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ORIGINAL ARTICLE

FACTORS ASSOCIATED WITH MENTAL DISORDERS AMONG USERS OF A PSYCHOSOCIAL CARE CENTER

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ABSTRACT

Objective: to estimate the prevalence of factors associated with mental disorders present in users of a psychosocial care center. Method: retrospective documentary study with a quantitative approach. Data were collected from 824 patient records between May and July 2019. A descriptive analysis was performed and the data were presented in the form of absolute and relative frequency, using tabulation, considering p <0.05. Results: there was a greater prevalence of mood disorders in 48.1% of users, stress-related neurotic disorders and somatoform disorders in 18.1%. The sex variable was associated with the diagnosis of mental disorder (p <0.001), and patients under the age of 20 years had a greater prevalence of child and adolescent disorders (35.7%) and mood disorders (32.6%) compared to the other age groups analyzed. Retirees had a higher prevalence of mood disorders (50.7%) and somatoform disorders, where as workers had a higher prevalence (65.7%) of mood disorders. Conclusion: this study will contribute to the planning of actions and permanent education by managers, together with mental health workers, in order to develop different strategies considering differences between sex, age and occupation in relation to the various types of mental disorders verified in the participants of this research.

Keywords: Mental health. Mental Disorders. Mental Health Services.

INTRODUCTION

The psychiatric reform in Brazil in the 1980s marked the beginning of a process of breaking with old paradigms; the way of caring for patients with mental illnesses was changed, leaving behind the model centered on asylums, doctors and drugs. As a consequence, room was created for a new look, centered on social inclusion, deinstitutionalization, humanization and multidisciplinarity[1-2]. It is noteworthy that the reform emerged from a differentiated view of people with mental disorders, guaranteeing citizenship, respect and individuality[2].

The Psychosocial Care Networks (RAPS), in line with an open and community-based care model of care, propose a new standard of mental health care based on access and promotion of people's rights, based on interaction with society. The RAPS, in addition to being more accessible, also aim to articulate health actions and services at different levels of complexity[3].

The Psychosocial Care Centers (CAPS) are institutions with strategic points of attention linked to the RAPS, with health services open to individuals and the community, composed of a multiprofessional team that performs its activities from an interdisciplinary perspective and provides priority care to people with mental distress or mental disorders, covering those with needs arising from the use of psychoactive substances. In addition, their activities take place in a territorial area, whether in situations of patients' crisis or psychosocial rehabilitation procedures[2].

Deinstitutionalization was only possible due to a series of programs instituted to support patients in the community through the CAPS, therapeutic home services (THS), assistance for rehabilitation back home, social

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centers, and beds for mental health care in general hospitals[4]. Points of attention, such as CAPS, which are among the greatest substitutes for psychiatric hospitals in Brazil, performs their functions by caring for people in psychological distress while articulated with the community service network and, thus, favoring the reintegration of patients into the social environment[5].

Mental disorders are among the main health problems in Brazil, affecting both sexes and all ages[6]. It is noteworthy that users with these disorders lose a lot in terms of style and quality of life[3]. In Brazil, there is a lack of studies aimed at analyzing the occupational situation of people diagnosed with mental disorders. Individuals diagnosed with mental disorders in childhood and adolescence, most of the time, become adults who maintain the treatments and many end up experiencing a worsening of the psychic condition and may not be able to develop work activities or have a formal employment[7].

It is important to emphasize that women are more predisposed to mental disorders and this may be related to situations of family troubles, socioeconomic factors, health situations, broken or unstable relationships, stressful episodes such as violence, and genetic and hormonal biological factors. This means that women are more vulnerable to the effects of vital events, which depends not only on genetic-biological factors such as age and reactions of female hormones, but also on environmental factors[8].

