode that contrasts with the asylum logic, and the transdisciplinary attitude aligns with the ethics corresponding to the effects of the Psychosocial Paradigm. In the production of mental health care, there is a need for the deterritorialization of professional actions through the collective act of teamwork.

At this point, it is important to remember that transdisciplinarity goes beyond the interdisciplinary perspective. By recognizing the complexity and interconnection of many aspects within the health field – specifically, in this study, the mental health field – it is essential for health professionals to overcome the limitations of conventional, unidisciplinary approaches, allowing for broader and more inclusive collaboration between different bodies of knowledge. Therefore, it is not about excluding spheres of competencies or professional roles, but about developing competencies to articulate them with one another.

However, the positioning of occupational therapy in the mental health field also depends on the consistency of reproducing its practices and knowledge, on critical reflection, and on analyzing practices within services. The goal is not to standardize or homogenize its practices, methods, and theories, but to provide elements for identifying occupational therapy within this field.

For Campos (2000), asking what identifies a profession is asking about the core of knowledge and practices. According to the author, knowledge and practices are organized and constituted in cores and fields. The core encompasses systematized knowledge and

practices that delimit an area of knowledge. It involves professional practice that forms a certain professional and disciplinary identity. The field, in turn, has imprecise boundaries “[...] where each discipline and profession would seek support from other disciplines to fulfill their theoretical and practical tasks” (Campos, 2000, p. 220). In the conceptual framework proposed by the author, the core does not imply a rupture with the field’s dynamics. From this perspective, the boundaries between core and field become blurred, making it difficult to demarcate the frontier between them. Such notions raise the debate, as a point of tension within services, about what is specific to a particular profession, what is singular to each professional core, and what can be performed by all workers.

Even with the blurring and lack of clear boundaries between the different professional cores that make up the mental health field, it is possible to identify some practices and knowledge as originating from specific professions. In this context, what gives shape to occupational therapy in mental health? What is the professional core of the occupational therapist in mental health?

Starting from the premise that practices define professional cores, the path chosen to gather elements for this debate is the professional practice of the occupational therapist in mental health. Paim (2007), when discussing the object and practice of public health, points out that practice in health is constituted by three basic components: object, work instruments, and activities. Bringing this into the context of occupational therapy practice in mental health, we understand that analyzing these components, along with the objectives of their actions in this field, can assist in outlining the core of occupational therapy. In this study, therefore, we aim to outline the professional core of occupational therapy in Mental Health in Brazil through the elements of object, objective, and instruments – whose definitions are described in the research method – verified in the scientific production on the practice of this professional in this field.

## **Method**

This is an exploratory study that uses bibliographic research to identify occurrences of elements to be analyzed. Bibliographic research is developed from already existing material, mainly consisting of scientific articles and books, which aims to analyze positions regarding a particular problem (Gil, 2002). According to Fonseca (2002, p. 32), scientific research based on bibliographic research, as in the case of this study, seeks “[...] published theoretical references with the goal of gathering information or prior knowledge about the problem for which an answer is being sought”.

The process adopted in this study followed the methodological and scientific standards for bibliographic research, as described by Lima & Mito (2007) and Sousa et al. (2021): defining the problem and objectives; surveying and selecting sources; exploratory reading and analysis of the sources; systematization of information; synthesis and discussion of the results. Thus, the bibliographic research was divided into three stages.

## **Survey of scientific production on occupational therapy in the field of mental health**

In this stage, a search was conducted for scientific articles on occupational therapy in mental health. The criteria used to define articles related to mental health were based

on the mention of occupational therapy care and support actions aimed at people experiencing psychological suffering and/or their families.

This study took as its starting point the article on scientific production in occupational therapy in mental health, “Panorama da produção científica sobre terapia ocupacional e saúde mental (1990-2018)” (Mazaro et al., 2021). This article describes the panorama of scientific knowledge on occupational therapy and mental health from 1990 to 2018, offering a mapping of 249 studies cataloged by year, language, country, methodological approach, and study objects presented in the article.

Considering that the delimitation of the operating mode, method, and field of practice of occupational therapy in mental health are elements that make up the core competence of the profession in this area, we chose to include articles categorized as “mental health intervention practices.” Thus, articles classified in other categories, as well as international articles, were excluded, as this research focuses on Brazilian occupational therapy. As a result, 69 articles were included in the first stage of analysis for this study.

Moreover, the study by Mazaro et al. (2021) addresses the period up to 2018, so it was necessary to update it to 2022, the year the data collection for this research was conducted. Thus, we decided to maintain the same databases used in the aforementioned review. The Virtual Health Library (BVS), *SciELO*, and *Scopus* were selected, as justified in the study. It is noteworthy that the indexing of national journals in the above databases is recent.

Given this, the researchers chose to conduct the search directly on the websites of the national journals: *Cadernos Brasileiros de Terapia Ocupacional* and *Revista de Terapia Ocupacional da Universidade de São Paulo (USP)*, as well as adding *Revista Interinstitucional de Terapia Ocupacional (REVISBRATO)* to this research. It is important to clarify that for this search, which aimed to include articles from 2022 onwards, only articles available online in the journals were used, excluding articles from the *Revista de Terapia Ocupacional* since, at the time of the search, the most recent articles available on the site were from 2020.

