The core of occupational therapy and psychosocial care of children and adolescents: theoretical and practical convergences

ORIGINAL ARTICLE

*O núcleo da terapia ocupacional e a atenção psicossocial de crianças e adolescentes: convergências teórico-práticas**

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ABSTRACT: Introduction: The field of child and adolescent mental health is made up of various professional groups, including occupational therapy. Objectives: identify the perspective of occupational therapists involved in the psychosocial care of children and adolescents on the professional core of Occupational Therapy in the field of child and adolescent mental health and analyze how non-occupational therapists involved in the psychosocial care of children and adolescents describe the practice of occupational therapists in this field. Methodological procedures: qualitative and quantitative study, developed in two phases. Phase 1: 107 professionals working in the field of child and adolescent mental health participated and completed an online questionnaire. Phase 2: 32 professionals participated in four virtual focus groups. Data from both phases was analyzed using the *Iramuteq*® software. Results: Approaches were identified between the knowledge and practices of the Occupational Therapy core and the guidelines for psychosocial care of children and adolescents, which sustain the field of child and adolescent mental health, including: the practice of welcoming, valuing identities, increasing autonomy and social participation and building life projects. Conclusions: The study highlights the power of Occupational Therapy for the construction of care in the field of child and adolescent mental health.

KEYWORDS: Occupational therapy; Mental health; Child; Adolescent; Psychosocial intervention.

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RESUMO: Introdução: O campo da saúde mental infantojuvenil é composto por diversos núcleos profissionais, dentre os quais se encontra a Terapia Ocupacional. Objetivos: identificar a perspectiva de terapeutas ocupacionais envolvidos na atenção psicossocial de crianças e adolescentes sobre o núcleo profissional da Terapia Ocupacional no campo da saúde mental infantojuvenil e analisar como profissionais não terapeutas ocupacionais envolvidos na atenção psicossocial de crianças e adolescentes descrevem a prática de terapeutas ocupacionais no referido campo. Procedimentos metodológicos: estudo qualiquantitativo, desenvolvido em duas fases. Fase 1: participaram 107 profissionais atuantes no campo da saúde mental de crianças e adolescentes, os quais responderam um questionário *online*. Fase 2: participaram 32 profissionais, por meio de quatro grupos focais virtuais. Os dados de ambas as fases foram analisados com o *software Iramuteq*®. Resultados: Foram identificadas aproximações entre os saberes e práticas do núcleo da Terapia Ocupacional e as diretrizes da atenção psicossocial de crianças e adolescentes, que sustentam o campo da saúde mental infantojuvenil, dentre as quais: a prática do acolhimento, valorização das identidades, ampliação da autonomia e participação social e construção de projetos de vida. Conclusões: O estudo evidencia a potência da Terapia Ocupacional para a construção do cuidado no campo da saúde mental infantojuvenil.

PALAVRAS-CHAVE: Terapia ocupacional; Saúde mental; Criança; Adolescente; Intervenção psicossocial.

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INTRODUCTION

This article is an excerpt from the first author's doctoral research[1], which focuses on the aspects that make up the core of Occupational Therapy in the field of child and adolescent mental health. It is understood that there are many possible theoretical paths for understanding and discussing a given scientific field and its composition based on specific professions and/or professional groups. In this study, we chose to adopt Campos'[(2)] understanding, according to which the concept of core indicates an agglutination of knowledge, the identity of an area of knowledge and professional practice, while the field consists of a space where each discipline and profession interacts with each other to support each other in carrying out their theoretical and practical activities. In this way, the core would indicate a concentration of knowledge and practices, which is not dissociated from the dynamics of the field, and it is not even possible to precisely identify its limits in relation to the field[2].

For the author, "this blurring of boundaries would indicate more the impossibility of shutting itself off rather than the extinction, with the consequent merger, of all disciplines, professions and specialties" (p. 220)[2]. Campos (p. 220)[2] is assertive when he says that "almost any scientific or practical field would be interdisciplinary and multi-professional". Bringing the discussion to the field of health, the author points to the need to evoke different types of knowledge referring to different health practices in order to think about a theory related to the production of health, since specific knowledge from one or another discipline would not be able to cover the magnitude of the field.

