Epidemiological Profile of Mental Disorders in the Adult Population in Brazil: an integrative review

Perfil Epidemiológico dos Transtornos Mentais na População Adulta no Brasil: uma revisão integrativa

Natália Hiany[1]

Maria Aparecida Vieira [2]

Ricardo Otávio Maia Gusmão [3]

Samara Frantheisca Almeida Barbosa[4]

1.Graduação em enfermagem pela Universidade Estadual de Montes Claros - UNIMONTES (2018). Residência Multiprofissional em Enfermagem em urgência e emergência no Hospital João XXIIII/FHEMIG.
2.Graduação em Enfermagem pela Universidade Federal de Minas Gerais (UFMG); Mestrado em Enfermagem pela UFMG (2001); Doutorado em Ciências pela Escola Paulista de Enfermagem da Universidade Federal de São Paulo (UNIFESP).
3.Graduação em Enfermagem pela Universidade Estadual de Montes Claros, Unimontes. Mestrado em Teoria Psicanalítica pela Universidade Federal do Rio de Janeiro- UFRJ (2016).
4.Graduação em Enfermagem pela Universidade Estadual de Montes Claros (UNIMONTES); Residência Multiprofissional em enfermagem em Saúde da Família e Comunidade-Taiobeiras-MG.

Abstract

This integrative review aimed to describe the knowledge produced on the epidemiological profile of mental disorders in the Brazilian adult population. The study had 12 articles, selected in the Virtual Health Library. Inclusion criteria were: complete articles; in the Portuguese language and in the period 2007 to 2017. Mental disorders were more prevalent in women, being more common the mood disorders and neuroses. While psychoses and substance use, most form found in men. Unemployed, retired due to invalidity or benefit for health problems and housewives were considered at risk for mental disorders. It was also observed a high number of prescriptions of psychoactive and other comorbidities. Understanding the complexity of the mental health-illness process, aimed at the plurality of the human being, provides integral and humanized assistance, and can improve the quality of life of this population.

Keywords: Mental Disorders; Mentally Ill People; Epidemiology; Mental health.

Resumo

Esta revisão integrativa objetivou descrever o conhecimento produzido sobre o perfil epidemiológico dos transtornos mentais na população adulta brasileira. O estudo contou com 12 artigos, selecionados na Biblioteca Virtual em Saúde. Os critérios de inclusão foram: artigos completos; no idioma português e no período 2007 a 2017. Os transtornos mentais foram mais prevalentes em mulheres, sendo mais comuns os transtornos de humor e neuroses. Enquanto as psicoses e uso de substâncias, forma mais encontradas em homens. Desempregados, aposentados por invalidez ou em benefício por problemas de saúde e donas de casa foram considerados em situação de risco para transtornos mentais. Observou-se, ainda, elevado número de prescrições de psicoativos e de outras comorbidades. Compreender a complexidade do processo saúde-doença mental voltado à pluralidade do ser humano proporciona assistência integral e humanizada, podendo melhorar a qualidade de vida dessa população.

Palavras-chave: Transtornos Mentais; Pessoas Mentalmente Doentes; Epidemiologia; Saúde Mental.

Introduction

Mental disorders, according to the International Classification of Diseases (ICD-10) [1], are identified as diseases with psychological manifestations associated with functional impairment due to biological, social, psychological, genetic, physical or chemical disturbances. They may cause changes in the way of thinking or even in the mood, causing changes in the overall performance of the individual, that is, in the personal, social, occupational or family context [1].

Mental disorders, in general, have a considerable impact in terms of morbidity, impairment of functionality and decrease of the quality of life of their patients, since approximately 90% of mental health problems present manifestations of depression, anxiety, insomnia, fatigue, irritability, dysfunction memory and concentration [2-3].

These disorders correspond to 12% of the diseases in the world and 1% of the mortality. However, about 40% of countries do not yet have effective mental health policies and 30% do not have effective mental health programs [4].