The searches were conducted following the same criteria as those used by Mazaro et al. (2021), such as the languages of English and Portuguese, and using the same search terms, derived from the descriptors “occupational therapy”, its derivations, and plural forms, combined with the following descriptors: “mental health”, psychiatry, “mental disorders”, “mental illness”, “mental suffering”, “autistic”, and “asperger”, organized using Boolean operators to inform the systems of the search terms. Thus, scientific articles published from 2019 to July 2022 were included. In addition to the researchers, the search was conducted by a librarian from UFSCar – Araras, who corroborated the results.

A total of 210 articles were found, with 130 obtained from the portal and 80 from specific databases. After excluding duplicate articles, 117 remained. In the next stage, the abstracts of the 117 articles were read to exclude those that did not address occupational therapy practice in mental health, as well as literature reviews. Below is the flowchart for the search process in this stage (Figure 1).

Thus, 89 articles that met the exclusion criteria were discarded, leaving 28 articles from the current review. These were added to the 69 other articles selected from the aforementioned article.

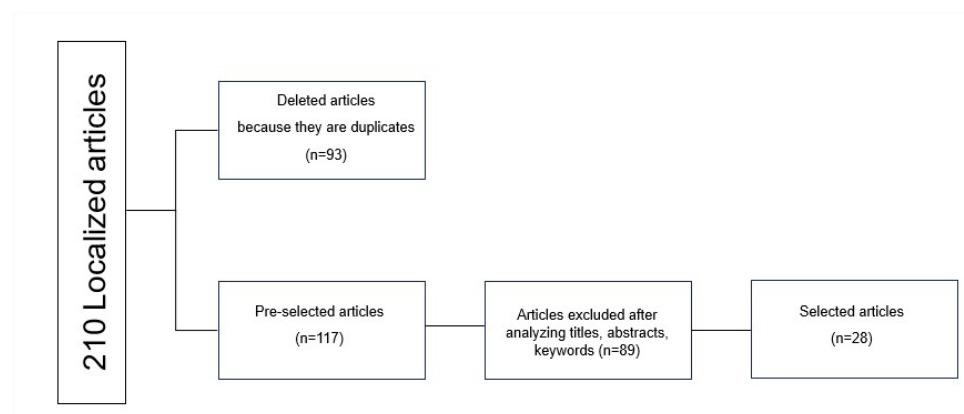


Figure 1. Flowchart of the study selection process. Source: Own elaboration (2024).

### Filling out the research protocol

In this stage, the researchers divided into subgroups to read the full texts of the 97 articles in order to fill out a research protocol with the following elements of analysis: article reference (authors, title, access link); study objective; research context (methodological procedures and study design); object of occupational therapy; objective of occupational therapy; instruments used in occupational therapy actions; and description of the actions performed. As noted by Medeiros (2000), in occupational therapy, the object is often confused with the objectives and instruments/resources of intervention. Therefore, it is important to clarify these elements, which are part of this analysis:

### Object

One way to understand the “object” would be to associate it with a substance that we work with to develop actions in the professional core that permeates the fields of occupational therapy. According to Lino et al. (2018), questioning the object of the profession is a dialectical exercise that establishes new knowledge through ruptures with common sense. As mentioned earlier, the object is considered a constitutive element of health practice (Paim, 2007). In this study, in the search to define the professional core of occupational therapy in mental health, we start from the professional practice of occupational therapy in mental health, which is the criterion for including articles in this research. However, this research is based on scientific articles, which are part of the production of knowledge. We agree with Tardif (2000), who argues that professional practices and knowledge are not separate entities. According to the author, professional knowledge bears the mark of its object of work. In this sense, Lyra da Silva et al. (2009) emphasize that when addressing the object of knowledge in the health profession, it is necessary to structure it scientifically, based on concepts, explain it theoretically, but without losing sight of its application in professional practice. Based on these points, the object referred to in this study is the object of professional practice in occupational therapy in the mental health field.

## ***Instrument***

According to the Houaiss dictionary (Instituto Antônio Houaiss, 2009), an instrument is an object used to perform something, a tool used as an intermediary to achieve a result. It is something that serves to assist or carry out any action. In this same sense, we use as an element of analysis the instruments through which occupational therapists perform their care actions in mental health. This refers not only to assessment tools or research instruments, but to the tools that occupational therapists use to achieve their objectives in providing mental health care. In this study, therefore, the instrument is the element that provides an overview of the “know-how” of the profession in achieving its goals, a key factor in outlining the professional core of occupational therapy in the mental health field.

## ***Objective***

The objective was identified from the purposes to be achieved by occupational therapists in their care and attention actions. In the articles, most of the time, the objectives of the actions in occupational therapy are explicitly stated by the authors themselves. It is important to clarify that some of the articles did not explicitly present the analyzed elements; therefore, these articles were selected based on the definitions mentioned earlier and the researchers' interpretation of the content of the studies analyzed. In this same stage, meetings were held among the research group, where the articles were read in rotation, with each article being read by two subgroups. Additionally, during these meetings, the protocol data were checked, and possible doubts were addressed. After this process, 26 articles were excluded for not clearly addressing occupational therapy practice in mental health, making it impossible to define the research protocol's analysis elements in these studies. Therefore, 71 articles remained for analysis.