This understanding is in line with the way in which the field of mental health has historically been constituted. According to Amarante[3], mental health consists of a complex area of knowledge that encompasses a series of intersecting fields of knowledge, in addition to psychiatry, such as neurology, psychology, physiology, anthropology, sociology, history, geography, among others, and is therefore not restricted to the actions of psychiatrists. According to Saraceno[4], the concept of mental health served to introduce a holistic and multidisciplinary approach to psychiatry, "which considers the psychological and social dimensions of health and the psychosocial factors that determine health and illness" (p. 145)[4].

According to Amarante[3], the change in the way psychic suffering is understood implies changes in the techniques used to assist and care for the population in question. All of this must be supported by revisions to the legislation in force, in order to reconsider the right to citizenship, which has been taken away from individuals suffering from mental illness, and also by cultural, political and academic initiatives, among others, aimed at transforming the social imaginary and society's relationship with madness[3].

Considering the Brazilian context, the paradigmatic transition mentioned above ended up culminating in its own model, institutionalized as a public policy, called Psychosocial Care. According to Morato (p. 46)[5], "Psychosocial Care seems to be the title of the Brazilian experience of transformation and the formation of a field of care resulting from the sum of struggles, activism, emblematic pioneering experiences and theoretical and practical references". For Costa-Rosa, Luzio and Yasui[6], the concept of Psychosocial Care, as a public mental health policy, aspires to the desire to give and provide attention, to welcome, to receive with attention, to take into consideration, to take into account and to listen attentively to the users of mental health services. For Yasui[7], Psychosocial Care is configured as a new paradigm that not only articulates and names practices that replace the psychiatric paradigm, but also carries with it the power to critically include innovative mental health practices, whenever necessary. The author proposes thinking of tool-concepts capable of uniting the principles of psychosocial care with conduct and techniques that can be put into practice. These are: care, territory, accountability, welcoming, team, singular therapeutic project, intersectoral network, daily life and time.

- Caring: health care involves recognizing the other person in their particular and complex human version, beyond what their symptoms and diagnoses indicate;
- Territory: a concept that refers both to the physical space of the subject, so that the services that make up this policy must have a territorial and community base, and to the relational and existential aspect, which includes the social history and meaning that the individual produces with the space they inhabit;
- Accountability: services must take responsibility for meeting all the social demands of users, accompanying them on their individual journeys, encouraging their active participation, their contractual power and their citizenship;
- Welcoming: the starting point for creating a bond and establishing care; a daily tool in health work that allows us to receive, listen, be close to the subject and look at the complexity of their existence;
- Team: "the main instrument of intervention/invention/production of acts of care" (p. 109)[7];
- Singular Therapeutic Project (PTS): produced collectively, with autonomy and singularization, going beyond traditional therapeutic limits based on the articulation of different types of knowledge;

- Intersectoral network: a concept associated with the Extended Clinic, whose premise consists of "looking at the multiplicity of biographical, family, social, political, economic, historical and cultural aspects, in other words, the different dimensions that affect concrete subjects who, on a daily basis, act together, producing subjectivities" (p. 111)[7];
- Daily life: refers to the repetition of ways of living and also to events and experiments capable of producing life;
- Time: the production of care in the day-to-day running of services is inseparable from the time allocated to them, not in the sense of consultation time or time to carry out procedures, but in a subjective sense that allows for the creation of life possibilities with the subject.

The whole context presented so far, of transitions and reforms that culminated in the institutionalization of psychosocial care as a public policy in Brazil, was concentrated on one part of the population, which did not include children and adolescents. The current literature is unanimous in agreeing that the attention and investment directed at the mental health of children and adolescents, from the point of view of care and public policies, was not only late in relation to the adult population, but is still incipient and insufficient today[8-11].

