



SCOPING REVIEW PROTOCOL

Integration between Primary Health Care and specialized mental health services: a scoping review protocol

La integración entre la Atención Primaria de Salud y los servicios especializados de salud mental: un protocolo de revisión del alcance

A integração entre Atenção Primária em Saúde e os serviços especializados em saúde mental: um protocolo de revisão de escopo

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Cite as: Maia EK, Almeida-Silva S, Moreira FT, Lemes ASLO, Dos-Santos EM, Shibukawa BMC. Integration between Primary Health Care and specialized mental health services: a scoping review protocol. Rev. chil. enferm. 2025;7:77466. <https://doi.org/10.5354/2452-5839.2025.77466>

Date received: January 16, 2025

Date accepted: May 24, 2025

Date published: Jun 29, 2025

Editor: Rudval Souza da Silva 

ABSTRACT

Introduction: Integrating Primary Health Care and specialized mental health services is crucial for ensuring equitable care. However, it remains a significant challenge within the field of public health due to numerous barriers to implementation. **Objective:** To map, within the scientific literature, current findings regarding the challenges and possibilities of integrating Primary Health Care with specialized mental health services. **Methodology:** This is a scoping review protocol based on the methodological framework proposed by the Joanna Briggs Institute and guided by the PRISMA-ScR checklist. The search strategy will be conducted across fourteen databases using Boolean operators. Two independent reviewers will carry out the screening process using the Rayyan reference management platform, with the support of the Research Pilot™ system for data collection and processing. These tools will facilitate article selection based on predefined inclusion and exclusion criteria, aiming to address the following research question: “What are the challenges and possibilities



of integrating Primary Health Care with specialized mental health services?" This protocol is registered with the Open Science Framework under registration number 10.17605/OSF.IO/ZUPY4.

Keywords: Primary Health Care; Mental Health; Intersectoral Collaboration; Health Services; Nursing.

RESUMEN

Introducción: La integración entre la Atención Primaria de Salud y los servicios especializados en salud mental es fundamental para garantizar la equidad en la atención, sin embargo, se reconoce como un desafío importante en el ámbito de la salud pública, debido a las barreras para su implementación.

Objetivo: Identificar en la literatura científica los hallazgos respecto a los desafíos y potencialidades de la integración de la Atención Primaria de Salud con los servicios especializados en atención a la salud mental. **Metodología:** Se trata de un protocolo de revisión de alcance basado en los criterios metodológicos propuestos por el *Joanna Briggs Institute* y el *checklist* PRISMA-ScR. La estrategia de búsqueda se operacionalizará en catorce bases de datos, mediante la utilización de operadores booleanos. La búsqueda será realizada por dos revisores independientes, por medio del sistema de gestión de referencias Rayyan a través del Centro de Investigación. Pilot™ para la recopilación y organización de datos. Estas herramientas permitirán la organización de los artículos según los criterios de inclusión y exclusión establecidos, buscando responder a la siguiente pregunta orientadora: "¿Cuáles son los desafíos y potencialidades de la integración de la Atención Primaria de Salud con los servicios especializados en la atención de la salud mental?". El protocolo fue registrado en *Open Science Framework*, bajo el número de registro 10.17605/OSF.IO/ZUPY4.

Palabras clave: Atención Primaria de Salud; Salud Mental; Colaboración Intersectorial; Servicios de Salud; Enfermería.

RESUMO

Introdução: A integração entre a Atenção Primária à Saúde e os serviços especializados na assistência da saúde mental é essencial para garantir a equidade no cuidado, no entanto é reconhecido como um desafio significativo no campo da saúde pública, em virtude das suas barreiras para sua efetivação. **Objetivo:** Mapear na literatura científica, as constatações presentes acerca dos desafios e potencialidades da integração da Atenção Primária à Saúde com os serviços especializados na assistência em saúde mental. **Metodologia:** Trata-se de um protocolo de revisão de escopo fundamentado nos critérios metodológicos propostos pelo *Joanna Briggs Institute* e no *checklist* PRISMA-ScR. A estratégia de busca será operacionalizada em quatorze bases de dados, utilizando operadores booleanos. A busca será conduzida por dois revisores independentes, utilizando-se o sistema de gerenciamento de referências Rayyan por meio da projeção do *Research Pilot™* para coleta e organização dos dados. Essas ferramentas permitirão a organização dos artigos conforme os critérios de inclusão e exclusão estabelecidos, buscando responder a seguinte pergunta norteadora: "Quais são os desafios e as potencialidades da integração da Atenção Primária à Saúde com os serviços especializados na assistência em saúde mental?". O protocolo foi registrado na *Open Science Framework*, sob registro nº 10.17605/OSF.IO/ZUPY4.