## ***Data analysis***

The remaining 71 articles were analyzed according to the following methodological procedure: systematization of each element (object, objective, and instrument of occupational therapy in mental health); reading of the results extracted from the research protocol and beginning the marking of terms and/or expressions related to the analyzed elements; collective discussion among the researchers to validate the completion of the bibliographic research protocol; and tabulation of the results.

Themes and subthemes were analyzed for each element. Thus, for the object element, for example, the terms activity, daily life, subject, and occupation emerged as analysis and discussion themes. Each theme appears with its respective subthemes, which are qualifiers of these themes. For example, for the theme activity, the subthemes were: expressive activity, human activity, social activities, etc. This also occurs with the themes of the other elements. For this study, only the themes were considered, without considering the subthemes.

Based on the procedures mentioned, a numerical count was carried out along with an analysis of the frequency of occurrence of the themes of each element, i.e., the frequency of appearance of each term. The results obtained are presented below in Table 1.

The QR Code (Figure 2) allows access to Table 1, with information about the articles analyzed in this study, and can be accessed through applications downloaded on a compatible smartphone or tablet. Just open the camera and point it at the QR Code and follow the directions the device will provide.



**Figure 2.** QR Code.

## Results and Discussion

Below is the table presenting the occurrence of themes in the elements of object, objectives, and instruments, respectively, researched in the 71 selected articles. The elements were classified by the researchers based on the conceptualization presented earlier, which constitutes the framework used for this stage of the bibliographic research.

Table 2 presents the occurrence of the object element, with the main themes being: activity, with 28 occurrences; daily life, with 27; subject, with 20; and occupation, with 12. The objective element shows the main themes as: social participation, with 16 occurrences; autonomy, with 14; inclusion, with 10; social insertion, with 5; social emancipation, with 4; and stimulation of development, re-signifying daily life, health promotion, and activities of daily living (ADL) training, each with 3 occurrences. Finally, the instruments element is presented, with the main themes being: activity, with 26 occurrences; group, with 23; and workshop, with 14 occurrences.

**Table 2.** Presentation of themes and occurrences.

<b>ELEMENTS OF ANALYSIS</b>	<b>MAIN THEMES</b>	<b>OCCURRENCES</b>
Object	Activity	28
	Daily life	27
	Subject	20
	Occupation	12
Objective	Social Participation	16
	Autonomy	14
	Inclusion	10
	Social Insertion	5
	Social Emancipation	4
	Stimulating development	3
	Health promotion	
Reframing everyday life		
Instrument	ADL training	
	Activity	26
	Group	23
	Workshop	14



The discussion is conducted based on each element of analysis, considering the occurrence of main themes, using as a theoretical reference the national scientific production on the fundamentals of occupational therapy and the field of mental health.

## **Object of the Professional Practice of Occupational Therapy in Mental Health**

According to the results, as presented in Table 2, the object of occupational therapy in mental health is most frequently associated with activity, followed by daily life and the subject. Occupation appears less frequently.

Regarding the object most highlighted in the results, activity, Lima (2019) states that there are multiple ways to conceive and define activity among occupational therapists. According to the author, these conceptions and definitions reflect different ways of working, depending on the practices and theoretical contributions in the field.

In the field of occupational therapy in mental health, the term “therapeutic activity” was commonly used until the 1990s, when a trend emerged to abandon the expression, and the term “human activity” became more commonly used (Lima, 2019). In the present study, when referring to activities, occupational therapists did not use the term “therapeutic activity”, and “human activity” was mentioned only once in the analyzed works. In most of the studies, activity was mentioned without qualification or was followed by qualifications, such as expressive, meaningful, sensory, physical, daily activities, etc. These qualifications given to the term activity align with the specific themes of the studies in the mental health field.

As an object of the practice of occupational therapists in mental health, it is important to highlight that the use of activities also comprises the practice of other professionals working in the mental health field. The use of activities as part of the care process in mental health aims to undo segregation and promote inclusion and social participation, in contrast to the approach prior to the reform, derived from Moral Treatment and the asylum logic, which aimed at controlling the mind and time of patients in psychiatric institutions (Amarante & Oliveira Nunes, 2018). Thus, the activities included in users' therapeutic projects are among the main care technologies in mental health, aiming at restructuring autonomy and promoting greater social participation of individuals with mental suffering in the community (Constantinidis et al., 2018). Therefore, despite occupational therapists producing critical thinking regarding disciplinary activities in asylums, which enabled new approaches to activities integrated into the transformation process of psychiatric institutions (Nicácio, 1994), the use of activities as a care technology is an interdisciplinary practice in the mental health field.