Only since the 1970s, coinciding with Brazil's re-democratization and psychiatric reform processes, have three movements been identified as directly related to the development of the field of mental health for children and adolescents in the country[9]. These are: the Health Reform, instituted with the construction of the Unified Health System (SUS) and the enactment of the Organic Health Law – Federal Law No. 8.080 of 1990[12]; the Psychiatric Reform, established by Law No. 10.216 of 2001[13]; and the enactment of the Statute of the Child and Adolescent, under Law No. 8.069 of 1990[14]. This last legal framework allowed the child and adolescent population to become subjects of rights, with judicially guaranteed protection.

Various actors and social segments are cited as fundamental to achieving these milestones and strengthening the field of child and adolescent mental health, including occupational therapists. In fact, the historical period highlighted above coincided with the expansion of Occupational Therapy in Brazil, since the profession was regulated in the country in 1969 by Decree-Law No. 938[15]. According to Lopes[16], when it became professionalized, Occupational Therapy sought to understand the magnitude and complexity of people's daily problems, thus taking on a political and ideological role, strengthening collectives and social movements, seeking to give visibility to the demands of minority and politically excluded groups, such as workers, women, black and indigenous people, children and adolescents[17,18].

Among the demands of children and adolescents at the time, Brunello (p. 309)[(19)] highlights the concern for children with "developmental impairment in multiple vital areas, such as social interaction and communication disabilities and the presence of stereotyped behaviors, interests and activities," which fell under what was then called Pervasive Developmental Disorder or Delay. For the author, Occupational Therapy began to enter this field in order to understand how children who experienced such conditions placed themselves in the world, the suffering they presented, and what prevented them from satisfying their needs and carrying out the typical daily activities of childhood. Thus, for Matsukura[20], as psychiatry became more specifically dedicated to the mental health problems of children and adolescents, Occupational Therapy also deepened its practices in this field.

In the scope of public policies aimed at the mental health demands of children and adolescents, it was only in the 2000s that they were effectively included on the Brazilian political agenda, through Ordinance No. 336 of February 19, 2002[21]. This decree, which established the types of CAPS that would make up the subsequently established Psychosocial Care Network[22], mentioned, for the first time, the existence of the Child and Adolescent Psychosocial Care Centers, the CAPSij, which would be strategic and specialized devices for the care of children and adolescents who experience intense psychological suffering. According to Reis et al. (p. 187)[23], "the CAPSi inaugurated, in the history of Brazil, the first generalized and public experience of welcoming and caring for adolescents and children suffering from psychological distress". For the Ministry of Health, these devices have taken on the social function of building emancipation and improving the quality of life of this population, based on their conception as integral beings, with the right to participation, social inclusion and respect for their singularities[24].

Faced with this retrospective, Fernandes et al. (p. 730)[11] reflect that this is the "moment when histories meet", in the sense that "the construction of a theoretical-technical-institutional apparatus for the care of children and adolescents emerges at a time when such structuring was already taking place in the context of care for the adult population". It is possible to include Occupational Therapy in this reflection, considering that it was a professional nucleus whose practices were solidified in the field as it was being constituted and that today, in the context of Brazilian public health, it continues

to accompany the advances of local mental health policies for children and adolescents, with Psychosocial Care as its line of support.

The literature in the area indicates that, in the field of child and adolescent mental health, Occupational Therapy is associated with practices such as analysis and use of activities in daily life, engagement in meaningful activities and expansion of the repertoire of interests, territorial actions and appropriation of spaces outside health services, as well as income generation and social insertion. However, this same literature highlights the need and importance of deepening the discussion on the elements that make up the core of Occupational Therapy in the field, as a way of improving the training and updating of professionals working in this field[25-28].

In view of the above, and recalling the assumptions of Campos[2], detailed at the beginning of this manuscript, according to which the constitution of a scientific field and practices is based on the interaction and mutual support between the professional nuclei that make up this field, it is important to reflect on and deepen the study and discussion about the professional nucleus of Occupational Therapy in the field of child and adolescent mental health in Brazil. Thus, the general objective of this study was to identify the perspective of occupational therapists involved in the psychosocial care of children and adolescents on the professional core of Occupational Therapy in the field of child and adolescent mental health. The specific objective was to analyze how non-occupational therapists involved in psychosocial care for children and adolescents describe the practice of occupational therapists in the field of child and adolescent mental health. It is worth noting that this manuscript will focus on the results that point to a convergence between the knowledge and practices characteristic of Occupational Therapy and the guidelines of psychosocial care for children and adolescents, which underpin the field of child and adolescent mental health.