In Brazil, 3% of the population suffers from severe and persistent mental disorders and 6% have severe psychiatric disorders caused by alcohol or other drugs. Thus, investments to prevent and promote mental health are fundamental in order to reduce the amount of disability and impairment due to these disorders, since most mental disorders are treatable or preventable (5).

From the regulation of mental health services from the Psychiatric Reform of Brazil, in 2001 [6], services were implemented that replaced psychiatric hospitals, such as the Psychosocial Care Centers (CAPS), and the implementation of the National Mental Health [7-8]. In 2011, within the scope of the Unified Health System, the Psychosocial Care Network (RAPS) was set up for people suffering from or suffering from mental disorders and needs related to the use of crack, alcohol and other drugs [9].

In this context, epidemiological studies are important to define the planning of strategies against public mental health policies, organization of services, development of programs, prevention and treatment actions [10].

Thus, the present study aimed to describe the knowledge produced in the literature on the epidemiological profile of mental disorders in the Brazilian adult population.
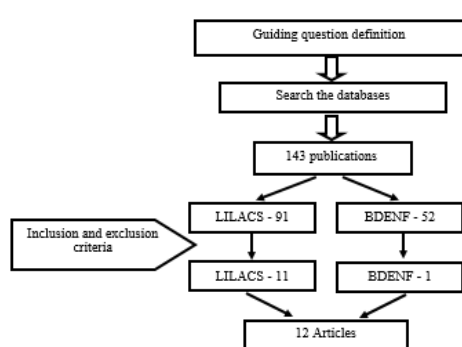
Method

It is an integrative literature review, which provides the synthesis of knowledge and the incorporation of the applicability of results of meaningful studies into practice. The phases that integrate this review are: elaboration of the guiding question, searching or sampling in the literature, critical analysis of the included studies, discussion of the results and presentation of the integrative review [11-12].

As a first step, the following guiding question was elaborated: what is the knowledge produced in the literature on the epidemiological profile of the adult population affected by mental disorders in Brazil?

In the second stage, the keywords were identified through the Health Sciences Descriptors platform (DeCS), using the following descriptors: "mental disorders", "mentally ill people", "epidemiology and mental health". Inclusion criteria were: complete articles available electronically; in the Portuguese language; which presented the theme proposed in the title, in the abstract or in the descriptor and in the period from 2007 to 2017. The exclusion criteria were: letters to the editor; the editorials; integrative reviews; the theses; dissertations and articles in duplicate. Next, the search was performed at the Virtual Health Library (VHL). From the searches, 143 publications were identified, whose titles and summaries were read

and analyzed. It was found that 131 did not meet the pre-established criteria and were therefore excluded. After a new reading and analysis, 12 articles were selected, since they fully met the inclusion criteria, composing the sample of this review (Figure 1).

Figure 1. Distribution of articles found, excluded and selected, according to electronic means and descriptors. 2017.

In the third step, the information to be extracted from the publications was selected: authors, journal title, year of publication, QUALIS, impact factor, level of evidence, publication site, methodological design adopted/type of study, main objectives and results. For this, an instrument was used to collect these variables of interest.

In order to carry out the classification of publications according to QUALIS of journals in Brazil, in the interdisciplinary category, the one instituted by the Coordination for the Improvement of Higher Level Personnel (CAPES) was used [13].

The publications were also classified according to the Impact Factor (FI), established annually by the *Institute for Scientific Information (ISI)* located at the *University of Southern California* [14].
The publications were analyzed and classified according to Level of Evidence, and to determine the degree of evidence, the hierarchy system was used in seven levels [15].
In the fourth, fifth and sixth stages, the publications were analyzed, interpreted and synthesized in order

to present this review, in a descriptive way, to reach the objective of this study.

Results

Twelve articles that met the criteria established in this study were included: 11 in the Latin American and Caribbean Literature in Health Sciences (LILACS) and 1 in the Database of Nursing (BDENF). The majority of publications were from 2008 (33.33%) and 2011 (16.6%). As for the identified journals, the Public Health Report (25%) was the one with the highest number of publications in this review, followed by the Brazilian Journal of Psychiatry (16.6%).

