

Breaking Chains and Creating Bonds: Interdisciplinarity in Mental Health

Rompendo Amarras e Criando Laços: A Interdisciplinaridade na Saúde Mental
Rompiendo Cadenas y Creando Lazos: la Interdisciplinariedad en la Salud Mental

RESUMO:

Objetivo: Avaliar as contribuições do Profissional de Educação Física (PEF) em contextos psiquiátricos, com ênfase na promoção da saúde mental e coletiva de crianças e adolescentes, destacando seu papel em abordagens interdisciplinares. **Métodos:** Estudo descritivo e reflexivo, fundamentado em revisão bibliográfica de produções acadêmicas e diretrizes de políticas públicas de saúde voltadas à interdisciplinaridade e ao cuidado integral.

Resultados: A atuação do PEF em serviços de saúde mental favorece práticas que estimulam a socialização, o desenvolvimento psicomotor e a qualidade de vida de crianças e adolescentes com transtornos mentais. Sua inserção nas equipes amplia o cuidado psicossocial e contribui para uma compreensão integral dos sujeitos.

Conclusão: A presença do PEF fortalece os princípios do Sistema Único de Saúde (universalização, equidade e integralidade) e potencializa o cuidado interdisciplinar, promovendo uma visão ampliada do sujeito e favorecendo a reabilitação psicossocial e o bem-estar integral dos indivíduos.

DESCRIPTORIOS: Crianças e Adolescentes; Exercício Físico; Psicologia do Esporte; Saúde Mental; Psiquiatria.

ABSTRACT

Objective: To evaluate the contributions of the Physical Education Professional (PEP) in psychiatric contexts, with emphasis on the promotion of mental and collective health among children and adolescents, highlighting their role in interdisciplinary approaches. **Methods:** Descriptive and reflective study, based on a bibliographic review of academic productions and public health policy guidelines focused on interdisciplinarity and comprehensive care. **Results:** The performance of the PEP in mental health services promotes practices that stimulate socialization, psychomotor development, and the quality of life of children and adolescents with mental disorders.

Their inclusion in healthcare teams broadens psychosocial care and contributes to a comprehensive understanding of individuals. **Conclusion:** The presence of the PEP strengthens the principles of the Unified Health System (universality, equity, and comprehensiveness) and enhances interdisciplinary care, promoting a broadened view of the individual and fostering psychosocial rehabilitation and overall well-being.

DESCRIPTORS: Children and Adolescents; Physical Exercise; Sport Psychology; Mental Health; Psychiatry.

RESUMEN

Objetivo: Evaluar las contribuciones del Profesional de Educación Física (PEF) en contextos psiquiátricos, con énfasis en la promoción de la salud mental y colectiva de niños, niñas y adolescentes, destacando su papel en los enfoques interdisciplinarios. **Métodos:** Estudio descriptivo y reflexivo, fundamentado en una revisión bibliográfica de producciones académicas y directrices de políticas públicas de salud orientadas a la interdisciplinariedad y al cuidado integral. **Resultados:** La actuación del PEF en los servicios de salud mental favorece prácticas que estimulan la socialización, el desarrollo psicomotor y la calidad de vida de niños, niñas y adolescentes con trastornos mentales. Su incorporación en los equipos amplía el cuidado psicossocial y contribuye a una comprensión integral de los sujetos.

Conclusión: La presencia del PEF fortalece los principios del Sistema Único de Salud (universalización, equidad e integralidad) y potencia el cuidado interdisciplinario, promoviendo una visión ampliada del sujeto y favoreciendo la rehabilitación psicossocial y el bienestar integral de los individuos.

DESCRIPTORIOS: Niños y Adolescentes; Ejercicio Físico; Psicología del Deporte; Salud Mental; Psiquiatría.

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INTRODUCTION

The World Health Organization defines mental health as a state of well-being in which the individual is able to enjoy their emotional abilities, recover from everyday stress, be productive, and contribute to their community¹. In other words, mental health is not limited to the absence of disorders, but involves the complex interaction of biological, psychological, social, and cultural factors that influence an individual's well-being.

In Brazil, Law No. 10.216/2011, the result of the anti-asylum movement that began in Brazil in the late 1970s, brought significant changes to the mental health care model, aligning it with universality, equity, and comprehensiveness, the basic principles of the Unified Health System (SUS). As a result, the law enabled and established guidelines for mental health care centered on community-based resources, becoming a solid milestone for starting a new phase in mental health, both for patients and health professionals.