METHODOLOGICAL PROCEDURES

This research is a descriptive-exploratory study with a qualitative-quantitative approach, which was carried out in two phases, entirely online.

The first phase aimed to explore questions about the core of Occupational Therapy and the field of child and adolescent mental health with a wider range of occupational therapists and non-occupational therapists with experience in psychosocial care for children and adolescents. The inclusion criteria for the participants were: occupational therapists who worked or had worked for at least six months in facilities that make up psychosocial care for children and adolescents, in the national territory; and non-occupational therapists, of higher or middle level, who worked or had worked for at least six months in direct assistance to users in psychosocial care devices for children and adolescents, in whose teams there was at least one occupational therapist, in the national territory.

A total of 107 professionals took part in this phase, 59 of them occupational therapists and 48 non-occupational therapists. The majority were cisgender women (92%), aged between 26 and 30 (26%) and living in the state of São Paulo (61%). Among the non-occupational therapists, most were psychologists, social workers and nurses. The majority of the professionals had between one and three years of experience in RAPSij facilities (28%), were working in CAPSij at the time of taking part in the survey (30.4%) and also had previous professional experience in CAPSij (21%).

All these professionals were located and accessed virtually, using the "snowball" method[29] as a means of dissemination, in addition to social networks, messaging apps and dissemination by the Regional Councils of Physiotherapy and Occupational Therapy –CREFITOs – in the different Brazilian regions. To collect the data, a questionnaire designed by the researchers and validated by expert judges was used. The instrument, prepared via the Google Forms – Form tool, began with the Free and Informed Consent Form, which had to be signed virtually. Only after agreeing to take part in the research did the participants have access to the questionnaire itself, which began with multiple choice questions related to the sociodemographic characterization of the participants and then presented open questions about aspects and elements perceived in relation to the work of Occupational Therapy in the field of child and adolescent mental health. The open-ended questions asked the participants to characterize the work of Occupational Therapy in the field, mention the actions and practices in which these professionals were most commonly involved and report illustrative experiences of this work. At the end, participants could indicate their interest in taking part in Phase 2 of the study. The questionnaire was shared and was available for completion for around 40 days, between February and March 2021.

The data collected in Phase 1 was systematized in Microsoft Office Excel® spreadsheets. The initial and objective questions in the questionnaire were analyzed using descriptive statistics and the open questions were analyzed using the Iramuteq® software (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires). This is an open and free program, originally created in French, but which currently has complete dictionaries in several languages, including Portuguese. It is a program that allows statistical analysis

of a finished textual material, called a "textual *corpus*" in the software's language. Its operating system is based on the R software to process its analyses, and it is necessary to install it before actually installing IRAMUTEQ®, as instructed in the tutorial available on the software's official website – www.iramuteq.org[30].

The second phase of this study aimed to identify, analyze and build elements that make up the core of Occupational Therapy in the field of child and adolescent mental health, collectively, based on the perception of the participants themselves, and based on the main themes identified in the analysis of the results of Phase 1. Potential participants in this phase were professionals who indicated their interest in participating in Phase 2 in the questionnaire.

A total of 32 professionals took part, 20 of them occupational therapists and 12 non-occupational therapists. Among the occupational therapists, most lived in the state of São Paulo (40%), followed by Minas Gerais (15%), Mato Grosso (10%) and Ceará (10%). There was also a minority of occupational therapists from the Federal District, Goiás, Rio Grande do Sul, Rio de Janeiro and Pará (each with 5%). Among the non-occupational therapists, most were psychologists (41.8%), followed by speech therapists (16.7%). Nurses, social workers, psychiatrists, workshop instructors and nursing assistants/technicians also took part (8.3% each). Of these non-occupational therapists, the absolute majority lived in the state of São Paulo (91.7%), while the other 8.3% were from the state of Minas Gerais.