Regarding the classification of Brazilian journals, according to CAPES, most of the studies were published in QUALIS B2 - 4 journals (33.33%); followed by journals with QUALIS A2 and B1 - 3 publications each (25%), demonstrating an adequate quality standard.

As for the Impact Factor, two journals were found - Public Health Report (1,133) and the Acta Paulista de Enfermagem (0.433), classified as having a low Impact Factor, which can be explained by the fact that most national researchers publish in Brazilian magazines. The number of citations received by these journals is not enough to be in the ranking of the best magazines and best classifications established (16).

Regarding the Level of Evidence of these studies, it was verified that 12 (100%) are of level 6, denoting the lack of studies with better levels of evidence.

Table 1 shows the characteristics of the studies according to authors, year of publication, journal title, QUALIS, impact factor and level of evidence.

Table 1. Characteristics of studies according to authors, year of publication, journal title, QUALIS, impact factor and level of evidence. 2017

REVISTA
ENFERMAGEM ATUAL

Authors/Year of release	Journal Title	QUALIS	Impact Factor	Level of evidence
P1 - COUTINHO et al., 2014[3].	Public Health Notebooks	A2	1.133	6
P2 - CARVALHO; SILVA; RODRIGUES, 2010[10].	Alcohol and Drug Mental Health Magazine	B2	No score	6
P3 - CARMO et al., 2016[17].	Brazilian Journal of Health Sciences	B4	No score	6
P4 - OLIVEIRA; CAIAFFA; CHERCHIGLIA, 2007[18].	Journal of Nursing	B2	No score	6
P5 - KANTORSKI; JARDIM; ANDRADE et al., 2011[19].	Journal of Nursing UFPE	B4	No score	6
P6 - GONÇALVES; KAPCZINSKI, 2008a[20].	Public Health Notebooks	A2	1.133	6
P7-MANGUALDE et al., 2013[21].	Mental	B2	No score	6
P8 - MIRANDA; TARASCONI; SCORTEGAGNA, 2008[22].	Psychological Evaluation	B2	No score	6
P9 - MOREIRA; BANDEIRA; CARDOSO; SCALON, 2011[23].	Brazilian Journal of Psychiatry	B1	No score	6
P10 - PEREIRA et al., 2012[24].	Acta Paulista de Enfermagem	B1	0.433	6
P11 - GONÇALVES, KAPCZINSKI, 2008b[25].	Public Health Notebooks	A2	1.133	6
P12 - RODRIGUES-NETO et al., 2008[26].	Brazilian Journal of Psychiatry	B2	No score	6

Source: research data.

The Southeast was the Brazilian region with the highest number of publications: 10 (83.33%). The cities with the largest publication were Rio de Janeiro, with 5 publications (41.66%), and São Paulo (Table 2).

The main objectives of these studies were to identify and characterize the mental disorders prevalent in a given population, describing the epidemiological profile of these individuals (Table 2).

Table 2. Characteristics of studies according to place of publication, type of study adopted, objectives and main results. 2017.