In addition, the SUS, regulated by Law No.8,080/1990, charted a new course for the Brazilian population by recognizing free access to quality healthcare as a social right and establishing a broader and more comprehensive approach to treatment interventions, health promotion, and disease prevention, including the benefits of physical activity and exercise. The inclusion of Physical Education Professionals (PEF) in health, recognized by CNS Resolu-

tion No. 218, of March 6, 1997⁵, together with changes in epidemiological indicators of morbidity and mortality, highlights the importance of physical activity and exercise as fundamental components for promoting well-being and reducing risk factors associated with chronic noncommunicable diseases (CNCDs), such as physical inactivity⁶. Another legal milestone is the publication of Ordinance 154/2008⁷, which created the Family Health Support Center (NASF), currently eMulti (established in 2023 by the Ministry of Health, through Ordinance GM/MS No. 635⁸), which reinforces the PEF in health care teams.

Studies on mental health point to the relationship between regular physical exercise and the reduction of symptoms of anxiety, depression, and stress, recognizing its importance in different age groups, backgrounds, gender identities, and other social representations⁹. According to Goodwin¹⁰, about 60% of the 5,877 adults studied in the United States who exercised regularly had a lower prevalence and incidence of depression and anxiety¹⁰. This percentage is significantly lower among individuals with mental disorders, who have a reduced life expectancy of 10 to 15 years due to modifiable risk factors, which include the prevention of cardiovascular and metabolic diseases directly related to inappropriate lifestyle choices, such as lack of physical activity and sedentary behavior. In contrast, regular physical exercise minimizes morpho-physiological changes related to low

disease severity and prevents the onset of new diseases⁹.

Given this scenario, it is essential to emphasize that regular exercise has a number of benefits for both physical and mental health, such as increased self-esteem, self-concept, and self-efficacy¹¹. In this sense, interdisciplinarity between Physical Education and other areas, such as Psychology and Psychiatry, becomes crucial in transdisciplinary care. In this regard, Nicolescu¹² (p. 17) argues that:

Transdisciplinarity is the transgression of the duality that opposes binary pairs: subject - object, subjectivity - objectivity, matter - consciousness, nature - divine, simplicity - complexity, reductionism - holism, diversity - unity. This duality is transgressed by the open unity that encompasses both the Universe and the human being.

Thus, we observe the growing need for PEF in specialized health services, especially in the field of mental health, making its performance in interdisciplinary teams at different levels of care reliable. The physical practices developed by these professionals are now seen as a facilitating and mitigating resource for the population, allowing mental health to be treated in a multidimensional way, recognizing human beings as biopsychosocial constructs, rather than limiting interventions based on isolated symptoms, pathologies, or diagnoses¹³.

Despite advances, the presence of

PEF in specialized mental health services, including in the SUS, is still limited. The distribution of these professionals throughout the country is highly uneven, which compromises the effectiveness of equitable and accessible public policies⁶. Therefore, we can assume that if physical exercise is not accessible to the general population, it is even less likely to be accessible to patients with mental disorders, especially due to social stigma. However, ensuring the presence of PEF in the health sector means ensuring the implementation of equitable physical practices for the entire population, including individuals in situations of psychological vulnerability. In this context, the objective of this study is to explore the contributions of Physical Education Professionals in an interdisciplinary mental health context, focusing on their roles in comprehensive care and the promotion of better living conditions for psychiatric patients.

METHODS

This research is characterized as narrative literature review, which explored the possibilities of PEF performance in the hospital context, alluding to their capacity for adaptation, sensitivity, and collaboration, specifically in the psychiatric environment. Data collection was carried out between March 2024 and January 2025, using academic sources, including articles in scientific databases, such as publications in the Latin American literature (LILACS) and Library Online (SCIELO). No prior time frame was established; however, priority was given to more recent publications, especially those produced between 2014 and 2025, with the aim of covering updated approaches to the topic. To this end, the descriptors Physical Education, Mental Health, Psychology, Psychiatry, hospital care, comprehensive care, and non-pharmacological measures were used. The descriptors were aggregated by AND search devices

to separate one term from another, establishing different combinations between the terms, in addition to relating them by the intersections of the areas of knowledge. The selection was restricted to studies published in Portuguese with full text available.

