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Research Article

Psychologist in primary care: users' perceptions of the professional's role

Psicólogo na atenção primária: percepção dos usuários sobre a atuação do profissional

Psicólogo en atención primaria: percepción de los usuarios sobre el desempeño del professional

Nayara Gomes Braga[1], Camila Dellatorre Borges[2]

[1]Universidade de São Paulo – Ribeirão Preto (SP), Brazil.
[2]Universidade de São Paulo, Hospital das Clínicas – Ribeirão Preto (SP), Brazil.

Abstract

Introduction: In Brazil, psychologists began to enter public health in the late 1970s. Since then, their activities have expanded in the following areas: hospitals, outpatient clinics, and primary care. Identifying the beliefs and perceptions that the population has regarding the work of psychologists can help improve the work carried out in primary care, so that these professionals can propose actions that truly meet the needs of individuals and territories. **Objective:** To identify the perceptions of users of primary care units about the work of psychologists. **Methods:** This is a descriptive study with a qualitative approach. The participants were 30 users registered in primary care units who had contact with at least one type of care with a psychologist. Semi-structured interviews were conducted to collect data, and the data were analyzed using the thematic content analysis technique. **Results:** The psychologist is perceived as someone who listens qualifiedly; who helps and supports in difficult times; who provides guidance; who supports the health team; and acts as an agent of health promotion. This study showed that understanding the possibilities involved in the work of psychologists can help break down stigmas in mental health and can contribute to better user adherence to the service. **Conclusions:** The need to overcome the predominance of individual psychotherapy in primary care is identified, with a consistent expansion of collective actions. The importance of psychologists' actions that consider the individual in their social, historical, and cultural context, in line with the demands of the region, is emphasized. Strategies such as groups, workshops, community actions, and intersectoral interventions strengthen health promotion, contribute to disease prevention, and encourage autonomy and social protagonism. Totransform this approach, it is essential to shift from individual-centered care to a broader, collective model capable of fully responding to the population's needs and promoting sustainable changes in living conditions.

Keywords: Primary Health Care; Psychology; Public Health.

Corresponding author:
Nayara Gomes Braga
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Resumo

Introdução: No Brasil a entrada do psicólogo na saúde pública data do final da década de 1970. Desde esse período, houve uma expansão de suas ações nas áreas hospitalar, ambulatorial e na rede de atenção primária. A identificação das crenças e percepções que a população carrega com relação ao trabalho do psicólogo pode colaborar para a melhoria do trabalho desenvolvido na atenção primária. O objetivo é que esse profissional proponha ações que realmente atendam às necessidades dos sujeitos e territórios. **Objetivo:** Identificar as percepções de usuários de unidades de saúde da atenção primária sobre a atuação do psicólogo. **Métodos:** Trata-se de um estudo descritivo de abordagem qualitativa. Os participantes foram 30 usuários cadastrados em unidades de atenção primária, que tiveram contato com pelo menos uma modalidade de atendimento com o psicólogo. Para a coleta de dados, realizou-se entrevista semiestruturada, e os dados foram analisados de acordo com a técnica de análise de conteúdo temática. **Resultados:** Identificou-se a percepção sobre a atuação do psicólogo como aquele que detém uma escuta qualificada; que ajuda e apoia em momentos difíceis; que fornece orientações; que dá suporte à equipe de saúde e atua como agente de promoção de saúde. Apreendeu-se neste estudo que a compreensão das possibilidades de atuação do psicólogo pode colaborar para romper com estigmas em saúde mental e pode contribuir para melhor adesão dos usuários ao serviço. **Conclusões:** Identifica-se a necessidade de superar a predominância da prática psicoterápica individual na atenção primária, ampliando de forma consistente as ações coletivas. Ressalta-se a importância de uma atuação do psicólogo que considere o sujeito em seu contexto social, histórico e cultural, em consonância com as demandas do território. Estratégias como grupos, oficinas, ações comunitárias e intervenções intersetoriais fortalecem a promoção da saúde, contribuem para a prevenção de agravos e estimulam a autonomia e o protagonismo social. Para transformar essa atuação, é fundamental migrar do cuidado centrado no indivíduo para um modelo ampliado e coletivo, capaz de responder integralmente às necessidades da população e promover mudanças sustentáveis nas condições de vida.

Palavras chave: Atenção Primária à Saúde; Psicologia; Saúde Pública.