Publication	Place of publication / Type of study	Goals	Main Results
P1[3]	Location: Rio de Janeiro-RJ. Type: cross-sectional epidemiological.	To investigate the contribution of contextual factors, represented by two distinct levels, census tracts and domiciles, in the prevalence of Common Mental Disorders.	Gender, age, schooling and occupation were individual characteristics associated with the prevalence of CMD. Individual unfavorable socioeconomic conditions increase the risk of CMD.
P2[10]	Location: Ribeirão Preto-SP. Type: descriptive with quantitative approach	To describe the epidemiological profile of the users of the mental health network, assisted in the CAPS of the city of Iguatu, Ceará.	Most of the users came to the services at the initiative of the family, had low schooling, average income ranging between 1 and 2 minimum salaries and 91% of them used drug therapy.
P3[17]	Local: João Pessoa- PB Type: descriptive, quantitative approach.	To describe the set of clinical and sociodemographic characteristics of CAPS II users in the municipality of Candeias, Bahia.	The majority of the patients were female; with average age between 30 and 39 years; followers of the Catholic religion; ethnicity; complete primary education and diagnosis of mental disorders related to schizophrenia, schizotypal and delusional disorders for both sexes.
P4[18]	Local: Belo Horizonte-MG Type: quantitative, descriptive.	To characterize the population served by a Reference Center for Mental Health (CERSAM).	Most of the patients were women; with an average age of 37.7 years; 38% had a diagnosis of schizophrenia, schizotypal and delusional disorders; the average length of stay in the service was 7.7 months; 23.4% abandoned treatment and 54% were referred to health centers.
P5[19]	Local: Recife-PE Type: transversal, of descriptive character.	Describe the general health status of CAPS I and II users in the Southern Brazil region.	It was identified that 47.9% of users had other health problems associated with mental disorder: 43.08% had hypertension; 12.2% obesity; 10.9% diabetes; 4.8% cancer and 1.8% STD/AIDS.
P6[20]	Local: Rio de Janeiro. Tipo: transversal, quantitativo.	Estimar a prevalência de transtornos mentais em pacientes que buscam atendimento na unidade de referência de um PSF de Santa Cruz do Sul, Rio Grande do Sul, Brasil.	Encontrou-se alta prevalência -38% de transtornos de humor; ansiedade e/ou somatoformes (THAS); associados ao sexo feminino; à baixa escolaridade e à situação ocupacional desfavorável.
P7[21]	Local: Barbacena-MG	Outline the profile of patients seen at the CAPS of Barbacena, Minas Gerais.	The majority of the patients presented on average, 38 years; were male; married or in a stable union;

	Type: quantitative and transverse		with low schooling; with past psychiatric treatment; 28.8% had psychotic pictures; 22% of affective disorders and 20% of disorders due to substance use. More than half of the patients were not in crisis when they sought care.
P8[22]	Local: Campinas-SP Type: statistical-descriptive.	To investigate the incidence of mental disorders in mental health services between 1997/2001.	Depressive episodes were the most prevalent diagnosis in women. In men, the mental and behavioral disorders resulting from alcohol use were observed.
P9[23]	Local: Rio de Janeiro-RJ. Tipo: corte transversal, quantitativo.	To evaluate the prevalence of suspected cases of common mental disorders in a population assisted by a Family Health Program team and to investigate the factors associated with the occurrence of this morbidity.	The overall prevalence of suspected cases of common mental disorders was 43.70%. The female sex presented a significantly higher prevalence rate (48.37%), when compared to males (34.41%). The variables "drug use" and "family income" were associated with suspected cases of common mental disorders.
P10[24]	Local: São Paulo-SP. Type: quantitative exploratory and descriptive.	To identify the profile of the users of the Mental Health Outpatient Clinic and the CAPS I of Lorena, municipality of the Middle Vale do Paraíba Paulista.	In the Mental Health Clinic, 68% were women diagnosed with neurotic disorders, related to stress and somatoform. The most prescribed group of drugs was antidepressants. In the CAPS, 61% were men with diagnoses of disorders resulting from the use of psychoactive substances. The most prescribed group of drugs was antipsychotics.
P11[25]	Local: Rio de Janeiro-RJ. Type: quantitative cross-sectional study.	To verify the prevalence of suspected cases of THAS in a community attended by the PSF in Santa Cruz do Sul, Rio Grande do Sul.	Of the study participants, 51.1% were diagnosed as having psychiatric problems and have used health resources significantly more frequently in the past 12 months.
P12[26]	Local: Rio de Janeiro-RJ. Type: Cross-sectional, quantitative study.	To verify the prevalence of Common Mental Disorder in the study population in the city of Montes Claros, Minas Gerais.	The prevalence of CMD in the study population was 23.2%. The variables schooling, economic level, age, sex and the search for homeopathy and benzedeiras were associated with CMD.