The inclusion criteria involved publications that addressed interdisciplinary action in health care, focusing on the interaction between Physical Education and other areas, in hospital or community settings, and that addressed non-pharmacological care strategies, including physical activities and body practices, in the context of the mental health of psychiatric patients. Publications with an exclusively single-professional approach or without mention of interdisciplinarity, which did not present practical application or direct relevance to the hospital and psychiatric context, and which did not have the full text available, were excluded.

A total of 115 publications were identified. After reading the titles, abstracts, and subsequently the full texts, 26 studies met the established criteria and comprised the corpus of the analysis.

RESULTS AND DISCUSSION

This study aimed to identify the contributions of PEF in interdisciplinary mental health contexts, with an emphasis on its role in comprehensive care and the promotion of better living conditions for psychiatric patients. We sought to understand how the articulation between different areas of health can enhance clinical outcomes, promoting a model of care that integrates physical, psychological, and social aspects. To organize the analysis of the findings, this section is divided into four thematic areas, in which we emphasize the transformative role of PEF in multidisciplinary teams in mental health.

Physical exercise and the psychiatric ward: contributions to mental

health

The definition of what is considered "normal" still raises important epistemological and ethical debates. Can behavior that deviates from what is considered "normal," or that is at the upper limits of "appropriate," be classified as a disease or disorder? Are behaviors that are considered excessive merely "inappropriate" or do they reflect abnormalities associated with "pathological brains"?¹⁵

Mental disorders are complex conditions that can impact individuals at any stage of life, manifesting in different ways across social classes, age groups, and genders¹⁶. These disorders, such as depression, anxiety, and stress, have increased in recent years and are related to unhealthy lifestyle habits. This issue becomes even more alarming when we consider the significant increase in children and adolescents.

In this context, we increasingly observe the participation of different professionals in multidisciplinary health-care teams, with a notable increase in the involvement of PEFs in specialized services, especially in the area of mental health. Studies show that physical exercise not only reduces the symptoms of mental disorders but also acts as a preventive strategy, promoting overall health and mitigating the adverse effects of serious conditions such as schizophrenia⁹. Evidence shows that moderate-intensity aerobic exercise in children has immediate positive effects on focus, reaction time, and cognitive task performance, reducing the likelihood of more severe disorders¹⁷.

In the case of schizophrenia, physical exercise has proven to be essential, since regular practice helps prevent metabolic and cardiovascular complications, which are common in this population⁹. This is because, due to their condition, these patients tend to be less physically active, which can lead to the development or worsening of NCDs, such as obesity and diabetes, in addition to

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compromising prognosis and aggravating mental health conditions.

In this scenario, physical exercise offers significant benefits for patients with mental disorders, providing a dynamic that places them as protagonists of their own treatment. Similarly, it can also help alleviate symptoms such as muscle tension and excessive worry and improve aspects related to self-confidence, self-esteem, body image, and quality of life, in addition to promoting socialization and a sense of belonging, contributing to the deconstruction of the stigma associated with mental health⁹.

With the consolidation of psychiatric reform in Brazil, physical exercise has been incorporated as a therapeutic resource in the patient recovery process, in addition to mitigating the emergence of new adversities, preventing the progressive illness of the individual. We also highlight that physical exercise is integrated into the SUS, respecting the principles of universality and comprehensiveness, with actions and services focused on prevention and treatment, both individually and collectively, always considering the interprofessional perspective¹⁸. In this model, Physical Education goes beyond the logic of cure or isolated health promotion, integrating care in its most human dimension, the defense and affirmation of life¹⁹. To this end, it requires professionals to adopt an individualized view of each subject, developing new ways of caring for and understanding people suffering from mental illness, valuing and recognizing the importance of multidisciplinary work.

Physical exercise and Substance Use Disorder: relationships and benefits

The use of psychoactive substances (PAS) is a persistent phenomenon in society, historically associated with both crime and disease, within a logic that oscillates between repression and assistance²⁰. Broadly speaking, PAS can

be understood as natural or synthetic substances capable of altering the body's functions. However, they should also be understood as commodities inserted into capitalist dynamics, which involves labor relations, use and exchange value, exploitation, and surplus value production, evidencing that their consumption and circulation go beyond the individual dimension and are inserted into a broader socioeconomic context²¹.

