

COMMON MENTAL DISORDERS IN PRIMARY HEALTH CARE DURING THE COVID-19 PANDEMIC

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Abstract: Common mental disorders (CMD) are highly prevalent and, when not properly treated, have the potential to harm both the affected individual and the people around him. The theme has become even more relevant nowadays, when facing the COVID-19 pandemic, with social isolation and uncertainties about the disease, as stressors capable of affecting the mental health of the population. Even before the pandemic, the prevalence of CMD was already high. The objective of this research was to estimate the prevalence of CMD in the population assisted in Basic Health Units in the northern district of Ribeirão Preto - SP. The SRQ-20 questionnaire was applied to 250 patients treated at two Family Health Units in the northern district of Ribeirão Preto - SP. The cutoff point for the diagnosis was 7/8, as it has greater sensitivity and specificity for CMD screening in Brazil. Convenience sampling was used, from May to June 2021. The prevalence of CMD in the reference population was estimated by constructing a 95% confidence interval for a population proportion. Data refer to interviews with 162 (64.8%) women and 88 (35.2%) men, with a mean age of 46.7 years. The prevalence of CMD was 25.6% (95% CI = 20.18% - 31.02%). The average score found in the questionnaire was 5.2 points, and the most frequent problems were: nervousness, tension or worry (66%), feeling sad lately (41%) and sleeping poorly (38%). Thus, the prevalence of CMD in the population assisted in Primary Health Care in the northern district of Ribeirão Preto is considered relevant in the scenario of the pandemic.

Keywords: Common mental disorders. Prevalence. Primary Health Care. COVID-19.

INTRODUCTION

Mental health is considered by the World Health Organization (2001) to be of fundamental importance for the general well-

being of individuals, societies and countries. However, it is still very neglected, compared to physical health, in most health systems around the world.

This negligence becomes even greater in situations of global health crises, such as the Covid-19 pandemic, which inevitably diverted the attention of health managers to the transmission and control of the disease to the detriment of possible psychosocial outcomes, leading to possible mental health problems that may persist for a long period (TORALES et al., 2020).

The concept of Common Mental Disorders (CMD) was proposed by Goldberg and Huxley (1992), apud Borim, Barros and Botega (2013), and refers to cases that present non-psychotic symptoms, such as insomnia, fatigue, depressive symptoms, irritability, forgetfulness, difficulty concentrating and somatic complaints, which produce mental suffering and functional disability in people. In addition, mental disorders directly affect the individual's physical health conditions, changing their perception of self-care and quality of life (WHO, 2001).

A meta-analysis performed by Steel et al. (2014), which considered studies conducted in 59 countries, indicated that 29.2% of respondents had some type of CMD throughout their lives. A significant influence of gender on the prevalence of CMD was identified, with women being more vulnerable to mood and anxiety disorders, while men, to disorders involving substance abuse.

Silva *et al.* (2019) also identified a correlation between the female gender and a higher prevalence of the probability of having CMD, when applying the questionnaire: *Self Report Questionnaire* (SRQ-20) as a screening tool in a rural population in the Brazilian Midwest. In addition, other risk factors have been identified, such as exposure to violence and abuse of hypnotics and sedatives.

In a cross-sectional study, carried out in

the city of Catalão - GO, with a population attended by Family Health Units, the SRQ-20 questionnaire was used as a tracking instrument, and 31.47% of the participants were identified as being of high probability of having CMD, using a score greater than or equal to 7 as a cutoff point (LUCCHESI et al., 2014). In the city of Campinas - SP, the prevalence found was 29.7%, based on the elderly population and using 5/6 as a cutoff point. In the same study, an association was identified between CMD and the variables female gender, age greater than 70 years, less than 4 years of schooling, per capita income less than 0.5 minimum wage and not working (BORIM; BARROS; BOTEGA, 2013).