Source: research data.

The main recommendations found in the publications refer to the realization of new studies that evaluate the existing gaps in the subject, to increase, more and more, the look on mental health and to allow better elaboration of public policies or the empowerment of the existing ones, aiming at a better quality of care[3,18,20-25]. In addition, these publications recommend the training of professionals working in basic care and specialized mental health services, so that they can provide adequate care[10-17-19].

Discussion

As for the methodological approach, it was verified that most of the studies are of quantitative, descriptive and transversal character, classified with low level of evidence. However, it was observed that most of the studies in this review were published in journals with QUALIS levels considered to be high, since the level of evidence is not the only factor to be taken into account when evaluating scientific studies. This evaluation involves several determinants of quality, such as originality, methodological rigor and contribution to scientific knowledge [27].

In relation to the Impact Factor, it was identified that the journals of this review presented IF considered low. According to a paper endorsed by scientists and scientific organizations in December 2012, the San Francisco Declaration on Research Assessment (DORA) (28), the isolated use of FI in academic evaluation can be highly destructive, as journals avoid publishing articles from areas or issues, and overburden high-impact journals. Therefore, DORA stresses the need to evaluate the research on its own merits and not the periodical in which it is published [28].

In this review, the Southeast was the Brazilian region with the highest number of publications. The concentration of production and knowledge flows is higher in the Southeast and South regions of Brazil. This reality is related to the fact that these states host a greater number of public universities, because they have a scientific domain, offer postgraduate programs and periodicals dedicated to the publication of articles related to the health area [29].

Mental disorders are responsible for significant morbidity around the world and account for approximately one-third of all cases of non-communicable diseases [3]. They assume low values of mortality, however, they cause long-term incapacity, causing impairment in the functionality and quality of life of individuals. There is still a great difficulty related to the treatment of these clinical conditions, especially regarding access to and demand for health services, as well as the lack of knowledge about mental health professionals, especially Primary Health Care (PHC) teams, which makes it difficult to identify cases early [5].

In the studies analyzed, it was identified that the Brazilian adult population that suffers from mental disorders, in the majority, are women. The main diagnoses in both sexes were those related to

mood disorders - depressive episode (F 32); the neurotics - those related to stress and anxiety (F 41); followed by psychotic disorders - schizophrenia (F 20). Epidemiological studies have shown gender differences in the incidence and prevalence of mental disorders and behavior. Mood disorders are more common in women; while psychotic disorders and substance use, higher in men [3-20-24].

Mood disorders are characterized by lowering of mood, decreased energy and decreased activity, inability to feel pleasure and reduced motivation [22]. It is observed that women are more susceptible to mood disorders and anxiety. Evidence associates these mental disorders with the various differences in biopsychosocial aspects in relation to men, such as hormonal changes, social variables (gestation, working hours, marital status and number of children), and the way women relate in different cultures and in time [23-25-26].

Regarding substance use, studies have explained this difference with the fact that women would be more likely to identify their psychic suffering, admit it and seek help, while men tend to use psychoactive substances as a relief to their suffering or distress [5].

Some articles showed that there are differences in the epidemiological profile of the patients served at the health services, such as CAPS, Mental Health Ambulatories (ASM) and PHC. In the CAPS, the prevalent diagnoses were psychotic disorders and psychoactive substance disorders and in ASM and PSA predominate mood disorders and neurotic - anxiety and / or somatoform (THAS) disorders [10-17-20-21-24].

Each service, in the area of mental health, has been deployed to address cases with different severities. Since the implementation of Law No. 10,216 / 2001 [6], CAPS started to welcome people with severe and persistent mental disorders, in order to offer them care with a multidisciplinary team and to integrate them into the social environment in which they live . ASMs support less severe psychiatric disorders, in conjunction with PHC teams, and provide assistance primarily to people with minor mental disorders. The Ministry of Health has emphasized the training of primary care teams and the matrix support of mental health professionals with these teams [30-31].