Substance use disorder (SUD) is a complex and multifactorial condition that requires comprehensive, interdisciplinary, and integrated therapeutic approaches²⁰. Although pharmacological treatment is important, it is not sufficient to address the emotional, social, and behavioral dimensions involved in SUD¹¹. According to the World Drug Report²², approximately 35 million people worldwide suffer from some type of SUD, reinforcing the need for integrated therapeutic approaches. In this scenario, physical exercise emerges as an effective adjuvant strategy, contributing to the attenuation of neuro-

chemical and behavioral symptoms associated with the use of PAS¹¹.

Substance abuse is associated with the activation of the brain's reward system, which releases dopamine and triggers cycles of positive reinforcement that perpetuate and condition addictive behavior²³. *Craving* is characterized by an intense desire to consume the substance and the activation of neurochemical and neurobehavioral responses¹⁸. A study conducted with runners²³ demonstrated that during aerobic exercise, neurotransmitters are released that activate the endocannabinoid system, responsible for feelings of relaxation and well-being. Since substances activate the same reward system in the brain, complementary treatment strategies are positively recommended, such as educational and cognitive-behavioral approaches²³. In this sense, physical exercise can act as an adjuvant agent in the treatment of dependence on licit and/or illicit substances by raising the levels of different signaling molecules and providing new associations of pleasure to the subjects (Figure 2).

Figure 2. Cyclical flow of SPA use



Source: Own work

By directly intervening in the neurochemical effects and social impacts of substance use, PEF positions itself as an active and effective agent in reducing vulnerability, reframing pleasure, and rebuilding healthy routines.

Physical activity and dependent behaviors: benefits and challenges

Essential behaviors that permeate our daily lives, such as eating, drinking, sexual activity, and physical exercise, are fundamental to human survival and well-being. These behaviors activate dopaminergic pathways in the brain's reward system and promote feelings of pleasure, motivating their repetition²³. However, these same mechanisms may be comparable to those observed in chemical dependencies, since excessive consumption of substances such as alcohol, drugs, and food also activates these pathways, which can cause addictive patterns and addictions. Thus, we highlight a fine line between well-being and compulsion.

In this sense, exercise addiction has also been recognized as addictive behavior. During periods of abstinence, people with this condition may experience mood swings, tolerance, relapses, lapses, excessive dedication to exercise, preparation and recovery time, feelings of guilt, depression, irritability, impatience, tension, stress, and anxiety²³.

During the treatment and assessment of exercise addiction, the degree of addiction and associated comorbidities should be taken into account, especially in relation to eating disorders and alcohol abuse²³. Thus, it is important to distinguish between primary addiction, which occurs in isolation, and secondary addiction, which is usually associated with other disorders. This distinction is essential to guide therapeutic interventions that treat not only the symptoms of exercise dependence but also underlying comorbidities, such as SUD, for

example.

Given this, we emphasize that physical exercise plays a crucial role in the treatment of addictions. Although the risk of exercise addiction is a valid concern, controlled and well-guided exercise offers a valuable resource in the treatment of chemical and behavioral addictions, contributing to emotional stabilization and the rebuilding of self-esteem.

Physical exercise and ASD: transformative potential

Autism Spectrum Disorder (ASD) has been the subject of recent study in relation to its possible causes, manifestations, and functional implications. Characteristics such as difficulty in social interaction, communication deficits, and the presence of restricted and stereotypical behaviors can impact and limit various areas of the lives of children with ASD²⁴. Although access to physical and mental health care is a guaranteed right²⁵, one of the obstacles to adequate care is the cost of interprofessional care, which creates significant difficulties for the patient's family, especially due to changes in family dynamics.

Children with ASD tend to be less physically active, especially in terms of time spent on moderate and vigorous physical exercise, and are more vulnerable to overweight and obesity, in addition to having a limited socio-educational repertoire²⁴. The participation of people with ASD in society, especially in physical activities, is often limited by barriers present since early childhood, which often remain throughout the other stages of life.