Resumen

Introducción: En Brasil, los psicólogos ingresaron a la salud pública a fines de la década de 1970. A partir de ese período, hubo una expansión de sus acciones en las áreas: hospitalaria, ambulatoria y de la red de atención primaria. Identificar las creencias y percepciones que tiene la población sobre la labor de los psicólogos puede ayudar a mejorar el trabajo realizado en atención primaria. Para que este profesional proponga acciones que realmente satisfagan las necesidades de los sujetos y territorios. **Objetivo:** Identificar las percepciones de los usuarios de unidades de salud de atención primaria sobre el rol de los psicólogos. **Métodos:** Se trata de un estudio descriptivo con enfoque cualitativo. Los participantes fueron 30 usuarios registrados en unidades de atención primaria, que tuvieron contacto con al menos un tipo de atención con el psicólogo. Para la recolección de datos se realizó una entrevista semiestructurada y los datos fueron analizados según la técnica de análisis de contenido temático. **Resultados:** Se identificó la percepción del rol del psicólogo como alguien que tiene capacidad de escucha calificada; quien ayuda y apoya en momentos difíciles; que proporcione orientación; quien apoya al equipo de salud y como agente de promoción de la salud. En este estudio, se conoció que comprender las posibilidades de acción del psicólogo puede ayudar a romper estigmas en salud mental y contribuir para una mejor adhesión de los usuarios al servicio. **Conclusiones:** Se identifica la necesidad de superar el predominio de la psicoterapia individual en la atención primaria, ampliando constantemente las acciones colectivas. Se enfatiza la importancia de que las acciones de los psicólogos consideren al individuo en su contexto social, histórico y cultural, de acuerdo con las demandas de la región. Estrategias como grupos, talleres, acciones comunitarias e intervenciones intersectoriales fortalecen la promoción de la salud, contribuyen a la prevención de enfermedades y fomentan la autonomía y el protagonismo social. Para transformar este enfoque, es fundamental pasar de la atención centrada en el individuo a un modelo más amplio y colectivo, capaz de responder plenamente a las necesidades de la población y promover cambios sostenibles en las condiciones de vida.

Palabras clave: Atención Primaria de Salud; Psicología; Salud Pública.

INTRODUCTION

Primary care in Brazil

In Brazil, Primary Health Care (PHC) encompasses actions aimed at health promotion, protection, disease prevention, treatment, and rehabilitation. Its guiding principles include first-contact a ccess to health services, longitudinality, comprehensiveness, family-centered care, and community orientation. The strengthening of primary care is among the political priorities established by the Ministry of Health and is intended to support the implementation of the principles and guidelines of the Brazilian Unified Health System (*Sistema Único de Saúde* – SUS). The Family Health Strategy (*Estratégia Saúde da Família* – ESF) was created to reorient the primary care model. Multiprofessional teams operating in Basic Health

Units (*Unidades Básicas de Saúde* – UBS) are responsible for delivering primary care to populations within defined geographic territories, taking into account the determinants and conditioning factors of health.[1]

In this context, interdisciplinary work is essential, as it focuses on caring for individuals and their families while accounting for the social, cultural, and economic factors that influence them. This approach reflects a reorganization of care practices by shifting away from a cure-centered model. It enables a broader understanding of the health–disease process and supports interventions that extend beyond strictly curative measures.[2] To support and expand the activities of ESF, the Ministry of Health established the Family Health Support Centers (*Núcleos de Apoio à Saúde da Família* – NASF). Previously regulated by Ordinance No. 3.124 of December 28, 2012, NASF teams were designed to work in partnership with family health teams and to contribute to ensuring comprehensive physical and mental health care for users of SUS.[3]

Ordinance No. 635, of May 22, 2023, established a new federal financial incentive for the implementation, funding, and performance of multidisciplinary teams in PHC (eMulti). This new arrangement replaces the NASF teams while maintaining certain similarities in terms of work responsibilities, including individual and shared care, collective activities, matrix support, and the technological incorporation of health actions. eMulti teams consist of professionals from various fields and operate in an integrated manner with PHC teams. They share responsibility for population care and work in intersectoral coordination with the broader health care network.[4,5]

Psychology in public health

Historically, psychology developed as a liberal profession directed primarily toward middle-income populations. However, this autonomous professional model faced challenges arising from socioeconomic changes in the country and from critiques related to exclusionary practices and limited social commitment, which ultimately contributed to the expansion of the field. In Brazil, the incorporation of psychologists into public health began in the late 1970s, and since then, their roles have broadened across hospital, outpatient, and primary care settings.[6]