Gonçalves, Stein and Kapczinski. (2008) evaluated the SRQ-20 as a screening tool in Brazil, comparing its performance with that of: *Structured Clinical Interview for DSM-IV-TR* (SCID-IV-TR), psychiatric interview for diagnostic purposes, applied by a trained clinician. Of the total sample, 28.7% of the individuals had some diagnosis of non-psychotic mental disorder, according to an interview with SCID-IV-TR and it was found that the SRQ-20 has a sensitivity of 86.33% and a specificity of 89.31%, when compared to the SCID-IV-TR, using the 7/8 cutoff point, which was identified as being the most effective in this study.

Brazil, like other developing countries, seems to show an association between poverty and the prevalence of mental disorders, as a vicious cycle, in which poverty, unemployment and low education increase the chances of an individual having mental disorders which, in turn, time, they contribute to the person remaining in this situation, by compromising their productivity and increasing health expenses (LUND et al., 2011).

Therefore, the relevance of addressing the subject lies in the fact that CMD are very frequent in Primary Health Care, with a prevalence close to 30% in research carried out with populations

in the Brazilian territory (LUCCHESI et al., 2014; ROCHA et al., 2014; BORIM; BARROS; BOTEGA, 2013; GONÇALVES; STEIN; KAPCZINSKI, 2008) and, for this reason, can and must be detected and treated properly in these services, avoiding further complications and compromising the quality of life of patients. users and the social structure as a whole, as well as unnecessary expenses with hospital approaches (WHO, 2001). In addition, the concepts of dehospitalization and deinstitutionalization, evident in the context of psychiatric care reform, corroborate the choice of this multidisciplinary and interdisciplinary approach that is possible in the Family Health Strategy (JORGE; FRANÇA, 2001).

Thus, studies that seek new epidemiological information about CMD, and the predisposing factors of these disorders, will contribute to a more efficient medical approach at the primary health level. In addition, it will enable better elaboration of public health policies in relation to the mobilization of human and financial resources to combat the variables that have the greatest impact on the prevalence of CMD in the population. This way, it is possible to obtain better results in relation to the effectiveness and cost-effectiveness of health actions for the prevention and control of CMD.

GOALS

Determine the prevalence of CMD and assess the frequency of pain and/or problems among those diagnosed or not with CMD, in the population assisted at the Family Health Units (USF) Heitor Rigon and Estação do Alto and by the Basic Health Unit (UBS) Valentina Figueiredo, in the city of Ribeirão Preto - SP.

MATERIALS AND METHODS

This is a cross-sectional, observational and descriptive study on the prevalence of CMD in Primary Care services in the city of Ribeirão Preto - SP. Study participants were

250 patients seen at USF Estação do Alto and Heitor Rigon and at UBS Valentina Figueiredo, located in the northern district of Ribeirão Preto - SP, whose assigned population is 17,599 people (IBGE, 2010). Convenience sampling was carried out, with patients who sought the aforementioned health units, during the period from May to June 2021. The inclusion criteria were: individuals over 18 years of age, residents of the areas assigned to the health units under study and who agreed to answer the SRQ-20 questionnaire, signing the consent form. The exclusion criteria were: presenting comorbidity or mental impairment that prevented participation.

The sociodemographic characteristics were described using frequency distributions (absolute and percentage) of the categories of qualitative variables and descriptive measures (mean and standard deviation) for variables of a quantitative nature, and were presented in tabular and graphic forms. The prevalence of CMD in the reference population was estimated by constructing a 95% confidence interval for a population proportion.

For data collection, the Portuguese version of the SRQ - 20 questionnaire, originally developed by Harding et al. (1980), which assesses, on a scale from 0 to 20, the probability

of an individual having non-psychotic mental disorders. The 7/8 cutoff point was used (negative for scores less than or equal to 7 and positive for scores greater than or equal to 8), which showed the highest sensitivity and specificity for tracking CMD in Brazil (GONÇALVES; STEIN; KAPCZINSKI, 2008).

Socio-demographic data of the participants, such as age, gender, skin color, monthly income, and home sanitation conditions, were also collected, prior to the application of the SRQ-20 questionnaire, in order to make it possible to outline the profile of the participants.