The International Classification of Diseases (ICD), published by the World Health Organization (WHO), is a statistical record that groups and organizes the most diverse diseases with symptoms. The purpose of this classification is to standardize the nomenclature and create codes for diseases, and the ICD-11 is the most updated version[9]. Through the international classification of diseases, physicians acquire more information on diagnoses and classification of data regarding the cause of the diseases, including mental disorders. Thus, some of these disorders listed in the ICD, in chapter V, were used in this research and associated with sociodemographic, health and work factors of patients undergoing treatment at the CAPS.

With the implementation of CAPS, practices that were previously based on monitoring and medicating became less rigid, guided by the assumptions of the Brazilian psychiatric reform[5]. It is important to emphasize that there are public health policies that guide services of health teams aiming to offer adequate and quality care to people with mental disorders according to ICD diagnoses; however the quality of services offered to users still falls short[5]. There is a need for promising health education actions to train and prepare professionals who have a profile specifically turned to the care of these patients, considering the factors that may be associated with mental disorders[6].

It is known that the interference of factors such as sex, age and occupation in mental health users is quite considerable, since they can contribute to the aggravation of mental disorders and further compromise the psychiatric condition[3,7]. We also emphasize that this study is justified by the need to understand the prevalence and factors associated with mental disorders in users seen at the CAPS in a small municipality, since it is considered that there is a high demand for care related to these mental disorders, becoming a strong social subsidy. Thus, the results of this investigation can contribute to the development of public mental health policies and intervention strategies aimed at maintaining the physical and psychological well-being of patients with mental disorders.

This research is also important for providing relevant information to managers and health professionals who lead the development of mental health strategies for the Brazilian population. Given the above, this study aimed to estimate the prevalence of factors associated with mental disorders presented by users of a psychosocial care center in a municipality in the north of Paraná, Brazil.

METHOD

This is a retrospective documentary study with a quantitative approach, based on medical records of patients with mental disorders,

according to the ICD-10. The study site was a Psychosocial Care Center I (hereafter CAPS-I) located in a small municipality in the north of the state of Paraná. This CAPS-I counts on the services of a psychiatrist, a nurse, a psychologist, a social worker, an administrative assistant, and a general services assistant. The average attendance is 300 consultations per month, with approximately 15 attendances daily. Individual consultations are held for users undergoing treatment for mental disorders and group therapies according to the needs of the patients.

All medical records of patients from the date of the opening of the CAPS-I (February 2017) until May 2019and which were filled with the following information were included in the sample: correct patient identification; demographic data; occupation; diagnosis of mental disorder according to ICD-10 and prescribed treatments. Medical records with incomplete and illegible data were excluded. Data collection was carried out between the May and July 2019. Medical records were analyzed for pertinent information and data collection was carried out by a undergraduate student of the Nursing course with the help of the nurse responsible for the institution.

An instrument was used to collect data containing the following variables: sex; age; diagnosis; occupation; schooling; marital status; ethnicity; and prescription drugs. It was not possible to retrieve all patient data in the records, such as schooling, marital status and ethnicity. Diagnoses of mental disorders collected in the instrument were grouped in a table and the most frequent were mental and behavioral disorders caused by the use of psychoactive substances; schizophrenia, schizotypal and delusional disorders; mood disorders; stress-related neurotic disorders; somatoform and behavioral disorders; and emotional disorders that usually appear during childhood or adolescence. In the analysis of the diagnoses of users with more than one diagnostic hypothesis, the main diagnosis was used, followed by the secondary diagnosis.

Based on the data obtained through document analysis, a database was created in the Microsoft Excel 2010 software, which was later exported to the Statistical Package for Social Sciences (SPSS) 20.0 for Windows, for statistical processing and analysis. The following variables were listed: demographic field with age and sex; occupational field; and epidemiological field containing the diagnoses of mental disorders according to the ICD.

The results were descriptively analyzed through analysis with multiple categories and cross-tabulation, in order to determine the percentages for combinations of categories between categorical variables and to investigate the relationship between variables. The joint frequency data were analyzed using Pearson's chi-square test, considering $p < 0.001$ to assess the association between variables, and presented in the form of contingency tables.