Palavras-Chave: Atenção Primária à Saúde; Saúde Mental; Colaboração Intersetorial; Serviços de Saúde; Enfermagem.

INTRODUCTION

The concept of mental health, although widely used in the context of public policy, healthcare services, and scientific literature, lacks a unified definition. Historically, mental health care has been

characterized by institutional isolation and medicalization, with "madness" being treated as a mental illness under the dominance of the biomedical model. This reflects not only the historical development of mental health but also the classification processes that determine eligibility for services. These processes can construct or legitimize social groups, potentially reinforcing or challenging stigma.^{1,2}

The World Health Organization (WHO) defines mental health as a state of wellbeing in which individuals recognize their abilities, cope with everyday stress, work productively, and contribute to their communities. It is also a subjective construct influenced by sociocultural parameters. However, culturally legitimized discourses—often upheld by specific social groups—persist in promoting psychiatric paradigms that equate the absence of mental health exclusively with the presence of mental disorders. This creates a narrow perspective that assumes that mental disorders necessarily undermine wellbeing and quality of life.³

The international landscape perceives mental health from diverse angles. For example, in some contexts in Asia, while mental health disorders are diagnosed within health services, treatment policies still require significant rethinking. This is due to a lack of awareness and the need for social reintegration.⁴ Over the past decade, certain African countries have made significant progress in promoting mental health through targeted public policy investments, staff training, and increased financial resources. However, this progress remains slow and is hindered by challenges such as stigma, underfunding, limited integration into primary health care, weak intersectoral cooperation, and a scarcity of data and research.⁵

Similarly, Brazil faces considerable challenges in strengthening its psychosocial care network despite the advances driven by the Psychiatric Reform (Reforma Psiquiátrica) initiated in the 1980s and established by the 1988 Federal Constitution. This reform sought to replace asylum-based institutions with mental health services that promote comprehensive care, delivered by interdisciplinary teams under a new model of psychosocial care. Today, building a network of specialized mental health services integrated into Primary Health Care (PHC) is essential to ensure continuous and effective care, as well as to prevent over-regulation and stagnation in practices. One of the most pressing challenges is reorienting the care model, which requires shared decision-making and adaptable care approaches.^{6,7}

Key elements of PHC include patient access to health services, continuity of assistance, comprehensive approaches to addressing health needs, and community-oriented care. To achieve this, it is essential to foster interpersonal relationships, strengthen bonds, and build meaningful connections between professionals and patients. Moreover, PHC can ensure continuous access to the health system, enabling regular follow-up and early detection of clinical conditions. By adopting a person-centered approach, PHC considers all dimensions of the individual, thus promoting autonomy, empowerment, and special attention to mental health.^{8,9}

However, this structure is undermined by the gap between the mandates of mental health legislation and public policies and the reality of service implementation. This gap is often justified by a preference for specialized and pharmacological care as the leading solution to public health problems. These issues, combined with the lack of integration between specialized and PHC services, result in fragmented care processes that compromise the quality of interactions between professionals and patients. Consequently, this hinders the delivery of humanized and effective care. In this context, it is crucial to examine the narrative around the challenges faced by health professionals and teams, which highlights their limited political autonomy and the growing emphasis on technical approaches, ultimately distorting the concept of "promoting health" (in Portuguese, *Fazer Saúde*).⁸⁻¹⁰

The integration of PHC with specialized mental health services is a widely recognized and significant challenge for the public health sector. This model of care is considered essential for ensuring equitable, continuous, and responsive access to services that address collective mental health needs. Nonetheless, there are persistent barriers to this integration. Accordingly, this study aims to map, within the scientific literature, current findings on the challenges and possibilities of integrating PHC with specialized mental health care services.

METODOLOGY

This protocol outlines the development of a scoping review grounded in the methodological framework proposed by the Joanna Briggs Institute (JBI)¹¹ and in the guidelines of the PRISMA-ScR checklist.¹² The protocol has been registered with the Open Science Framework (DOI 10.17605/OSF.IO/ZUPY4). This type of study was selected because it offers a suitable approach for exploring the challenges and possibilities of integrating Primary Health Care (PHC) with specialized mental health services, particularly given the limited body of literature directly addressing the topic. Therefore, the methodology is directly aligned with the study's objective, aiming to provide a solid foundation for the development of more effective policies and interventions within the mental health field.