For data collection, four focus groups were held[31], two with occupational therapists, held in May 2021, and two with non-occupational therapists, held in June 2021. To conduct the focus groups, scripts were drawn up based on the themes identified in the analysis of the Phase 1 questionnaires, with one script for the focus groups with OTs and another for the focus groups with non-OTs. Both scripts included an initial moment of personal and combined introductions, a second moment of presentation of the themes identified after analyzing the questionnaires, which would trigger the discussion, and a third moment of closure.

The four focus groups were held using the Google Meet platform, recorded and transcribed in full, with the exception, in this transcription, of the researcher's statements. Iramuteq® software was also used for data analysis, and the textual material obtained from the OTs and the non-OT professionals was analyzed separately.

The study was only started after approval by NN's Human Research Ethics Committee (CEP), following the guidelines and regulatory standards of Resolution No. 510 of April 7, 2016, of the National Health Council.

RESULTS AND DISCUSSION

The analysis of the results obtained in both phases of this study, both with the occupational therapists and with the non-OT professionals, allowed us to identify the characteristic practices of Occupational Therapy in the field of child and adolescent mental health and also similarities between the knowledge and practices characteristic of the core of Occupational Therapy and the guidelines of psychosocial care for children and adolescents, which underpin the field of child and adolescent mental health. This manuscript will delve into the presentation and discussion of these similarities, according to the following topics: 1) the importance of welcoming, listening, valuing identities and subjectivities; 2) "doing together" what makes sense; 3) increasing autonomy and social participation and building life projects.

The importance of welcoming, listening, valuing identities and subjectivities

Welcoming is a guideline of the National Humanization Policy[32] of the Unified Health System. It is also one of the tool-concepts proposed by Yasui[7] and presented in the introduction to this article. Welcoming includes recognizing the legitimacy and subjectivity of the demand brought by an individual about their health; it aims to build a bond and a relationship of trust between subjects and devices; it takes place through active and qualified listening and makes it possible to understand the demand and guarantee access to care[32]. Listening, in turn, implies availability and acceptance of complaints that may, at first, be unrelated to the subject's main demand. By listening, it is possible to identify the individual's subjective perception of their demand and how it affects their life[33].

Although welcoming and listening are within the scope of health policies in Brazil for all professionals and services, especially in the context of psychosocial care, the way in which the subject was brought up throughout the results seems to indicate a special ability, or sensitivity, on the part of the occupational therapist to carry out such actions.

> It makes all the difference that the Occupational Therapy professional is part of a team and intervenes in the difficulties of daily practices based on each case, as well as sensitive listening and welcoming suffering. [text segment – *corpus* NON-OTs - Phase 1]

> So I see it from a place of, at least in my work with children and adolescents, I see the OTs listening from a place and

> understanding this place of the child and adolescent to function. [text segment – *corpus* NON-OTs - Phase 2]

Constantinidis and Cunha[34] discuss the relationship between how health professionals listen and what the literature says about the occupational therapist's gaze, based on Lima's[35] studies on activity analysis. For the first authors, listening, like looking, can be objective and directed towards a goal pre-established by the professional and unknown to the subject, so that only what matters is heard or seen. It can therefore consist of a reductionist cut of demands, obtained through specializations. Lima[35] thus proposes the existence of a gaze that questions beyond what is known, that identifies and produces meanings, that takes on the role of welcoming and, therefore, caring.

Based on the results obtained in this study, it is possible to draw on the analysis presented above to understand how looking, listening and welcoming are articulated in the work of the occupational therapist. This professional seems to be able to offer attentive, careful and empathetic listening; listening that does not necessarily call for a ready answer, but which supports not knowing and opens up space for invention and the joint discovery of possible actions. It seems to be a kind of listening that expands the gaze towards the completeness of the subject and what is superimposed by their demand, so that both—the listening and the gaze—add up and enhance each other in a sensitive and transformative welcome for the subject. Sensitive, because it is capable of identifying and understanding the most intimate and subjective aspect of the situation, without disconnecting it from the context, and transformative, because it is the starting point for developing possible and powerful care strategies.

This seems to come from an understanding of the occupational therapist as a professional who values the subjects' identities and subjectivities, a result also found in this study.