The research project was appraised and approved by the Research Ethics Committee of the Faculty of Apucarana (FAP) with Opinion number 3,279,342, CAAE: 0730319.0.0000.5216. All ethical precepts in compliance with Resolution 466, of December 12, 2012, of the National Health Council of the Ministry of Health were respected. As this is a documentary research, a petition was made to waive Informed Consent Terms (ICT).

RESULTS

Eight hundred and twenty four (824) medical records were analyzed. The average age of the users was 34.3 years. There was a predominance of the female sex, 59.9% (n = 493), age less than 20 years, 27.9% (n = 230), and users without occupation, 54.3% (n = 447) (Table 1).

According to the ICD-10, there was a higher prevalence of mood disorders in 48.1% of users and stress-related neurotic disorders and somatoform disorders in 18.1% (Table 2).

The sex variable was associated with the type of diagnosis of mental disorder ($p < 0.001$), with a highest percentage of diagnoses among female patients, that is, 56.0% of mood disorders. Mental and behavioral disorders due to the use of psychoactive substances or whose onset usually occurs in childhood and adolescence mainly affected males (Table 2).

The age group of young people, such as

those under 20 years of age, had a higher prevalence of child and adolescent disorders (35.7%) and a lower prevalence of mood disorders (32.6%) compared to the other age groups analyzed. Retirees had a higher prevalence (24.0%) of stress-related neurotic disorders and somatoform disorders, whereas workers had a higher prevalence (65.7%) of mood disorders.

Table 1. Description of sociodemographic and labor variables in the medical records of patients with mental disorders treated at the CAPS-I, Paraná, Brazil (n = 824)

Sociodemographic variables	n	%
Sex		
Female	493	59.9
Male	331	40.1
Age		
≤ 20 years	230	27.9
21 to 35 years	219	26.6
36 to 50 years	191	23.2
≥ 51 years	184	22.3
Occupation		
No occupation	447	54.3
Retired	67	8.1
Student	93	11.3
Worker	217	26.3
Total	824	100

Table 2. Association of the variables sex, age and occupation with the presence of mental disorders in patients treated at the CAPS-I, Paraná, Brazil (n = 824)

Variables	F10-19	F39	F40-48	F90-98	F20-29	p-value*
Total, n (%)	83 (10.1)	396 (48.1)	149 (18.1)	131 (15.8)	65 (7.9)	
Sex n (%)						<0.001
Female	30 (6.1)	276 (56.0)	96 (19.5)	60 (12.1)	31 (6.3)	
Male	53 (16.0)	120 (36.3)	53 (16.0)	71 (21.5)	34 (10.2)	
Age						<0.001
≤ 20 years	19 (8.3)	75 (32.6)	40 (17.4)	82 (35.7)	14 (6.0)	
21 to 35 years	19 (8.7)	120 (54.8)	42 (19.1)	19 (8.7)	19 (8.7)	
36 to 50 years	24 (12.6)	98 (51.3)	42 (22.0)	14 (7.3)	13 (6.8)	
≥ 51 years	21 (11.4)	103 (56.0)	25 (13.6)	16 (8.7)	19 (10.3)	
Occupation						<0.001
No occupation	56 (12.5)	195 (43.6)	67 (15.0)	96 (21.5)	33 (7.4)	
Retired	24 (11.1)	110 (50.7)	52 (24.0)	10 (4.5)	21 (9.7)	
Student	2 (2.2)	47 (50.5)	21 (22.6)	19 (20.4)	4 (4.3)	
Worker	1 (1.5)	44 (65.7)	9 (13.4)	6 (9.0)	7 (10.4)	

F10-19: Mental and behavioral disorders due to use of psychoactive substances. F39: Mood disorders. F40-48: Stress-related neurotic disorders and somatoform disorders. F90-98: Behavioral and emotional disorders with onset usually occurring in childhood and adolescence. F20-29: Schizophrenia, schizotypal and delusional disorders.
*Pearson's chi-square test.