However, we question whether there is a distinction between activity as an object of professional practice and the use of activity as a care technology. It can be inferred that the use of activities by other professionals may support their care actions, among other things. For example, a psychologist or social worker may coordinate an expressive activity workshop in a Psychosocial Care Center (CAPS), as an interprofessional activity derived from the mental health field – which may support or constitute professional actions centered on psychotherapy and psychological diagnosis as the object of the psychologist's professional practice (Faleiros de Oliveira & Magalhães Guimarães, 2021); or the social question – regarding the professional object of social work (Lima & Hack, 2021). The use of activities by other professionals would be a resource, among others, in mental health actions.

In this research, the results show that the majority of the studies listed about the practice of occupational therapists in mental health indicate that the professional object is activity, not only used as a resource or support for their actions but in the construction of a field of knowledge and practices in mental health. As we will see in the other elements of analysis, such as objectives and instruments, activity is at the core of occupational therapy practice in mental health, permeating its instruments in mental health actions. Thus, studies in occupational therapy in mental health show that activity is both an object of knowledge and central to actions in mental health.

Regarding daily life, also cited in this research as the object of occupational therapy in mental health, we start with the individual's experience in society and the relationships that arise from it. The organization of daily life leads to continuity, interaction with others, with the surroundings, and with the mode of social production (Salles & Barros, 2009). A person experiencing severe psychological distress has their daily life affected by the disruption brought about by suffering, including interruptions in activities, relationships, and even their social role due to their mental health condition.

For Salles & Barros (2009), the concept of daily life is directly related to the foundations of Psychosocial Rehabilitation and emphasizes the possibility for a person with mental suffering to build their life in society, articulated across different spheres, without losing their particularity. In this sense, Benetton (2010), when addressing the significance of daily life for the Dynamic Occupational Therapy Method (MTOD), argues that by giving meaning to the daily life of individuals in occupational therapy, they become agents of change, and their way of being is validated in society without having to wait for a social change to become socially integrated.

Leão & Salles (2016) argue that understanding daily life influences territorial actions and facilitates some of the goals of care in mental health carried out by occupational therapists. The goals specific to the psychosocial approach, such as social inclusion and the achievement of autonomy, are shared in teamwork, but can be facilitated by the approach of daily life practiced by occupational therapists. For the authors, concepts such as territory, psychosocial rehabilitation, and daily life are interrelated. In this sense, constructing a meaningful daily life can be a guiding element in the clinical practice of occupational therapy in mental health, while also establishing an interdisciplinary dialogue with other professionals. In other words, bringing the discussion to the proposal of this study, daily life, as an object of occupational therapy in mental health, supports knowledge that, when applied to professional practice, forms the core of occupational therapists' competencies, while intersecting with the mental health field. Therefore, daily life, as a professional object of occupational therapists in the mental health field, is not characterized as an explicit object, instrument, or goal for other professionals in the field, even though it permeates the psychosocial care approach.

Regarding the subject being cited as an object of occupational therapy in some studies, we infer that this is due to the identification of occupational therapy in the mental health field with the concept of deinstitutionalization, which proposes a change in the object – from the mental illness object of psychiatry to the object of existence-suffering of the subject in their relationship with the social body. Thus, based on Franco Basaglia's proposals, an inversion is made by putting the illness in parentheses, making it possible for the subject, and not mental illness, to be the center of attention and care (Torre & Amarante, 2001).

Moreover, it is important to consider that the concept of the subject appears more frequently in writings by professionals from the field following the movements for the re-democratization of Brazil and the forces of social movements of the time, in which there is a concern with the centrality of action directed toward a sociocultural subject with their networks and collective needs, rather than a subject framed by medical sciences.

In Brazil, following the Psychiatric and Health Reform, there was a reorganization of mental health policies, alongside practices replacing the asylum model, based on the review of exclusionary and discriminatory norms, constituting the psychosocial care model. In this model, the person experiencing mental distress belongs to a social group in which biopsychosocial and cultural dimensions are considered in mental health care and proposes the development of community-based and territorial care, focusing on autonomy and freedom, as well as the centrality of the subject's needs (Sampaio & Bispo Júnior, 2021). Furthermore, the deconstruction of the asylum model and the change in power relations bring the subject to the center, transforming them from a mere object of intervention into an active subject.

Our belief in the high incidence of this term is due to this historical process, associated with paradigm changes and the evolution of critical thinking that occupational therapists working in the mental health field are researching. Thus, by adopting the subject as the professional object, which is also the object of care in mental health from the perspective of psychosocial care, occupational therapy does not distance itself from the dynamics of the mental health field. In this sense, it supports the conceptual elaboration of Campos (2000), for whom the core and field are mutable and interchangeable, with it being difficult to detect limits between them. However, even understanding that the identity of occupational therapy is multiple and multifaceted and that it is important to assert the differences and multiplicity of occupational therapy, we reaffirm that the delineation of the core of knowledge and practices of occupational therapy in mental health does not oppose this argument.