The public's perception of psychological practice in the context of public health reflects the transposition of the clinical model into the public sector. This approach has been questioned due to its individualistic focus, which tends to overlook individuals' living conditions as well as their cultural, historical, and political contexts. Such a transposition may result in a decontextualized practice in which the target population is not considered in its specificities. Consequently, psychologists encounter the challenge of moving beyond traditional academic training and adapting established techniques and interventions to shift the focus from the individual subject to the social subject. In addition, psychologists are expected to engage in dialogue with other professional fields to develop action proposals that respond to the actual needs of the population.[7]

It is important to identify the beliefs and perceptions held by the population regarding the work of psychologists, as such views may either facilitate or hinder adherence to the activities proposed by these professionals. Understanding how users evaluate the actions carried out by psychologists can contribute to improving the services offered in PHC, ensuring that interventions effectively meet the needs of individuals. The general objective of this study was to identify users' perceptions of the psychologist's role in primary care units in a municipality in the interior of the state of São Paulo. Specifically, it aimed to determine whether users' perceptions of this professional role changed after direct contact with the psychologist.

METHODS

This descriptive study employed a qualitative approach. Data were collected in a medium-sized municipality located in the southeastern region of the state of São Paulo, which had an estimated population of approximately 728,400 inhabitants in 2024 (IBGE/2024). The municipal PHC network comprises 18 UBS, 19 units with Family Health Teams, three School Health Centers, one District Basic Health Unit, and one Community Social Medical Center.

It should be noted that the primary care units included in this study served as the workplaces of psychologists participating in two postgraduate programs: a multiprofessional residency in the health field and a professional development program focused on community health promotion.

The study sample consisted of 30 users from two units within the primary care network. Inclusion criteria required participants to be registered users of the respective health units and to have received at least one type of care provided by a psychologist (individual care, group care, and/or home visits). Participants were also required to be 18 years of age or older, regardless of gender.

Healthcare professionals, primarily community health workers, made the initial contact with users who had previously received care from a psychologist to assess their interest in participating in the study. Subsequently, the researcher contacted those who expressed interest to schedule the interviews. Data collection was conducted between July 2016 and January 2017.

A semi-structured interview guide developed by the researchers was used as the data collection instrument, addressing topics related to the users' contact with the psychologist. The questions explored the types of care users received from the psychologist; their initial perceptions of the psychologist and any changes in these impressions after contact; and their understanding of the psychologist's role in primary care. The interviews lasted an average of 30 minutes, were audio-recorded, and fully transcribed. All data collection was conducted by a single researcher.

To preserve participant confidentiality, each interviewee was identified by the initials I1 for interviewee 1, and so forth. Participation was authorized through the signing of the Informed Consent. The study was approved by the Research Ethics Committee under the Certificate of Presentation for Ethical Review (*Certificado de Apresentação para Apreciação Ética* – CAAE) 55762316.2.0000.5414.

The collected material was subjected to thematic content analysis, a method designed to elucidate the meanings participants attribute to the phenomenon under investigation. The procedure comprised a pre-analysis phase, systematic exploration of the material, processing of results, and interpretation. Themes that recurred across interviews were identified and selected, and categories were subsequently developed to group similar thematic content.[8]

RESULTS AND DISCUSSION

Characterization of the participants

The study sample consisted of 30 users of primary care units. Women represented the majority of participants, accounting for 86.66% of the sample. The mean age was 52 years, with ages ranging from 41 to 81 years. Regarding marital status, 46.66% of participants were married. With respect to formal education, 33.33% had completed high school. At the time of participation, 40% of the interviewees were unemployed.

The types of psychological care received by the participants were as follows: 15 (50%) received only individual care, eight (26.66%) received only home visits, five (16.66%) received only parent guidance, one (3.33%) received both individual and group care, and one (3.33%) received individual care and parent guidance.

To begin receiving psychological support, 25 participants (83.33%) were referred by healthcare professionals, primarily physicians and community health workers. Only five participants (16.66%) sought psychological support on their own initiative. The reasons for referral or self-request were diverse, with the most common being depressive symptoms, grief, and the need for guidance in addressing difficulties related to their children.

The consultation with the psychologist was indicated by 17 participants (56.66%) as their first and only contact with this professional at the time of data collection. The remaining 13 participants (43.33%) reported having previously engaged in other forms of care in different contexts within the health network.

The role of the psychologist in primary health care

The participants indicated that the psychologist's role is perceived as one of providing help or support. This help is understood as occurring through conversation and attentive listening, with the aim of addressing a problem, whether related to internal conflicts or external demands. With the psychologist's support, the intention is to broaden one's understanding of the surrounding world and to receive assistance in coping with moments of psychological distress. This professional is recognized as having the skills to address emotional suffering, offering attentive listening while maintaining confidentiality. As exemplified by participant (I7), "(the psychologist) is there to help people […] by talking with you, you share your problems, and they help you and listen to you." Participant (I27) added, "people need someone to listen. Sometimes they don't open up to others for… I don't know, whatever reason. So just having someone who listens, who lets them vent, and knowing it won't go anywhere, that already helps."