Mental disorders were divided into five categories according to the ICD-10, based on the diagnoses found in the patients' medical records, and associated with the variables sex, age and occupation.

DISCUSSION

The average age observed in this study was 34.3 years, which coincides with the research carried out between February 2010 and June 2013 in a Psychosocial Care Center for Alcohol and Drugs (CAPS - AD) modality III (24h) which identified an average of 36.8

years among the patients seen there[10]. As for psychiatric disorders, mental and behavioral disorders due to use of psychoactive substances; mood disorders; stress-related neurotic disorders; somatoform disorders; behavioral and emotional disorders with onset usually occurring in childhood and adolescence; and schizophrenia, schizotypal and delusional disorders were identified in the present study. They are prevalent diseases in the Brazilian scenario and often lead to the use of drug therapies[11].

The present study is also in agreement with the one by Oliveira, Baldaçara and Maia (2015), which showed results in similar age groups[12]. Indeed, mental disorders occur in both sexes[12-13]. In the present study, the youngest age group (under 20 years old) had a higher prevalence of child and adolescent disorders.

The predominance of males in the profile of users of psychoactive substances corroborates a study that found a greater relationship between adult men and the use of licit and illicit drugs[14], and another study carried out in the city of João Pessoa/PB which showed a predominance 86.7% of drug use among males[10].

Mental and behavioral disorders resulting from the use of psychoactive substances (16%) presented in this study coincide with the research carried out by Fernandes et al. (2017) in which these disorders were more commonly associated with men. It is noteworthy that paranoid schizophrenia was the second diagnosis, corresponding to 5.6% of the disorders[15]. The average age of individuals who used psychoactive substances in a study carried out at a CAPS - AD with women admitted to use the night care beds was 17 years[16]. In another study, an average of 27 years was mentioned[17], unlike the results of the present study, in which an average of 34.3 years was found.

A study carried out in Norway demonstrated a high prevalence of mental disorders due to the use of psychoactive substances in patients diagnosed with schizophrenia and that these alcohol-related mental disorders were responsible for schizophrenia rates of 25% among the surveyed individuals[17]. It is noteworthy that, in the present study, schizophrenia, schizotypal and delusional disorders had a higher frequency among males.

The age range observed in patients diagnosed with behavioral and emotional disorders with onset usually occurring in childhood and adolescence is 10 -18 years, according to a descriptive exploratory investigation carried out at a Psychosocial Care Center for Children and Adolescents in the city of Salvador[18]. However, few studies mention the characterization or presence of these disorders in different age groups[19].

The stress-related neurotic disorders and somatoform disorders observed in this study were more associated with women (19.5%); however other researches show discordant results, reporting these disorders more commonly among men[20].

Regarding mood disorders, they were more observed in females, as in other investigations[14,20]. The age group under 20 years presented a lower percentage compared to the other age groups. There has been a progressive increase of these disorders, since the incidence of disorders in children aged 10 to 14 years went from 199 cases in the year 2008 to 429 cases in 2014, that is, a double of number of cases within a period of approximately 6 years, and the study that made this statement consulted the Datasus database[21].

In effect, the use of psychoactive substances is highly concentrated in the young urban population, especially in developing countries. With regard to cocaine, in South America, about 1.7% of adults are users of this drug[22]. A quantitative study with a descriptive-exploratory methodological basis showed a greater use of drugs in younger people and a decrease in older people[10]. On the other hand, in this study, there was a higher occurrence in the age range of 36 to 50 years and a decline in people over 51, which corroborates with the said study.