## **Having the Subject as the Professional Object of Occupational Therapy**

With the subject as the professional object of occupational therapy, in common with the field, the profession can have its contours defined by other elements, such as professional instruments and objectives, or support the idea that the mental health field requires professionals who are open to flows and exchanges that rigid boundaries of professional identity would not allow. Aligning with this idea, Constantinidis & Cunha (2016, p. 55) state: "The fact that the lack of boundaries demarcating our field of practice in mental health is constituent of our identity makes us open to the immanence of this field, and allows us to collaborate so that collective production gains strength".

Concluding the discussion of the objects referred to in the studies, occupation was the least cited element in the analyzed articles. We believe this is due to the theoretical references used by the profession in Brazil. According to Feriotti (2013), paradigms, worldviews, and understandings of humanity have influenced the main approaches to the object of occupational therapy, whether as occupation or activity.

The element of occupation as the professional core of occupational therapy has been defended by authors, particularly anglophone ones, and is included in the definition of the profession developed by the World Federation of Occupational Therapists (2012),

where the term activity appears only in the expression “daily activity” and as a result of the occupational process. We understand that the issue goes beyond the use of terminologies and is not the focus of this study, however, it is important to emphasize that authors who defend occupation as the professional object of occupational therapy believe that it points to an intervention model that, with the support of the occupational therapist, emphasizes the empowerment of individuals and communities and facilitates social participation (Magalhães, 2013). In this sense, occupation as the professional object of occupational therapy in mental health, in conjunction with psychosocial care, implies expanding life strategies and enhancing strength and autonomy for users.

Still regarding occupation as the object of occupational therapy practice in mental health, some articles analyzed in this study refer to “occupational performance”, which is an element of the Canadian Occupational Performance Measure (COPM), serving as a guide for occupational therapists based on client-centered practice (Caldas et al., 2011). Client-centered occupational therapy practice is driven by the recognition of the autonomy of the person receiving care, who becomes a partner of the therapist throughout the process, making choices and decisions according to their needs (Law et al., 1995). Although the object of professional practice originates from the Canadian model, it does not contradict the practice of occupational therapists working within the psychosocial care framework, as presented in the study by Mângia (2002). Just like in psychosocial care, the Canadian client-centered approach focuses on the person, not the illness. The Canadian model is more concerned with enabling individuals according to goals that are meaningful to them, with the environment playing an important role in the process. In this sense, the object of professional practice, “occupational performance”, brings professional specificity to the occupational therapist in mental health, without losing its intersection with the mental health field.

## **Objectives of Occupational Therapy in Mental Health**

The results of the analysis of the element “objectives of occupational therapy” in the selected articles are interrelated with the field of mental health, common to many other professions in the area. Moreover, the results demonstrate that occupational therapy aligns with the principles of Psychosocial Care in Brazil.

The most frequently cited objectives of occupational therapy in mental health were “Social Participation”, “Autonomy”, and “Social Inclusion”. The objectives “Social Emancipation”, “Child Development Stimulation”, “Re-signification of Daily Life”, “Social Insertion”, “Health Promotion”, and “ADL Training” had lesser frequency. It is important to note that some articles presented more than one objective, and some related terms were presented together, with links between the objectives.

Regarding the most cited objective, the reformulation of mental health care and occupational therapy, resulting from psychiatric reform, anticipates the creation of social participation strategies and the promotion of autonomy and citizenship, with the development of territorial actions. In mental health, objectives related to social participation aim to intervene in the territory, actions that go beyond the walls of different mental health services, opposing asylum-based actions, with activities centered “inside” and not “outside” the health service walls.

The provision of care should be based on the principle of social inclusion, shifting the locus of action from the institution to the territory. In this sense, the production of care in mental health is focused on strategies that aim to promote changes in social spaces and the construction of territorial networks. These interventions support the social inclusion of individuals with mental suffering. Therefore, social participation, autonomy, and social inclusion are interconnected objectives that bring occupational therapy in mental health into territorial actions, aligned with the proposal of psychosocial rehabilitation.

Social emancipation, another objective with significant citation in the selected studies, is directly related to autonomy, social participation, and citizenship. Considering the asymmetry of power resources, oppression, and inequality, social emancipation seeks the universalization of citizenship rights.

However, Velloso (2005) emphasizes that citizenship should not be limited to equality of rights and duties but should also consider the differences that compose subjectivities, such as race, gender, culture, and the issue of the subject. According to Santos & Arriscado (2003), social groups, or individuals, have the right to be equal when the difference diminishes them, and to be different when inequality decharacterizes them.

In this sense, within the field of mental health, it is important to foster the emancipation of people with mental suffering so that they can exercise their citizenship and critically perceive the place they occupy in society. Fostering emancipation also requires transformations in social relations with madness, as well as empowering people with mental suffering to free themselves from what oppresses them. For Lussi et al. (2022), it is necessary to consider the experiences of people with mental suffering as subjects of knowledge. Regarding occupational therapy, Lussi (2020, p. 1.344) points out:

Occupational therapy, through its characteristic of doing together, of shared doing, is a fertile field for emancipatory practices to be developed together with people, in the perspective of building collectively. In this sense, I argue that practices developed jointly between the occupational therapist and the individual or collectives can be emancipatory practices insofar as they do not centralize these practices on the knowledge and professional training of the occupational therapist, but on the real needs of the individual or collectives and on their protagonism in the fight for a better life and society.