This form of action by the psychologist is associated with the concept of relational competencies, which are described in the literature as soft technologies. This field encompasses welcoming practices, the establishment of bonds, and the creation of spaces for encounter and listening. Such competencies involve respect for and appreciation of individual autonomy, as well as cooperation and shared responsibility in care. Thus, it constitutes an approach through which individuals can feel cared for within their relationship with the professional.[9,10] In contrast, technical competencies refer to knowledge of other resources within the healthcare network and to familiarity with psychotropic medications. The complementarity between relational and technical competencies supports the provision of comprehensive care for individuals and their families.[11]

In the context of primary care, listening fosters acceptance and connection with the user. Its purpose is to recover the individual's history, understand their uniqueness, gain a broader understanding of their life context, identify their actual health needs, and promote the restoration of coping mechanisms for conflict situations. It is on the basis of this bond of trust that health promotion can take place.[9,11]

Furthermore, the perception of the psychologist as someone who provides guidance was identified, with two distinct meanings. In the first sense, the psychologist is viewed as a professional who offers directive guidance by suggesting what the individual should do, as illustrated by participant (I23): "to guide the person, like how they should act, how they should handle things." In the second sense, the psychologist is perceived as a professional who facilitates the broadening of perceptions regarding the experienced problem, collaboratively exploring possible solutions with the individual. This was exemplified

by participant (I25): "the psychologist is there to give you some direction, to talk with you, and show that there are alternatives in life."

These perceptions appear to reflect an expectation of an approach similar to the biomedical model, in which answers and solutions are prescribed. However, within psychological practice, assuming the role of the one who resolves problems or directs how a person should act may compromise the individual's autonomy over their own life. Appropriate therapeutic support seeks to restore this autonomy, enabling individuals to make their own decisions and collaboratively explore creative ways of understanding and addressing their difficulties. Psychological practice should therefore prioritize actions that promote health, with the aim of strengthening the autonomy of individuals and groups — while still acknowledging the importance of offering support in moments of anxiety and distress, but providing the conditions necessary for individuals to analyze and act on their own issues.[12]

Studies[9,13,14] indicate that the training of professionals such as psychologists generally emphasizes an individual care model, with a stronger focus on theory and technique, typically directed toward symptom remission and displaying limited engagement with the health needs of the territory, as well as low levels of interprofessional and intersectoral coordination. The inclusion of psychologists in public health has the potential to shift the biomedical care model and foster practices aligned with the population's needs. To achieve this, psychologists working in primary care must propose new modes of care and new ways of practicing psychology, adapting interventions to the diverse realities of each territory and considering cultural, social, political, and economic determinants.

More specifically, the training of psychologists through Multiprofessional Health Residencies can promote changes in professional practices, encourage the development of a critical and expanded understanding of the health-disease process, and strengthen the capacity for teamwork.[9,15,16] Comprehensive health care requires professionals to have in-depth knowledge of the territory, community dynamics, and the living and housing conditions of the population. Thus, the transformation of practice seeks to achieve comprehensive care that considers the complexity of individuals and their social markers, such as gender, social class, and ethnic-racial relations, while also identifying pathways for accessing other services within the health network and community resources.[15,17,18]

The role of the psychologist in primary care in prevention and health promotion was also identified by the participants in this study, with the primary objective of this work being the improvement of quality of life for individuals and groups. This is illustrated by the statement of participant (I10): "It's not just when we're feeling down, it's when we're doing well, too." An understanding of the psychologist's function in supporting the health team and facilitating connections with other services in the health network was also observed. The professional collaborates with other members of the team, with the aim of expanding the provision of care to address users' health needs more comprehensively.

As previously noted, comprehensive care requires coordination between the professional, users, teams, and the broader health network.[18] In this context, interdisciplinary work in primary care aims to overcome the fragmentation of knowledge and care. This does not entail disregarding the specificities of each field, but rather integrating multiple areas of expertise to promote comprehensive care.[12] Within primary care, matrix support stands out as the Brazilian model of collaborative care. This approach defines the relationship between primary and specialized care through the interaction of different professional areas, seeking to expand knowledge, autonomy, and the strengthening of comprehensive health practices.[19] Network-based work involves articulating across sectors to address complex health needs. Psychologists in primary care also hold this intersectoral articulation as part of their role, promoting shared responsibility, comprehensiveness, coordination, and continuity of care.[9,15]

Initial perceptions about the psychologist's role and how these perceptions change after contact with this professional.