Research carried out in João Pessoa identified the use of a combination of legal and illegal drugs, such as alcohol and tobacco, in 147 individuals and the use of tobacco and crack in 26. It also showed that 561

individuals consumed alcohol, 422 used tobacco, and 358 used crack. Lower rates corresponded to 273 individuals using marijuana; 86 cocaine users; 69 inhalants; 2 ecstasy; and only 1, according to the notes, using heroin and opium, from a population composed of 706 medical records[10]. The present study did not investigate which substances were used by individuals diagnosed with mental and behavioral disorders due to use of psychoactive substances, however the fact that disorders due to the use of these substances are seen in society as a public health issue is relevant. A study on work leaves caused by mental disorders found that the use of psychoactive substances was in the routine of some of the federal public servants surveyed[12].

Situations of unemployment can be caused by the use of psychoactive substances[22]. It was found, in this work, a high frequency of people without occupation compared to the other variables. The authors Fernandes et al. (2017) pointed out a higher prevalence of unemployed people in their study on mental and behavioral disorders due to the use of psychoactive substances in a psychiatric hospital. A study by Almeida et al. (2014) also demonstrated that 55.8% of psychoactive substance users were unemployed. Stressful situations cause workers to seek psychoactive substances and, consequently, they may develop disorders related to these substances[12,20], a factor that can lead to loss of the job.

Schizophrenia, schizotypal and delusional disorders have been the diseases of greatest causes for removal of public service workers[12]. In the present study, mental and behavioral disorders due to the use of psychoactive substances were associated to male people without occupation. These data are in agreement with a study carried out in a psychiatric hospital in Teresina, Piauí, in the Northeast of Brazil, showing that the majority of male patients were unemployed[15].

Mood disorders had a higher percentage in retirees, this being the fourth cause of work leave of absenteeism among public service workers[12]. Mood disorders were also the second leading cause of work leave among teachers of the public sector (42.7%)[23].

Mental and behavioral disorders due to use of psychoactive substances, on the other hand, contributed to the school dropout and poor school performance in a survey conducted in Ribeirão Preto, São Paulo[24]. Furthermore, it is believed that for this reason, in this study, a low frequency of these disorders was observed in students, that is, users of psychoactive substances probably abandoned their studies, causing a low qualification and compromising work performance, contributing to the loss or abandonment of employment[24]. Still, it was evidenced in a research carried out in the database of the National Institute of Social Security that mood disorders, schizophrenia, schizotypal and delusional disorders, and disorders related to the use of psychoactive substances were strongly associated with work leave[25].

The present study found an association between mental disorders and the variables age, sex and occupation. Indeed, it is emphasized the need for a critical look on the part of health professionals, improving the possibilities of holistic care, with a focus on good reception, humanization, active listening, among others[5]. Comprehensive mental health care will be achieved through the establishment of a collaborative and articulated network between the three levels of care in the Unified Health System (SUS) network, based on the singularities of each user, in the relational investment between user/family/professional and in care conceived in territorial logic.

Finally, this research has a differentiation, allowing greater generalization of the results, because it was carried out in a CAPS-I of a small municipality, since many studies in this field have been carried out in large centers with a greater number of inhabitants[10,19, 24].

Although the objective of this study was achieved and significant results were identified, some limitations include the few variables studied and the fact that the study was developed in only one CAPS-I. However, it is believed that, due to the number of medical records analyzed, the study can contribute to the advancement of scientific knowledge because it reveals information that

contributes to the clinical practice of mental health professionals, making the health care for patients at CAPS more visible and enabling actions through the RAPS.

CONCLUSION

This study estimated the prevalence of mental disorders and the association with the variables age, sex and occupation in patients in a CAPS-I. It was shown that mood disorders were associated with the female sex, whereas mental and behavioral disorders due to use of psychoactive substances were associated with the male sex. It was also found that there was an association between individuals diagnosed with mental disorders and being unemployed or retired.

This research stands out as a strong social subsidy, contributing to the planning and organization of assistance to patients with mental disorders. The gaps in the approach and discussion in network about these disorders among health professionals have a negative influence on the conceptual knowledge of this theme and on the skills for implementing strategic actions.