It was also observed that both in PHC and in specialized mental health services, such as CAPS, there is a high number of prescriptions for psychoactive drugs for patients of both sexes, especially those in the antidepressant groups, antipsychotics, benzodiazepines and anticonvulsants, reproducing the biomedical model specialized and focused on the disease. It is important to emphasize that, in order to improve the symptoms of mental disorders, other means of intervention should be used in addition to drug therapy, such as reception, therapeutic workshops, community and socio-therapeutic activities, home visits and family care, focusing on the integration of patient to their social environment [10-17-24].

The effective approach of individuals affected by mental disorders by the PHC team consists of a qualified listener and pertinent interventions at this level of attention, besides being a marker of the incorporation into day-to-day practice of the expanded concept of the health-disease process. With this, it will be possible to strengthen the capacity of teams to move away from the mechanistic, doctor-centered action, and generate competence to articulate community and intersectoral resources [32].

The case of psychiatric hospitalizations in men is twice as high as in women, and the number of men seeking outpatient care is lower than the number of women. Failure to seek care in the initial stages of psychic suffering by men can contribute to worsening psychopathological conditions, resulting in the need for psychiatric hospitalization [18-22].

There are cultural, financial and structural barriers to access and demand for mental health services. These barriers are related to multiple factors, such as the stigma or ignorance of the disease, the mistaken perception of treatment ineffectiveness and the lack of training of PHC teams to identify cases [5].

A study [21] showed the need for greater investment and training in PHC, to promote the reduction of psychiatric hospitalizations and to provide better quality of life for individuals, since these services are closer to the patients, which allows greater control of their treatment and their condition.

The family was the main responsible for referring users to mental health services, demonstrating that it is fundamental to integrate the family in the face of psychic suffering, integrating, welcoming and caring for users in the daily spaces of life (10). It is well known that mental disorders can lead to inability to perform simple domestic tasks beyond self-care, as well as in people with chronic and long-term illnesses. To this end, family members must assume responsibility for supervising, encouraging and carrying out actions that the user cannot do alone [33].

Individuals who are unemployed, retired due to disability or to health and housewife benefits presented significantly greater odds of presenting mood, anxiety and / or somatoform disorders than workers in this review [3-17-23-5-26].

Studies have shown that unemployment can lead to the de-structuring of social and affective ties, restriction of rights, socioeconomic insecurity and increased consumption or dependence on drugs. Individuals in an inactive occupational situation due to lack of employment or health problems suffer more frequently and intensely from sufferings related to low self-esteem, reduced mood and mood, stress, anxiety, feelings of shame, humiliation and sleep disturbances [34-35].

The association between the marital situation and mental disorders is a controversial subject in the literature. While some studies found association, others did not [3-10-17-20-21].

Associated with mental disorders, we identified an expressive number of individuals with other comorbidities, such as Systemic Arterial Hypertension, Obesity, Diabetes Mellitus, Cancer and Sexually Transmitted Diseases, which has important implications in terms of health action

management and demonstrates the need to develop greater capacity of perception of the integral health of the user, referencing it whenever necessary [10-19-20-25-26].

Conclusion

This review identified that the Brazilian adult population suffering from mental disorders, mostly, are women, diagnosed with mood disorders and neurotic; while psychoses, substance use and most cases of psychiatric hospitalizations were more frequent in men.

Individuals who were unemployed, retired due to disability or health insurance, and housewives were considered to be at risk for mental disorders, and the family was primarily responsible for referring users to mental health services. It was observed a high number of prescriptions of psychoactive drugs and other comorbidities among users.

It is recommended the training of professionals working in basic care and specialized mental health services so that they can understand the complexity of the mental health-illness process, develop skills and competences aimed at the plurality of the human being in order to improve the quality of life of this population.

References

1. Organização Mundial da Saúde. Classification of Mental Disorders and Behavior of ICD-10. Porto Alegre: Artes Médicas; 1993.