This method enables comprehensive analysis by gathering diverse types of evidence. Said evidence includes studies directly addressing the subject as well as those examining related dimensions such as care management, service coordination, and barriers to accessing mental health care. Moreover, it allows for the exploration of various concepts, methodological approaches, and data sources, including scientific articles, technical reports, and institutional guidelines. Thus, it is possible to achieve a holistic understanding of the current state of knowledge, identify critical gaps, and provide support for the advancement of research and practice in the field.

Eligibility Criteria

The PCC acronym (Population, Concept, and Context) provides a robust methodological framework for scoping reviews, allowing core elements to be organized clearly and systematically. Population (P) encompasses the agents and levels of care involved, specifically primary health care (PHC) and specialized services. Concept (C) addresses the challenges and possibilities associated with integrating these services, highlighting critical aspects of care coordination. Finally, Context (C) focuses on the analysis of mental health care, emphasizing its relevance to public policies and health practices.

This framework ensures that the review's scope is defined precisely and that the most relevant evidence is identified. It also helps formulate a clear and meaningful title, develop consistent inclusion criteria, and establish a well-structured research question.¹³ Based on this approach, the authors pose the following research question: "What are the challenges and possibilities of integrating Primary Health Care with specialized mental health care services?" Both national and international health services will be analyzed, providing a comprehensive and comparative perspective.

The scoping review developed under this protocol will apply the following inclusion criteria: articles related to the topic that are published in Portuguese, English, or Spanish, publicly or privately accessible. In addition, we will include undergraduate theses, master's dissertations, doctoral theses, opinion articles, and other types of reviews—such as systematic, integrative, and narrative reviews—as well as case series and individual case reports. Regarding study design, qualitative studies will be considered, including those based on grounded theory, phenomenology, ethnography, action research, and qualitative descriptions. Quantitative studies will also be included, encompassing randomized

and non-randomized controlled trials, interrupted time series, cross-sectional studies, and descriptive observational studies.

Exclusion criteria will include conference proceedings, indexes, letters to the editor, abstracts, experience reports, and studies not available in full text, even after contacting the corresponding author. Studies that do not address the defined thematic scope—such as those unrelated to mental health or the integration of PHC with specialized services—will also be excluded. These criteria aim to ensure that the review is focalized and thorough, incorporating relevant studies that make meaningful contributions to the analysis of service integration. The selection process will be conducted using the Rayyan CQRI Systems reference management software, widely used in scoping and systematic reviews.

Study Search and Identification Strategy

The initial stage of this scoping review will involve an exploratory search of scientific literature to identify relevant descriptors and keywords related to the topic. This preliminary search was conducted across databases recognized within the health field, utilizing both broad and specific terms related to Primary Health Care (PHC), mental health, and service integration. To ensure consistency and accuracy, the Health Sciences Descriptors (DeCS) were also consulted to identify standardized and widely accepted terminology within the scientific literature.

Based on this strategy, the search terms were refined by identifying terminological variations, synonyms, and combinations that enhance both the comprehensiveness and precision of study retrieval in subsequent stages. This phase establishes the methodological rigor of the review, ensuring a controlled vocabulary that is both representative and aligned with the research's scope.

To identify publications relevant to the review topic, searches will be conducted in the following databases: Latin American and Caribbean Health Sciences Literature (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), *Base de Dados de Enfermagem* (BDENF), Scientific Electronic Library Online (SCIELO), Web of Science (WOS), Science Direct, Scopus, Google Scholar, PsycINFO, Cybertesis, Open Access Theses and Dissertations (Open Thesis), PeerJ Preprint, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and EMBASE.

The general search strategy was initially developed using Boolean operators (AND and OR), allowing for adaptation according to the specific features of each database. The final search string was structured as follows: (("Hospitals Psychiatric" OR "Community Mental Health Services" OR "Community Mental Health Centers") AND ("Mental Health" OR "Mental Health Services") AND ("Public-Private Sector Partnerships" OR "Health Information Exchange" OR "Continuity of Patient Care" OR "Referral and Consultation")).

It is important to note, however, that this strategy was developed as a standard framework and serves merely as a starting point for searching across various databases. Each database has unique characteristics (such as controlled vocabulary, search filters, and indexing rules), requiring specific adjustments to apply this strategy appropriately. These are some examples of these specificities (Table 1).