This study will contribute to the planning of actions and/or permanent education workshops by managers, together with mental health workers, in order to develop more specific strategies considering differences between sexes, ages and occupations in relation to the various types of mental disorders observed in the participants of this research. Therefore, the development of more studies addressing the same theme in CAPS-I patients is encouraged so that the support in mental health may occur in a resolutive and effective way in the follow-up and treatment of these patients.

FATORES ASSOCIADOS AOS TRANSTORNOS MENTAIS APRESENTADOS POR USUÁRIOS DE UM CENTRO DE ATENÇÃO PSICOSSOCIAL

RESUMO

Objetivo: estimar a prevalência de fatores associados aos transtornos mentais apresentados por usuários de um centro de atenção psicossocial. Método: estudo retrospectivo documental de abordagem quantitativa. Os dados foram coletados em 824 prontuários de pacientes entre maio e julho de 2019. Realizou-se análise descritiva e os dados foram apresentados sob forma de frequência absoluta e relativa, utilizando tabulação, considerando p<0, 05. Resultados:verificou-se maior prevalência de transtornos de humor em 48,1% dos usuários, de transtornos neuróticos relacionados ao estresse e transtornos somatoformes em 18,1% deles. A variável sexo associou-se com diagnóstico de transtorno mental (p<0,001), aqueles com idade inferior a 20 anos apresentaram maior prevalência de transtorno infantil e da adolescência (35,7%) e prevalência de transtornos de humor (32,6%) se comparados com as demais faixas etárias analisadas. Aposentados apresentaram maior prevalência de transtornos de humor (50,7%) e transtornos somatoformes; os pacientes trabalhadores apresentaram maior prevalência (65,7%) de transtornos do humor. Conclusão: este estudo contribuirá para o planejamento de ações e de educação permanente por parte de gestores, em conjunto com trabalhadores da saúde mental, de forma a elaborar estratégias diferenciadas considerando diferenças entre sexo, idade e ocupação em relação aos vários tipos de transtornos mentais verificados nos participantes desta pesquisa.

Palavras-chave: Saúde Mental; Transtornos Mentais;Serviços de Saúde Mental.

FACTORES ASOCIADOS A LOS TRASTORNOS MENTALES PRESENTADOS POR USUARIOS DE UN CENTRO DE ATENCIÓN PSICOSOCIAL

RESUMEN

Objetivo: estimar la prevalencia de factores asociados a los trastornos mentales presentados por usuarios de un centro de atención psicosocial. Método: estudio retrospectivo documental de abordaje cuantitativo. Los datos fueron recolectados en 824 registros médicos de pacientes entre mayo y julio de 2019. Se realizó análisis descriptivo y los datos fueron presentados en forma de frecuencia absoluta y relativa, utilizando tabulación, considerando p<0, 05. Resultados: se verificó mayor prevalencia de trastornos de humor en 48,1% de los usuarios, de trastornos neuróticos relacionados al estrés y trastornos somatomorfos en 18,1% de ellos. La variable sexo se asoció al diagnóstico de trastorno mental (p<0,001), aquellos con edad inferior a 20 años presentaron mayor prevalencia de trastorno infantil y de la adolescencia (35,7%) y prevalencia de trastornos de humor (32,6%) si comparados conlas demás franjas de edad analizadas. Jubilados presentaron mayor prevalencia de trastornos de humor (50,7%) y trastornos somatomorfos; los pacientes trabajadores presentaron mayor prevalencia (65,7%) de trastornos de humor. Conclusión: este estudio contribuirá para la planificación de acciones y de educación permanente por parte de gestores, en conjunto con

trabajadores de la salud mental, de forma a elaborar estrategias diferenciadas considerando diferencias entre sexo, edad y ocupación en relación a los varios tipos de trastornos mentales verificados en los participantes de esta investigación.

Palabras clave: Salud Mental. Trastornos Mentales. Servicios de Salud Mental.

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