2. Alves A, Pedrosa L, Coimbra M, Miranzi M, Hass V. Prevalence of common mental disorders among health professionals. *Rev. Enferm. UERJ.* 2015; *23*(1):64-69.

3. Coutinho LMS, Matijasevich A, Scazufca M, Menezes PR. Prevalence of common mental disorders and social context: multilevel analysis of São Paulo Aging and Health Study (SPAH). Cad.

Saúde Pública [Internet]. 2014; 30(9):1875-1883. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102311X2014000901875&lng=en.

4. Organização Pan-Americana de Saúde. World Health Organization. Report on World Health 2001. Saúde Mental: nova concepção, nova esperança. 2001.

5. Santos ÉG, Siqueira MM. Prevalence of mental disorders in the Brazilian adult population: a systematic review from 1997 to 2009. J. bras. psiquiatr. [Internet]. 2010; 59(3):238-246. Available from: http://www.scielo.br/pdf/jbpsiq/v59n3/a11v59n3.pdf.

6. Ministry of Justice (BR). Ministry of Health; Ministry of Social Security and Social Assistance. Law 10.216 / 2001 (Ordinary Law) 06/04/2001. It deals with the protection and rights of persons with mental disorders and redirects the mental health care model. 2001.

7. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Coordenação Geral de Saúde Mental. Psychiatric reform and mental health policy in Brazil. Regional Conference on Reform of Mental Health Services: 15 years after Caracas. OPAS. Brasília, nov. 2005.

8. Martins MAC, *Hostalácio AM, Silva VLQ, Rosa WAG, Almeida DA*. Profile of patients seen at a psychosocial care center, in Passos-MG. Revista de Iniciação Científica da Libertas. 2014; 4(2):121-134.

9. Ministry of Health (BR). Ordinance No. 3088, of December 23, 2011. Establishes the Psychosocial Attention Network. Brasília, 2011.

10. Carvalho MDA, Silva, HO, Rodrigues LV. Epidemiological profile of the users of the Mental Health Network of the Municipality of Iguatu, CE. Revista Eletrônica Saúde Mental Álcool e Drogas. 2010; *6*(2):337-349.

11. Ercole FF, Melo LS, Alcoforado CLG. Integrative versus systematic review. REME Rev. Min. de Enferm. 2014; 18(1):09-11.

12. Mendes KDS, Silveira RCCP, Galvão CM. Integrative review: research method for the incorporation of evidence in health and nursing. Texto & Contexto Enferm. 2008;17(4):758-64.

13. Ministério da Educação (BR). Coordination of Improvement of Higher Education Personnel, CAPES. Plataforma Sucupira - QUALIS. Brasília: CAPES; 2016.

14. Pinto AC, Andrade JB. Factor of impact of scientific journals: what is the meaning of this parameter? Química Nova.1999; 22(3):448-453.

15. Melnyk BM, Fineout-Overholt E. *Evidence-based practice in nursing & healthcare: a guide to best practice.* Philadelphia: Lippincott Williams & Wilkins; 2005.

16. Rother ET. The challenge of Brazilian journals in search of quotations. J Health Inform. 2012; 4(3):1-2.

17. Carmo CLS, Sacramento DC, Almeida DMS, Silveira MSP, Ribeiro Junior HF, Lopes H. Profile of patients with mental disorders attended at the psychosocial care center of the Municipality of Candeias: Bahia. Rev. Bras. Ciênc. Saúde. 2016; 20(2):93-98.

18. Oliveira GL, Caiaffa WT, Cherchiglia ML. Profile of patients seen and referred to health centers by a Reference Center for Mental Health in Belo Horizonte - MG. REME Rev. Min. Enferm. 2007;11(2):119-125.

19. Kantorski LP, Jardim VR, Andrade FP, Silva, RC, Gomes V. Analysis of the general health status of CAPS I and II users in the southern region of Brazil. Rev. Enferm. UFPE [Internet]. 2011; 5(4):1024-1031. Available from: http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IsisScript=iah/iah.xis&src=google&base=BDENF&lang=p&nextAction=lnk&exprSearch=31061&indexSearch=ID.