The project was submitted to Plataforma Brasil, approved by opinion 4,695,863, of 02/12/2021.

RESULTS

The results were obtained from a sample of 250 participants, of which 82 belonged to USF Estação do Alto, 87 to USF Heitor Rigon and 81 to UBS Valentina Figueiredo. In total, 162 (64.8%) women and 88 (35.2%) men were interviewed, with a mean age of 46.7 years. Blacks represented 47.2% of the sample, and the average monthly income found was 1.9 minimum wages. Table 1 presents the sociodemographic characteristics of each of the evaluated health units.

Health Unit	Gender N (%)		Age average (years)	Color N (%)		Income (SM)	Prevalence (%)
	M	F		B	N		
Estação do Alto	23 (28)	59 (72)	46	35 (43)	47 (57)	1,4	35,4
Heitor Rigon	32 (37)	55 (63)	45	44 (51)	43 (49)	1,9	21,8
Valentina Figueiredo	33 (40)	48 (60)	49	53 (65)	28 (35)	2,3	19,7

Table 1 – Prevalence of CMD, according to sociodemographic variables of the population analyzed in the health units.

Source: the authors

M: male; F: female; White; E: black; EM: Minimum wage

Among the answers to the questions that make up the SRQ-20 questionnaire, the pain/problems most frequently mentioned by the study participants were nervousness, tension or worry (66%), having felt sad lately (41%) and sleeping poorly (38%), (FIGURE 1).

Of the 250 participants, 64 (25.6%) scored 8 or above on the questionnaire and therefore were diagnosed with CMD. The average score obtained by the participants in the questionnaire was 5.2 points, with the highest average score found at USF Estação do Alto (6.26 points), which also had the lowest average family income (1.4 minimum wage) and the highest proportion of blacks, 57.3%. In addition, the prevalence of CMD at USF Estação do Alto was 35.4%, the highest among the analyzed units. At USF Heitor Rigon, the prevalence was 21.8% and at UBS Valentina Figueiredo, 19.7%.

The estimated prevalence of CMD in the population assisted in Primary Care units in the city of Ribeirão Preto was 25.6% (95%CI = 20.18% - 31.02%).

The prevalence of CMD among black respondents was 28%, while in the white population it was 23.5%. In the black population, the average score on the SRQ-20 was 5.3 points, while in the white population it was 5 points. Among respondents with CMD, 46.9% were white, while among those without CMD, 54.8% were white.

Among respondents with CMD, 87.5% were women, and the average income was 1.3 minimum wages, while those without a CMD diagnosis, 57% were women, and had an average income of 2.1 minimum wages.

It was observed that 92% of those with CMD claimed to have a religion, while among those without CMD it was observed that 93.5% of respondents reported having a religion.

Analyzing the education of respondents with CMD, it was possible to observe that 25% had incomplete primary education, 50% had at least

completed secondary education, and, of these, 6.25% completed higher education. Among respondents who did not have CMD, 23.6% had incomplete primary education, 53.8% had at least completed secondary education, and, of these, 12.4% completed higher education.

DISCUSSION

The present study analyzed the prevalence of CMD among patients treated at Primary Health Care services, according to sociodemographic variables, in the year 2021, in three Basic Health Units. Due to the scenario of the COVID-19 pandemic during data collection, there was a drop in demand for the UBS, which is a limitation identified in this study.

The prevalence found among the 250 individuals interviewed was 25.6%, close to the prevalence verified in other studies in the Brazilian territory, which presented results between 28.7% and 31.47% (LUCCHESI et al., 2014; ROCHA et al., 2014; BORIM; BARROS; BOTEGA, 2013; GONÇALVES; STEIN; KAPCZINSKI, 2008).

According to Jorge and França (2001), mental health care is necessary when a CMD is identified, due to the extent of the personal and social impact caused by this suffering. Therefore, through the results presented, attention must be paid to the psychic state of each patient in order to develop behaviors that reduce suffering.