> This factor is very important in the field of child and adolescent mental health, as it involves the subjectivity of the individual, who is in the process of development and inserted into a life context. When the individual is seen from this perspective, the uniqueness of each person becomes clearer. [text segment – OTs *corpus* - Phase 1]

> A proposal to act from a more structured activity with the aim of looking at the individual's singularity and subjectivity. Structured activities using cultural objects, activities with toys, in which the professional helped the child to carry out the activity, with a more pedagogical proposal. [text segment – NON-OTs *corpus* - Phase 1]

Once they are willing to listen to and welcome children and adolescents in psychological distress and their families in a horizontal relationship, the occupational therapist seems to be able to effectively identify and access who these people are, their identities and, from this, collaborate in the construction of individual and collective action strategies. Thus, expanding the window of contact with individuals in psychological distress and their families seems to be the starting point for recognizing them as protagonists, citizens and subjects of rights, wills and knowledge.

All of these aspects mentioned above, although presented in the results of this study as characteristic elements of the core of Occupational Therapy in the field of child and adolescent mental health, consist of clear principles of the Psychiatric Reform and psychosocial care for children and adolescents, which shows a convergence between the knowledge and practices of this professional core and the contours of this field.

"Doing together" what makes sense

The results of this study also indicate that the close and horizontal contact between the occupational therapist and the children and adolescents takes place through "doing together", a partnership that is established with the professional making themselves available for the meeting and encouraging the active participation of the subjects, which results in the discovery of possibilities, skills and the expansion of the repertoire of the people being assisted.

> I believe that OT work is always permeated by doing things together, which, in the field of child and adolescent mental health, is characterized as a great power due to the ability of this type of relationship/intervention to bring therapist and child or adolescent closer together, facilitating the bond, allowing the building of trust, horizontality and, thus, care. [text segment – OTs *corpus* - Phase 1]

> I emphasize here that this doing together is characterized by countless possibilities, from sitting on the floor to play, to walking in the literal or non-literal sense through different spaces that make up this person's daily life, stimulating engagement in occupations that are meaningful to them, in a constant search for autonomy and relief from psychic suffering based on the emerging fabrics of this partnership. [text segment – OTs *corpus* - Phase 1]

> By building together, perhaps, because it's more of a building together, the OT comes a lot with this not only unilateral construction, because we position ourselves a

> lot in the form of, not imposing, but with norms within our care, and the OT comes a lot more in the construction. [text segment – NON-OTs *corpus* - Phase 2]

Lima[36] believes that occupational therapists, in the process of intervention, establish a relationship that is not driven by vertical "help" assistance, but by composition, learning and exchange, which takes the form of listening to stories, recognizing contexts and daily life and understanding what makes that life lighter or more difficult. And it is in this relationship that it becomes possible to identify individual and collective needs and the processes of reinvention.

In the same way, it's not about doing something together, an action without a purpose, but, on the contrary, of doing together what makes sense. As if the occupational therapist were mediating, through doing, the subject's encounter with what they themselves, knowingly or not, want and/or need. The activities and occupations that, before the Psychiatric Reform, were prescribed in a distanced and indiscriminate way, and served to occupy, alienate and normalize bodies, in the psychosocial context, become a meaningful doing and, with this, rise to the place of life production, and the occupational therapist seems to be a tool that operates in favor of this – both for Occupational Therapy itself, and as a premise of Psychosocial Care.

With specific reference to children and adolescents, it is important to highlight the work that is done through play and playful strategies. For Pfeifer and Eufrazio[37], children have the main role of "playing" and the work of Occupational Therapy cannot take place without including the practice of play. The authors also emphasize that "for occupational therapists, play, as well as being a therapeutic tool, is also a goal to be set, in other words, play has an end in itself" (p. 14)[37].