20. Gonçalves DM, Kapczinski F. Prevalence of mental disorders in individuals from a reference unit for Family Health Program in Santa Cruz do Sul, Rio Grande do Sul, Brazil. Cad. Saúde Pública [Internet]. 2008; 24(9):2043-2053. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102311X2008000900010&lng=en.

21. Mangualde AAS, Botelho CC, Soares MR, Costa JF, Junqueira ACM, Vidal CEL. Epidemiological profile of patients treated at a Psychosocial Care Center. Mental. 2012; 10(19):235-248.

22. Miranda CA, Tarasconi CV, Scortegagna SA. Estudo epidêmico dos transtornos mentais. Aval. Psicol. [Internet]. 2008; 7(2):249-257. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S167704712008000200015&lng=pt.

23. Moreira JKP, Bandeira M, Cardoso CS, Scalon JD. Prevalence of common mental disorders and associated factors in a population assisted by Family Health Program teams. J. Bras. Psiquiatr. [Internet]. 2011; 60(3):221-226. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0047-20852011000300012&lng=en. http://dx.doi.org/10.1590/S0047-20852011000300012.

24. Pereira MO, Souza JM, Costa ÂM, Vargas D, Oliveira MAF, Moura WN. Profile of users of Mental Health services in the municipality of Lorena - São Paulo. Acta Paul. Enferm. [Internet]. 2012; 25(1):48-54. Available from:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002012000100009&lng=en.

25. Gonçalves DM, Kapczinski F. Mental disorders in a community attended by the Family Health Program. Cad. Saúde Pública [Internet]. 2008; 24(7):1641-1650. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2008000700019&lng=en.

26. Rodrigues-Neto JF, Figueiredo MFS, Faria AAS, Fagundes M. Common mental disorders and the use of complementary and alternative medicine practices: a population-based study. J. Bras. Psiquiatr. [Internet]. 2008; 57(4):233-239. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0047-20852008000400002&lng=en.

27. Medeiros KKAS, Costa GMC, Coura AS, Celino ADM, Araújo AKF. Associations between Qualis/CAPES and bibliometric aspects of the scientific production of gerontogeriatric nursing. Rev. Rede Enfermagem Nord. 2012; 13(4):958-968.

28. Antunes AA. How to evaluate scientific production. Rev. Colégio. Brasileiro Cirurgiões. 2015; 42(Suppl1): s17-s19.

29. Sidone OJG, Haddad EAmaral, Mena-Chalco, JP. Science in Brazilian regions: evolution of production and networks of scientific collaboration. Transinformação. 2016; 28(1):15-32.

30. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Mental Health in SUS: access to treatment and change of care model. Relatório de Gestão 2003-2006. Brasília (DF): Ministério da Saúde; 2007.

31. Nascimento AF, Galvanese ATC. Evaluation of the structure of psychosocial care centers in the city of São Paulo, SP. Rev. Saúde Pública [Internet]. 2009; 43(Suppl1):8-15.

32. Tanaka OY, Ribeiro EL. Mental health actions in primary care: a path to the expansion of integral care. Ciênc. saúde coletiva [Internet]. 2009; 14(2):477-486. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232009000200016&lng=en.

33. Vicente JB, MarianoPP, Buriola AA, Paiano M, Waidman MAP, Marcon SS. Acceptance of the person with mental disorder from the family perspective. Rev. Gaúcha Enferm. 2013; 34(2):54-61.

34. Barros CA, Oliveira TL. Mental Health of Unemployed Workers. Rev. Psicol. Organ. Trab. [Internet]. 2009; 9(1):86-107. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S198466572009000100006&lng=pt&nrm=iso.

35. Pinheiro LRS, Monteiro JK. Reflecting on unemployment and mental health problems. Cad. Psicol. Soc. Trab. [Internet]. 2007; 10(2):35-45. Available from: http://www.revistas.usp.br/cpst/article/view/25799.