Thus, it is fundamental to value the knowledge of users, in care that promotes freedom, in the territorial dimension, led by individuals in psychological suffering. In this perspective, mental health care actions are developed with people and not for them.

Another objective mentioned in the studies was social insertion. Marcolino et al. (2020) point out that the expansion of healthcare spaces – enabled by the routine of doing activities – and the attribution of meaning to everyday life are the foundations of the social insertion of people who, due to some problematic situation, are socially excluded. The authors present the ideas of Benetton (2010), according to which when a person becomes active, they expand their health space and increase their participation. For the author, this participation brings about changes in society, without the need to wait for social changes to integrate, i.e., as a citizen, one can impose society's acceptance of their way of being. In this sense, the discussion proposed by the authors brings the

occupational therapist into the accompaniment of activities and the recognition of the person's virtual health space in the process of occupational therapy care.

The re-signification of everyday life, another objective mentioned in the studies, also stems from a construction with the individual. The everyday life of someone with psychological suffering is shaped by adversities and dissonances with reality, with relationships, with their abilities, with being and existing in the world, and with norms of normality. The living conditions, socially and historically built, are shaken, and in the face of a disrupted daily life, they need to be re-signified.

Salles & Matsukura (2013, p. 272) point out that the re-signification of everyday life involves the individual's identification with what they do and the establishment of new social roles, in a reconstruction with the people they interact with and in the context of life. For the authors, the transformation happens not only in everyday life but also in the individual: "[...] the re-signification of this daily life does not occur without a subjective transformation of the individual". Thus, the individual transforms, just as everyday life does, because, according to the authors, daily life and the individual's particularities walk together within the social context.

Through occupational therapy, the re-signification of everyday life occurs in the construction, along with the individual, of proposals and projects that reflect a life worth living for them, with meaning. This involves understanding their life conditions from a socio-historical perspective, resulting from the intersection of race, gender, culture, generational aspects, and individual concerns, i.e., the construction of a dignified life for individuals in psychological suffering, with participation and social emancipation.

Regarding the objective of promoting health, Lima (2006) emphasizes that, from the 1980s onwards, influenced by antipsychiatry, the de-institutionalization movements, and the fight for the rights of people with disabilities, occupational therapy began to work towards concrete changes in the lives of its users. According to the author, different ways of doing occupational therapy point to the affirmation of the right to difference, "[...] finding positivities in life forms, the most singular, and in situations, the most adverse" (Lima, 2003, p. 65). In this perspective, mental health cannot be thought of without considering access to culture and social exchanges, and occupational therapy aims at promoting health and social exchanges. The author links occupational therapy to a practice of struggle and resistance, investing in the expansion "[...] of the active life horizon of its users, their ability to create and act, their spaces of freedom, and relationships with the world and others" (Lima, 2003, p. 121).

The stimulation of development is part of the set of objectives mentioned in the studies on occupational therapy in mental health. The studies referring to Child and Adolescent Mental Health (SMCA) mention this objective. Linked to the objectives of autonomy, social participation, reduction of risk factors, and expansion of social and environmental protective factors, the stimulation of development is frequently cited in the objectives of occupational therapy with this population (Brunello, 2007; Táparo, 2023).

However, it is important to consider that development may be among the objectives of occupational therapy with a certain population, as mentioned earlier, or may be centered solely on development. The developmental perspective focuses on the development and acquisition of skills and the damage caused by the illness (Bueno et al., 2021). The psychosocial rehabilitation perspective focuses on social insertion, the exercise of roles, and citizenship; objectives closer to the psychosocial care paradigm.

Thus, the development mentioned in the studies may be part of the objectives or focus entirely on them, depending on the type of care orientation aimed at children in psychological distress.

Concluding the objectives considered in the studies, the training of Activities of Daily Living (ADL), although rarely mentioned in the selected articles, appears in some occupational therapy studies in the field of mental health. In the studies selected, ADL training is associated with promoting autonomy.

In some situations, individuals in psychological distress – such as those with severe depression, in a crisis moment, or those with substance abuse problems – may neglect their ADL, particularly hygiene and personal care. Souza & Corrêa (2009) point out that being able to perform significant ADLs is essential for a person's well-being, self-care, and maintenance of life. For the authors, who address the role of occupational therapy with bereaved individuals, maintaining personal care, such as taking a shower and preparing and consuming meals, are important aspects of the psychosocial and contextual health condition, as well as cognitive and physical health. Salles & Barros (2009, p. 16) highlight, in the reports of research participants, the value of daily activities, together with leisure and household chores, as possibilities for a “[...] socially integrated life”.

The authors mentioned do not directly talk about ADL training, but they consider them as components of autonomous life, socially integrated, and fundamental to the overall health of individuals in psychological suffering. It is important to note that ADL training is the exclusive responsibility of the occupational therapist (Brasil, 2014), and some occupational therapists associate this professional activity as the core of competence/professionalism in all fields of practice, including mental health.