Research carried out on CMD and skin color indicate that the prevalence is higher in the black population than in the white population, a result that was repeated in the present study. In general, it was observed that this association may be due to discrimination related to ethnicity (WILLIAMS et al., 1997; GOTO; COUTO; BASTOS, 2013) and intensified psychological stress (PASCOE; RICHMAN, 2009). And, since black people are the most subject to discrimination, expressed as racism, this may be one of the causes for the

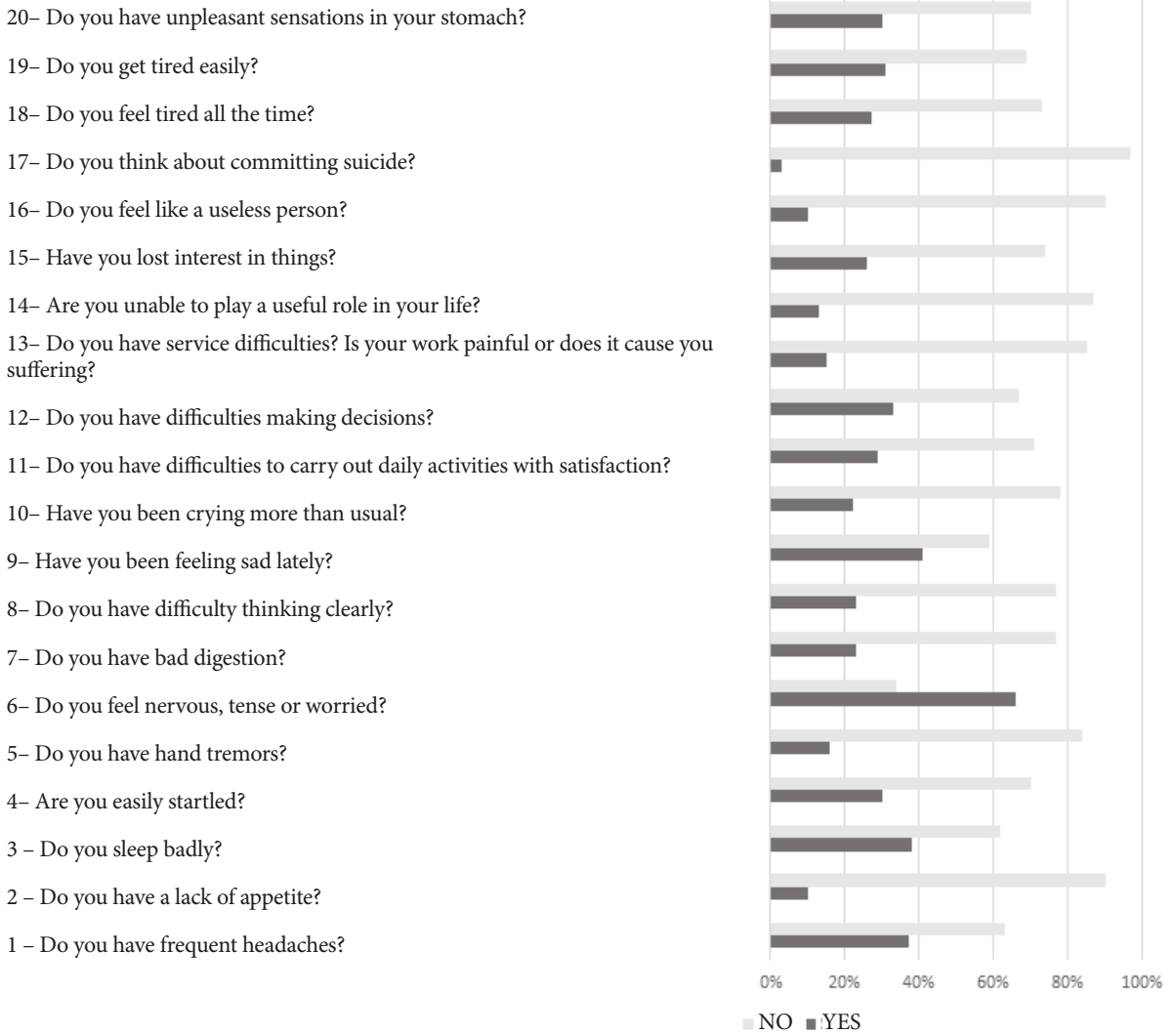


Figure 1 – Distribution of responses to questions in the SRQ-20 questionnaire.