The work of psychologists has traditionally been associated with the care of individuals experiencing mental distress or diagnosed with mental disorders, particularly those identified as mentally ill. As participants in this study continued their contact with the professional, they began to recognize additional needs that psychological care could address, which contributed to reducing stigma and expanding their understanding of the psychologist's scope of practice. This shift is illustrated by participant (I1): "I used to see it as a professional that was very important, but only for some people with certain types of problems […] today my perspective has completely changed. I think everyone should see a psychologist." Participant (I7) further reinforced this perspective: "I realized it's not just for people who are 'crazy,' it's for us too, for those of us who are healthy, living our daily lives, and working."

A broadening of the understanding of the psychologist's role was also identified, shifting from the perception of a professional who solves problems to one who empowers users to make their own decisions. This shift is illustrated by participant (I6): "I used to think I was going to a place to have my issues, my problems, solved […] (the psychologist) doesn't just give you the answers ready-made […]." Participant (I10) further emphasized this perspective: "They strengthened me, not by telling me what I had to do, but somehow empowering me to find a way forward on my own."

Historically, the practice of psychologists has been associated with the care of individuals with mental disorders, and the experiences of people with mental illness have been marked by social exclusion and labeling as crazy or dangerous. This stigma, present in society at large, negatively affects individuals' relationships, social inclusion, and the quality of health care they receive. Consequently, an approach aligned with the principles of psychosocial care is grounded in the territory, autonomy, and the protection of individuals' basic rights. It also prioritizes actions aimed at reducing the stigma associated with mental illness.[20-22]

Understanding psychological processes and the health-illness-care process from the perspective of the social determinants of health requires considering the individual as a product of their sociocultural context and recognizing the multiple determinants that shape health and illness conditions.[15] Health professionals are therefore responsible for seeking inclusive and collaborative action strategies capable of reaching different social strata and their specificities, while also contributing to the individual's autonomy in the production of their own health.[15,21,23]

It is understood that the construction of definitions and specifications regarding the psychologist's role is shaped by daily practice and by the demands of health teams and the community. As a health promotion agent, the psychologist in primary care must consider living, working, nutritional, and leisure conditions in order to enhance the quality of life of individuals and communities. In this sense, consolidating the psychologist's role in primary care can contribute to strengthening comprehensive care, which entails an ethical, political, and social commitment.[14,18,24]

It is crucial to remain attentive to the criticisms and expectations of both users and healthcare teams regarding the daily work of psychologists. This study indicates that identifying healthcare system users' perceptions of the psychologist's role can contribute to evaluating the performance of the services offered. It may also help reduce mental health–related stigma, improve user adherence to services, and support the mitigation of weaknesses and the advancement of care within primary care.

CONCLUSION

This study sought to identify the perceptions of users of primary healthcare units regarding the role of the psychologist. The psychologist was perceived as a professional who helps, supports, listens, provides guidance, promotes health, and collaborates with the healthcare team and network services. However, challenges were identified that must be addressed to improve and expand the psychologist's role in primary care, including the need to move beyond the predominance of individual psychotherapy and to expand collective actions in a consistent and structured manner. This transition requires not only diversifying care formats but also adopting an approach that considers the individual within their social, historical, and cultural context, aligning practices with the real demands of the territory. By prioritizing collective strategies, such as groups, workshops, community activities, and intersectoral interventions, the psychologist strengthens health promotion, contributes to the prevention of health problems, and supports the autonomy and social protagonism of communities. Therefore, for the psychologist's role in primary care to achieve a truly transformative impact, it is essential to shift the focus from exclusively individual-centered care to a broader, more collective model capable of comprehensively addressing population needs and promoting sustainable improvements in community living conditions and health.

Finally, it is important to acknowledge the difficulty in defining the full scope of the psychologist's role in primary care, an issue that may stem from the population's limited access to these professionals, from a restricted understanding of their role (often centered on individual clinical care), or from professional practices that are not fully aligned with the actual needs of individuals and their communities. Accordingly, the importance of ongoing updates in research is underscored, as perceptions of the psychologist's role remain in continuous evolution.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

NGB: Conceptualization, Data Curation, Formal Analysis, Methodology, Project Administration, Writing – Original Draft, Writing – Review & Editing. CDB: Conceptualization, Data Curation, Formal Analysis, Methodology, Project Administration, Writing – Review & Editing.

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