## **Instruments of Occupational Therapy Practice in Mental Health**

The instruments of occupational therapy in this study, which had the greatest numerical expression, as shown in Table 2, were: activity, group, and workshop. Here, it is also noted that some articles presented more than one instrument, and some terms were presented together, showing a link between the instruments.

For Gomes Medina et al. (2016), in occupational therapy practice, the tools are defined based on the needs of the target population. The authors argue that this leads the professional to respond to the pre-defined needs caused by a specific issue in their field of practice. From this, what are the needs of the population served in mental health, composed of the subjects of occupational therapy actions?

It is important to consider that the individual is situated at the intersection of multiple vectors, and subjectivity is shaped not only by individual processes but also by collective and social processes that intersect. Individuals in psychological distress also face “filing” within the social fabric, being placed on the margins (Yasui, 2010). Based on this, we agree with Lima (2003), who argues that occupational therapy practices were created to address the issues of populations that have, for various reasons, experienced a process of exclusion.

Thus, the mental health field is marked by encounters with individuals in vulnerable situations, with restrictions on their rights to act, be, and feel. We see the scope of occupational therapy as using instruments to guarantee autonomy, inclusion, participation, and social emancipation, objectives already discussed in this study. Thus, when we discuss the instruments of occupational therapy in mental health, it is

important to highlight that practice is directly related to the subject of actions in the care production process, going beyond a strictly technical practice based on evidence proven by science. According to Demonari Gomes et al. (2022), the practice of occupational therapy is the result of relationships, tensions resulting from the different perspectives of the people involved in the relationship, and the different ways of doing, inherent in people's lives.

That said, the most cited instrument in the articles of this study – the activity – is affirmed as a guiding element of practices in occupational therapy in one of the most widely used definitions in our country: “[...] the privileged tool of the occupational therapist's actions [...] the guiding element in the complex and contextualized construction of the therapeutic process” (Curso de Terapia Ocupacional da USP, 1997). However, as already discussed, in the mental health field, activity as a technology of care is part of an interdisciplinary practice in mental health, not exclusive to occupational therapy. These activities are carried out in workshops, mostly as part of interventions.

A study by Constantinidis et al. (2018) points out that mental health professionals recognize the activities performed in workshops as important tools in welcoming individuals in psychological distress, acting as a catalyst for bonds in a clinic that is decentralized from the symptom and medication of mental disorders. However, the authors emphasize the prevalence of activities conducted within institutions, with few mentions of concrete actions in the territory, without utilizing the full potential of activities in mental health actions with user community participation.

Regarding the occupational therapist, Morato & Lussi (2018) emphasize that it is the professional's responsibility to go beyond the concept of human activity and reflect on the power of this instrument in the re-signification of daily social exchanges. For the authors, this way, the goal is to promote spaces for exchanges and relationships for the subjects, aligning with rehabilitation.

It is important to note that among the instruments identified in the literature review, the group appeared with the greatest prevalence, followed by the workshop. We understand that these group modalities, constituting instruments of occupational therapy in mental health, usually have activity as a constituent of these care spaces, even though occupational therapists may also work with verbal groups, without using activities, depending on the demands of the mental health field.

Groups in the context of care in health consist of a dynamic set of people and bonds that, by seeking the same objective – the group's purpose – transform the object while being transformed by it. In the psychosocial care field, groups allow for various configurations, given the diversity of objectives, target audiences, the number of participants, frequency, etc.

For Lima (2004), occupational therapists in their group practices, called groups, workshops, or studios, aim to produce consistent ways of acting based on the singular or collective needs of individuals. Starting from the premise that groups are spaces inherent in people's daily lives, occupational therapists have these devices as a privileged space for their professional actions (Maximino & Liberman, 2015). A study by Couto (2023, p. 82) on the use of group devices by occupational therapists working in the Psychosocial Care Network (RAPS) indicated that professionals point out the potential of this device: to strengthen group identity, create and enhance bonds, promote experimentation, confront and affirm differences, and acquire autonomy to “move through life”.



Among the variety of groups, resources/instruments in the mental health field, the “occupational therapy group” stands out. According to Maximino & Liberman (2015), the occupational therapy group is marked by two specificities: the presence of the occupational therapist and doing activities together. In this sense, the occupational therapy group would be specific and constitutive of the occupational therapy profession.

Specifically about the occupational therapy group in the mental health field, Constantinidis (2000) points out that occupational therapists perform group management, identified by roles, attitudes, and styles expressed in the group alongside the users. For the author, occupational therapists use activities, doing things together, and specific technical managements that help individuals in severe psychological distress to transition from the realm of ideas to the praxis that reality demands, facilitating the resolution of contradictions between thinking and acting that arise in group activities.

In this direction, Ballarin (2001) researched the managements of occupational therapists in group care, carried out in public mental health services. The author emphasizes that such managements by occupational therapists facilitated the creation of links between the users’ real and internal worlds. This creation, according to the author, is provoked by activities that promote experimentation and articulation between individual and group feelings and actions. However, the research conducted by Couto (2023) reveals that occupational therapists working in the RAPS (Psychosocial Care Network) do not conduct occupational therapy groups, or at least they do not refer to, name, or specify the groups they carry out in this way.