Source: the authors.

higher prevalence of CMD among the black population.

According to Cooper and David (1986) and Goodman (2000), as there is no biological relationship between race and health, there is no biological basis for the association between race and mental health. In addition, the studies that evaluated these aspects are concentrated in some regions, mainly the south and southeast of the country, compromising the generalization of the results, considering the regional differences and variables of each location, which can interfere with the veracity of the results (SMOLEN; ARAÚJO, 2017). The interference of different social pressures faced by different ethnic groups, within the dynamics of today's society, can also contribute to the findings related to CMD. Furthermore, it was found that the literature, in general, does not classify ethnicities according to the five categories of the census (white, black, brown, yellow and indigenous), establishing only the categories "black" and "white", which interferes in the ability to identify inequalities for each ethnic group.

Thus, more studies directed at this issue are needed, so that the risk factors that make the black population more susceptible to CMD are discussed, providing a more targeted therapeutic approach and focused on the specific needs of this population.

In addition to the ethnic issue, another relevant variable for the higher prevalence of CMD in the population was socioeconomic status. Considering that Brazil, like other developing countries, presents a relationship between poverty and a high prevalence of CMD, a vicious cycle is created. Individuals affected by CMD, due to socioeconomic difficulties, worsen their financial situation even more, due to work losses, mainly due to absenteeism. This also implies a considerable increase in health spending (LUND et al., 2011). In this sense, the present study demonstrated a higher

prevalence of CMD at USF Estação do Alto, which also had the lowest mean family income in the socioeconomic questionnaire.

As well as socioeconomic status, different studies have observed an association between education and the prevalence of CMD (MORAES JÚNIOR, 2010; STEEL et al., 2014). Santos et al. (2019) found about 30% prevalence of CMD in people who never attended school, and 14% among those with complete higher education. This can be explained by the fact that greater access to education enables better working conditions and income, both factors that can contribute to the prevention of CMD.

Data from the present study showed more CMD in women, as well as Furtado et al. (2019) and Alves (2017) also found a higher prevalence in females. The arguments that justify this association are related to the traditional patriarchy, which defines male and female roles, directly influencing the differences in relation to CMD diagnoses.

Campos et al. (2020) and Lucchese et al. (2014) found similar results, but pointed out other factors associated with this phenomenon, such as the domestic responsibilities assumed by women linked to long working hours in less valued occupations.

This study demonstrated that the most frequent problems/pains, in descending order, were: worry and/or tension, sadness and frequent headaches. In this context, Okamura et al. (2020) found an association between headache and CMD, nervousness, tension and worry. These were also symptoms identified by Damascena et al. (2020), in a study on CMD in students. Furtado et al. (2018) observed that sadness was the main component of mental distress in people with CMD.

In the study by Moura et al. (2020), the most prevalent symptoms were "feeling sad", "finding difficulty in carrying out daily activities with satisfaction", "lack of appetite", "sleeping badly", "crying more than usual".

Thus, the recognition of sociodemographic variables is an important tool for assessing the risk of groups or populations for CMD, both for managers and health professionals, especially in the context of Primary Health Care.

CONCLUSION

In the present study, a prevalence of CMD was found consistent with other studies carried out in Brazil, with the diagnosis being present in less than half of the participants, predominantly in women, black people, people with low income and less education.

The most frequent pains and problems observed were worry and/or tension, sadness and headaches, with emphasis on worry and/or tension, mentioned by most participants.

Despite the numerous obstacles to be overcome in mental health, it is hoped that this study will contribute to giving visibility to mental suffering.

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