It is therefore possible to assume that the occupational therapist, due to the various options of techniques, means and resources for interaction, assessment and intervention, is able to make use of strategies that are not so common or elementary to the clinic, which allows them to obtain more specific information, bond more easily, identify omitted or unknown skills and interests and stimulate the engagement of individuals. In addition, it is possible to identify the occupational therapist as a professional who is able to activate the subject's creative and constructive capacities, from the moment they are concretely placed to experience the various forms of doing. For Constantinidis and Cunha[34], carrying out activities places the occupational therapist in a privileged and favorable situation for meeting the person in psychological distress. The occupational therapist is therefore seen as a professional with the ability to enrich and transform the possibilities of interaction and intervention in the field of mental health for children and adolescents.

Increasing autonomy and social participation and building life projects

Closely linked to working in partnership and "doing things together", the results also suggest that Occupational Therapy in the field of child and adolescent mental health is characterized by actions that foster greater autonomy and social participation.

> In my view, the work of Occupational Therapy in this field is characterized by expanding the possibilities for children and adolescents to engage and participate in different spheres of life, building coping strategies for possible autonomy in the face of possible health and mental health problems. [text segment – OTs *corpus* - Phase 1]

> Supporting families to strengthen bonds and coping strategies, as well as encouraging autonomy and protagonism in children and adolescents. Building strategies, be they institutional, attitudinal, technological or communicative, to enable children and adolescents to carry out their daily activities. [text segment – OTs *corpus* - Phase 1]

> Promoting the autonomy and re-signification of the protagonism of subjects, family members and other actors in the care of children and adolescents, with therapies, guidance and projects. [text segment – NON-OTs *corpus* - Phase 1]

> Their role within the multidisciplinary team and with the person they help is to see the child and adolescent as a functional being, with potential that needs to be seen and honed so that they have autonomy. [text segment – NON-OTs *corpus* - Phase 1]

It is possible to recognize these aspects as occupational therapy commitments, especially considering people in psychological distress and children and adolescents, who have historically been deprived of rights and citizenship. With the historical engagement of occupational therapists in reformist social movements, among which the Psychiatric Reform stands out, the profession began to acquire an ethical-political bias of commitment to minorities, marked by the defense of rights, social inclusion, participation, autonomy and social emancipation[38] – principles of Psychosocial Care, incorporated by occupational therapists since then.

Lussi[39] discusses how doing things together has emancipatory potential for Occupational Therapy.

> Occupational therapy, due to its characteristic of doing together, of sharing, is a fertile field for emancipatory

> practices to be developed together with people, with a view to building collectively. In this sense, I argue that the practices developed jointly between the occupational therapist and the person or groups can be emancipatory practices insofar as these practices are not centered on the OT's professional knowledge and training, but on the real needs of the person or groups and their leading role in the struggle for a better life and society. In other words, it's not about "giving" the other the possibility of, but of developing the possibility of together with the other. I think this is the basis for the development of emancipatory practices and they can and should take place in any area of occupational therapy (p. 1344)[39].

With the above theme in mind, it is possible to link the discussion about the possibility of building life projects, also mentioned in the study results as a potentiality of the occupational therapist in the field of child and adolescent mental health.

> Joint production of life projects, promotion of contractuality, reception with an eye on mental health. The formation of the OT allows a more focused look at the doing of children and adolescents, not just as a tool, but as a production of meaning. [text segment – OTs *corpus* - Phase 1]

> And with adolescence, in particular, what I felt from the demand for Occupational Therapy was very much about building life projects. [text segment – OTs *corpus* - Phase 2]

> OT is a facilitator and stimulator of autonomy and psychosocial rehabilitation, promoting the recovery of identity, bonds and life projects. [text segment – NON-OTS *corpus* - Phase 1]

Considering that psychological suffering generates discredit from families and society, and disinvestment in the possibilities of being and acting in the world, it is often in contact with the occupational therapist that the various forms of existence are considered and life projects are built[40]. It is as if the occupational therapist could build with the subjects gazes that see paths, trace routes to reach the destinations envisioned, not disregarding the adversities of suffering and the context, but making it possible, despite them, to take oneself as the subject of one's own life.

The results presented above show important links between the theoretical and practical activities of Occupational Therapy and the guidelines of psychosocial care for children and adolescents, which anchor the field of child and adolescent mental health. This leads to reflection on the historical processes that this professional core and this field have gone through, which have generated this consonance of actions and principles, recognized by both occupational therapists and non-OT professionals.