**Table N°1:** Search strategies performed between December 12 and December 17, 2024.

Source of Information	Search Performed	Items Found
CINAHL	(MH "Hospitals, Psychiatric" OR "Hospitals Psychiatric" OR "Community Mental Health Services" OR "Community Mental Health Centers") AND (MH "Mental Health" OR "Mental Health" OR "Mental Health Services") AND (MH "Public-Private Sector Partnerships" OR "Public-Private Sector Partnerships" OR "Electronic Data Interchange" OR "Continuity of Patient Care" OR "Referral and Consultation")	729
Web Of Science	ALL =("Hospitals Psychiatric" OR "Community Mental Health Services" OR "Community Mental Health Centers") AND ("Mental Health" OR "Mental Health Services") AND ("Public-Private Sector Partnerships" OR "Health Information Exchange" OR "Continuity of Patient Care" OR "Referral and Consultation")	13
Scopus	(TITLE-ABS-KEY ('hospitals AND psychiatric' OR 'community AND mental AND health AND services' OR 'community AND mental AND health AND centers') AND ALL ('mental AND health' OR 'mental AND health AND services') AND ALL ('public-private AND sector AND partnerships' OR 'health AND information AND exchange' OR 'continuity AND of AND patient AND care' OR 'referral AND consultation'))	0
BDENF (BVS)	((hospitals psychiatric) OR (community mental health services) OR (community mental health centers)) AND ((mental health) OR (mental health services)) AND ((public-private sector partnerships) OR (health information exchange) OR (continuity of patient care) OR (referral AND consultation)) AND db:("BDENF") AND instance:"lilacsplus"	19
SciELO	((Hospitals Psychiatric) OR (Community Mental Health Services) OR (Community Mental Health Centers)) AND ((Mental Health) OR (Mental Health Services)) AND ((Public-Private Sector Partnerships) OR (Health Information Exchange) OR (Continuity of Patient Care) OR (Referral and Consultation))	6
LILACS (BVS)	((hospitals psychiatric) OR (community mental health services) OR (community mental health centers)) AND ((mental health) OR (mental health services)) AND ((public-private sector partnerships) OR (health information exchange) OR (continuity of patient care) OR (referral AND consultation)) AND db:("LILACS") AND instance:"lilacsplus"	105
PSYCINFO	Any Field: Hospitals Psychiatric OR Any Field: Community Mental Health Services OR Any Field: Community Mental Health Centers AND Any Field: Mental Health OR Any Field: Mental Health Services AND Any Field: Health Information Exchange OR Any Field: Continuity of Patient Care OR Any Field: Referral AND Any Field: Consultation	4044

Continuation Table 1.

Source of Information	Search Performed	Items Found
CYBERTESIS	("Hospitals Psychiatric" OR "Community Mental Health Services" OR "Community Mental Health Centers") AND ("Mental Health" OR "Mental Health Services") AND ("Public-Private Sector Partnerships " OR "Health Information Exchange" OR "Continuity of Patient Care" OR "Referral and Consultation")	5
MEDLINE	((("Hospitals Psychiatric"[All Fields] OR "Community Mental Health Services"[All Fields] OR "Community Mental Health Centers"[All Fields]) AND ("Mental Health"[All Fields] OR "Mental Health Services"[All Fields]) AND ("Public-Private Sector Partnerships"[All Fields] OR "Health Information Exchange"[All Fields] OR "Continuity of Patient Care"[All Fields] OR "Referral and Consultation"[All Fields]))	2255
EMBASE	('mental hospital'/exp OR 'hospitals psychiatric' OR 'community mental health service'/exp OR 'community mental health services' OR 'community mental health center'/exp OR 'community mental health centers') AND ('mental health' OR 'mental health service'/exp OR 'mental health services') AND ('public-private partnership'/exp OR 'public-private sector partnerships' OR 'medical information system'/exp OR 'health information exchange' OR 'patient care'/exp OR 'continuity of patient care' OR 'referral and consultation') AND [embase]/lim	1557
Science Direct	("Hospitals Psychiatric" OR "Community Mental Health Services" OR "Community Mental Health Centers") AND ("Mental Health" OR "Mental Health Services") AND ("Public-Private Sector Partnerships" OR "Health Information Exchange" OR "Continuity of Patient Care" OR "Referral and Consultation")	76
Google Scholar	"Hospitals Psychiatric" OR "Community Mental Health Services" OR "Community Mental Health Centers" AND "Mental Health" OR "Mental Health Services" AND "Public-Private Sector Partnerships " OR "Health Information Exchange" OR "Continuity of Patient Care" OR "Referral and Consultation"	713
Open Thesis	((("Hospitals Psychiatric" OR "Community Mental Health Services" OR "Community Mental Health Centers") AND ("Mental Health" OR "Mental Health Services") AND ("Public-Private Sector Partnerships " OR "Health Information Exchange" OR "Continuity of Patient Care" OR "Referral and Consultation"))	204
PeerJ Preprints	"Hospitals Psychiatric"+"Community Mental Health Services"+"Community Mental Health Centers"+"Mental Health"+"Mental Health Services"+"Public-Private Sector Partnerships"+"Health Information Exchange"+"Continuity of Patient Care"+"Referral and Consultation"	661

Source: Authors, 2024.