The workshops, which occur considerably among the selected articles, are typically characterized by the type of activity carried out in their proposal, for example: painting workshop, physical activities workshop, cooking workshop, etc. In psychosocial care services, they follow this definition:

These workshops are group activities carried out with the presence and guidance of one or more professionals, monitors, and/or interns. They involve various types of activities that can be defined based on the interests of the users, the possibilities of the service technicians, and the needs, considering greater social and family integration, the expression of feelings and issues, the development of physical skills, the completion of productive activities, and the collective exercise of citizenship. (Brasil, 2004, p. 20).

Since conducting group activities is not exclusive to occupational therapy, workshops are part of the occupational therapist's competence, but not as an exclusive activity for this professional. Workshops are a resource of the mental health field and are conducted by professionals working in it.

According to a study by Juns & Lancman (2011), occupational therapists, given the interdisciplinary nature of using activities in mental health services, refer to a unique perspective of this professional that gives specificity to the profession. However, this perspective needs to be qualified by the professional, being mindful of its impact on their practice (Lima, 2004; Constantinidis & Cunha, 2016).

## **Final Considerations**

The discussion presented highlights some points that indicate a rough outline of the professional core of occupational therapy in mental health. In summary, while activity is

widely used by other professionals in the mental health field as a resource in their actions, in occupational therapy, it is an instrument, also included in its objectives, and is a subject of the profession's knowledge and practices. Activity is at the center, as object/goal/instrument, and at the edges, in the intersection zone of shared work with other professionals. Unlike conceptual confusion between the elements mentioned, which is common among occupational therapists as pointed out by Medeiros (2000), the results of this study bring a connective dimension to activity, which transversalizes occupational therapy. Activity, as presented, surpasses the linearity in the different elements analyzed and shows a transversality that connects them, adding different meanings and historical, social, political, and aesthetic references that constitute occupational therapy as a profession in relation to the mental health field. This study, therefore, points out that activity in occupational therapy in mental health is a subject of knowledge and central in mental health actions.

Everyday life, in turn, taken as the object of occupational therapy in mental health, shapes the professional core. It can guide clinical practice, and its approach pervades the goals of the psychosocial care model, bringing permeability with the mental health field. This study highlighted that the everyday life attributed as a professional object for occupational therapists working in the mental health field is not characterized as an object, instrument, or explicit goal of other professionals in the field, even though it permeates the psychosocial care model.

Regarding the subject as the object of occupational therapy practice in mental health, there is an inseparability with the mental health field from the perspective of psychosocial care, which shares the same object, i.e., the centrality of the subject rather than the disease. Here again, we have a practice object that diverges from diagnoses and results in actions focused on empowerment and participation of the target population in care actions within their communities.

Concerning the objectives, the inseparability of the occupational therapist's objectives from those of psychosocial care is observed, reflecting the profession's commitment to the well-known historical processes of marginalization of certain social groups. The identification with the psychosocial care field, through the objectives, is also reflected in the instruments used in care actions. As seen, at first glance, the activities carried out in these actions, especially in group settings, do not distinguish between occupational therapists and other professionals. However, this study highlighted the "occupational therapy group", which is characterized by the coordination and management specific to occupational therapists, as unique to occupational therapy and constitutive of the professional core.

The study emphasized the role that activity occupies for occupational therapists and other professionals. Beyond the occupational therapist's perspective on activities, which would be a differentiating factor in relation to other professionals, the role that activity plays in the practices of different mental health professionals is emphasized. While for other professionals, activity is a resource, that is, a device, a support, an aid in their interventions, for occupational therapists, activity seems to constitute an instrument.

This fusion of professional objectives with the objectives of the psychosocial care paradigm that guides the field of mental health care leads to an ambiguous effect, namely, the dissolution of identity that characterizes us. At the same time, it plays an important role in ensuring professional recognition when it highlights the ease of movement in the

field, territorial, intersectoral, and interprofessional work of occupational therapists working in mental health. As previously stated, the lack of boundaries that delimit our field of action in mental health as constitutive of our identity gives us an opening to the immanence of this field and places us in the potentialization of collective production, so crucial in the provision of care in psychosocial care.

Furthermore, one point that may spark reflection concerns how the demands of the labor market and market-driven constructions may influence the training and professional practice of occupational therapists, given that we have seen the dismantling of public services since 2016, particularly in the mental health field, where we have historically established practice. Thus, the resurgence of the neoliberal agenda combined with the processes of medicalization and pathologization of life may have significant interference in the way mental health care is being produced, reverberating in the core of occupational therapy. Therefore, we believe it is important to conduct research that provides an overview considering these crosscuttings in the mental health field, which is a crucial point of reflection for thinking about practices being conducted within the core of occupational therapy in mental health.

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### Author's Contributions

The study conception and design stages, literature review, data analysis and interpretation and final review of the article were carried out by all authors. Data collection was carried out by the second, third, fourth, fifth, sixth, seventh, eighth and ninth authors. The manuscript was prepared by the first and last author. All authors approved the final version of the text.

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