The tool-concepts of psychosocial care, proposed by Yasui[7] and presented in the introduction to this article, are ethical-political guidelines for professional practices in the field of mental health and naturally interact with the prerogatives of Occupational Therapy, providing an almost indifferentiation between what is provided for by mental health policies and the knowledge and practices of this professional core[41]. For Morato and Lussi[41], the promotion of opportunities for exchange, the (re)construction of contractual power and citizenship are basic concepts of psychosocial rehabilitation, which converge with the values of Occupational Therapy, which demonstrates the potential of this profession to operate within the logic of psychosocial care.

The results of this study corroborate the idea put forward and advance with regard to the specific variables and demands of the world of children and adolescents.

Fernandes[42], in her doctoral thesis, proposed a concept relating to children's mental health, according to which:

> [...] it is understood that mental health in children and adolescents is dynamic and the result of a complex relationship between personal resources and abilities, contextual factors and social determinants, which in the everyday dimension are directly involved in the possibilities of participation, enjoyment, recognition and facing challenges. This, among other things, involves the possibility of experiencing pleasure, frustration, affection, motivation and proactivity involved in the genuine discoveries and learning of childhood and adolescence (p. 107)[42].

Various psychological and/or social issues can have an impact on the mental health of children and adolescents and, consequently, on their ability to experiment with experiences and affections, discoveries and learning, and it is the latter that is most important to Occupational Therapy and psychosocial care for children and adolescents, not because of the denial of illnesses or social crossings, but because of the focus, always in the foreground, on children and adolescents made invisible by illness, by the devaluation and underestimation of childhood and adolescence and by the requirement to standardize bodies.

CONCLUSION

In this study, child and adolescent mental health was treated as a multidisciplinary field of knowledge in

which different professional groups, including Occupational Therapy, interact with each other and support each other in carrying out the field's theoretical and practical activities[2]. These activities are embodied and encompassed by psychosocial care for children and adolescents, a framework that underpins the practices of this field, and which is configured as an ethical-political guideline for the centers that make it up.

The findings in this study indicate that, for Occupational Therapy in the context of psychosocial care for children and adolescents, it is important to listen to and welcome children and adolescents in psychological distress and their families, to value them in their individualities as citizens and protagonists of their own history, promoting partnerships and giving them the opportunity to get involved in activities that make sense to them, collaborating to increase their autonomy, social participation and the construction of life projects—principles that are not only part of the professional core of Occupational Therapy, but are also part of the field of child and adolescent mental health and psychosocial care for children and adolescents.

It is therefore argued that this indifferentiation between the premises of the core and the field, or this "blurring of boundaries", in the words of Campos (p. 220)[2], translates the similar historical processes that Occupational Therapy and the field of child and adolescent mental health have gone through and, especially, their unison and current commitments to defending children and adolescents, to networked care and freedom, to preserving autonomy and citizenship and to valuing this population as active subjects and protagonists of their own history, thus highlighting the importance and power of this professional nucleus in this field.

It is important here to make clear the ethical concern that this study did not aim to make the Occupational Therapy profession better or more important than others in the field, nor to treat occupational therapists in the field of child and adolescent mental health as "better" than OTs in other fields. In contrast, this study sought to deepen our understanding of what occupational therapy does in the field of child and adolescent mental health. Since we agree that the collective construction of care is not just a way of working, but is especially an ethical-political guideline for the qualification and complexification of care in the field of mental health, studies that can focus on this teamwork, considering the different professional nuclei, including Occupational Therapy, may be important for the emergence of new constituent elements of the psychosocial care process.

However, it should be noted that the study had some limitations in terms of its execution. The time the researchers had to disseminate the questionnaire to potential participants and make it available for them to fill in was only 40 days, which had an impact on the scope of the research, both in terms of the number of participants and in territorial terms, covering regions other than the Southeast.

Considering the lack of in-depth study of this topic in the literature, it is also important to highlight the novelty of the study and the importance of the subject in the current Brazilian reality, given the post-pandemic scenario and the weakening of psychosocial, networked and free care for children and adolescents.

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