Table N°2: Adapted data extraction instrument.

SCOPING REVIEW
Guiding Question: What are the challenges and possibilities of integrating Primary Health Care with specialized services in mental health care?
Objective: To map the existing scientific evidence on the challenges and possibilities associated with the integration of Primary Health Care and specialized mental health services.
Eligibility Criteria:
P: Primary Health Care and Specialized Services
C: Challenges and Possibilities of Integration between PHC and Specialized Services
C: Mental Health Care
Study Types:
Included: Articles published in Portuguese, English, or Spanish; Undergraduate theses; master’s dissertations; Doctoral theses; Opinion articles; other review types; Quantitative studies; and Qualitative studies.
Excluded: Conference proceedings; Indexes; Letters to the editor; Abstracts; Experience reports; and studies unavailable in full text.
STUDY IDENTIFICATION
Title:
Author(s):
Year:
Type of Study:
Objectives:
Method:
Population:
Database:
SPECIFIC QUESTIONS
Results:
Discussion:
Main findings (strengths and weaknesses):
Conclusions:

Source: Authors, 2024.



Study Selection Process

The study selection process will be conducted using Rayyan software via the Research Pilot™ platform, which enables data processing based on inclusion and exclusion criteria and facilitates the efficient management of imported articles. A collaborative research approach will be implemented, employing a double-blind review process in which researchers independently screen and select studies, subsequently recording and exporting the data for analysis.¹⁴ To ensure methodological rigor and transparency, the authors will adhere to established tools and procedures for scoping reviews.

Data Extraction

Data will be collected using an instrument specifically adapted for this research, in line with the objectives of the review and guided by the Joanna Briggs Institute (JBI) and PRISMA-ScR checklists (Table 2). The researchers may incorporate additional data to meet the objectives and adequately address the research question. The extraction instrument may be adjusted for each database or repository to ensure its suitability during the analysis phase.

Two reviewers will independently conduct data extraction. Any discrepancies will be resolved through discussion or, if necessary, involving a third reviewer. The Rayyan software will be used to support and facilitate this process.

Potential Biases

Several methodological strategies were employed to minimize potential biases, including the selection of a broad range of databases, the involvement of four reviewers in the selection and analysis processes, the use of the Rayyan software, and the establishment of clear inclusion and exclusion criteria. It is expected that selection, conformity, and confounding biases will be minimal.

However, it is essential to note that critically appraising the methodological quality of included studies is considered optional in scoping reviews, as the primary aim is to comprehensively map the existing literature rather than to assess the quality of the evidence.¹⁵

Presentation and discussion of results

The results will be presented through flowcharts, tables, and charts. The discussion will be based on the reviewed literature and the theoretical and methodological framework adopted in this study. Data will be collected using the JBI-adapted instrument, which includes information on the study title, authors, objectives, methodological design, and main findings.

CONFLICTS OF INTEREST: The authors declare no conflicts of interest.

ACKNOWLEDGMENTS: We would like to thank the Universidade Federal de Mato Grosso do Sul and the Coordination for the Improvement of Higher Education Personnel.

FUNDING: This study is being carried out with the support of the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - Brazil (CAPES) - Financing Code 001.

AUTORSHIP:

EKM: Conceptualization, Data Curation, Formal Analysis, Funding Acquisition, Investigation, Methodology, Project Administration, Resources, Software, Validation, Visualization, Writing – Original Draft Preparation, Writing – Review & Editing.

SAS: Data Curation, Formal Analysis, Funding Acquisition, Investigation, Methodology, Resources, Software, Validation, Visualization, Writing – Original Draft Preparation, Writing – Review & Editing.



FTM: Data Curation, Formal Analysis, Funding Acquisition, Investigation, Methodology, Resources, Software, Validation, Visualization, Writing – Original Draft Preparation, Writing – Review & Editing.

ASLOL: Data Curation, Formal Analysis, Funding Acquisition, Investigation, Methodology, Resources, Software, Validation, Visualization, Writing – Original Draft Preparation, Writing – Review & Editing.

EMS: Conceptualization, Data Curation, Formal Analysis, Funding Acquisition, Investigation, Methodology, Project Administration, Resources, Software, Validation, Visualization, Writing – Original Draft Preparation, Writing – Review & Editing.

BMCS: Conceptualization, Data Curation, Formal Analysis, Funding Acquisition, Investigation, Methodology, Project Administration, Resources, Software, Validation, Visualization, Writing – Original Draft Preparation, Writing – Review & Editing.

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