Thus, when well planned, physical exercise promotes benefits that go beyond improvements in physical and motor conditioning, enhancing cognitive, emotional, and social advances^{26,27}. In addition, it contributes to the development of autonomy, social repertoire, critical reflection, and

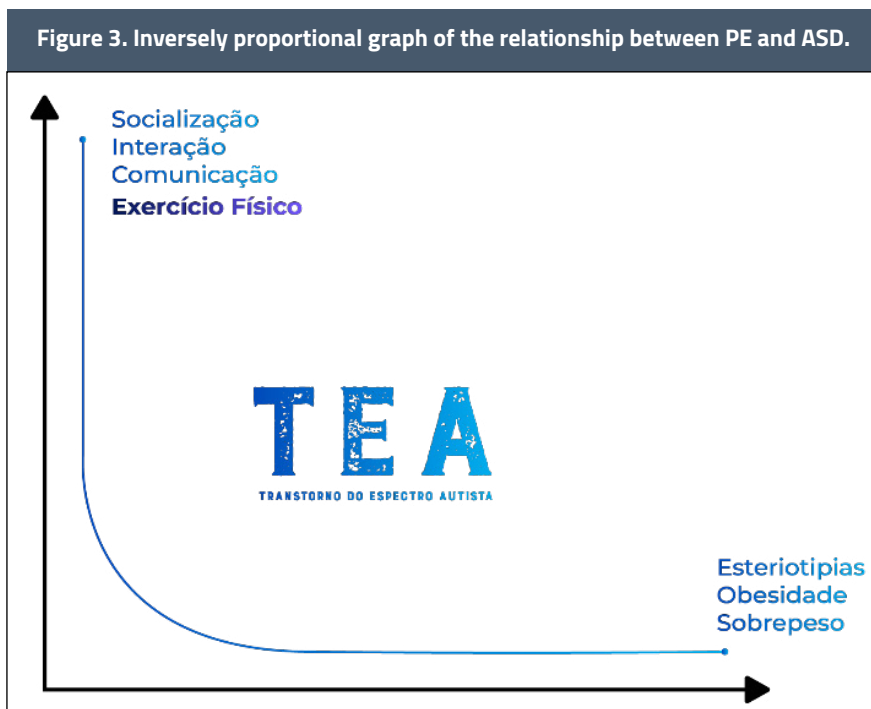
identity building in people with ASD. These interventions help reduce stereotypical behaviors, promote socialization, and favor the development of communication²⁵. Furthermore, it is possible to address particularities related to socio-emotional skills, enabling children to develop good management of their own emotions^{25, 26, 27}. Physical Culture of Movement can bring significant benefits to children with ASD, both cognitively and motorically: the greater the stimulus to practice, the lower the associated negative effects, as shown in Figure 3. Thus, we reaffirm the relevance of an interdisciplinary approach in the care of people with ASD, expanding their capabilities and reducing barriers to a fuller life.

Although the benefits are clear, the implementation of physical exercise programs for people with ASD requires planning and sensitivity. It is essential that professionals individualize interventions, promote inclusive environments, and consider the child's family. Thus, when considering the unique characteristics of each individual with ASD, physical education ceases to be just a motor practice and becomes a therapeutic strategy capable of reconfiguring social, emotional, and sensory experiences, expanding possibilities and ensuring a better quality of life.

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proach connected to life. This metaphor, which gives this work its name, summarizes the role of Physical Education in mental health: breaking isolation, stigma, and passivity, and creating bonds, belonging, and possibilities for subjective reconstruction.

In this context, PEF requires listening, sensitivity, and individualized planning. It is necessary to critically reflect on access conditions, the quality of interventions, and the risks of exclusionary or automated practices. Among the practical contributions of this study, we highlight the value of interdisciplinarity, the promotion of inclusive spaces, care with possible secondary dependencies, and the need for continuous training of professionals.

Finally, we reinforce the urgency of expanding the inclusion of PEF in the SUS, especially in psychiatric contexts, and of investing in research that explores specific interventions in different population groups, such as gambling disorder, for example. Physical exercise, when conducted with interdisciplinarity, ethics, affection, and intentionality, ceases to be merely a therapeutic resource and becomes a gesture of care capable of breaking historical bonds and creating ties that sustain the dignity and well-being of people experiencing psychological distress.

CONCLUSION

This study reaffirms physical exercise as a powerful strategy in promoting mental health, not only for its physiological effects, but also for its role in comprehensive care and psychosocial rehabilitation. The work of PEF, inserted in interdisciplinary teams, contributes significantly to broadening the view of the suffering

subject, strengthening therapeutic bonds and promoting practices that welcome, listen to, and recognize the uniqueness of each individual.

By incorporating movement into the care process, we break with old paradigms centered on medicalization and the fragmentation of health practices. We thus break the bonds of the biomedical model and create links between body, mind, society, and care, a truly comprehensive, humanized ap-

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