Original Article

Profile of users of mental health services in the city of Lorena - São Paulo

Perfil dos usuários de serviços de Saúde Mental do município de Lorena – São Paulo

Perfil de los usuarios de servicios de Salud Mental del municipio de Lorena – Sao Paulo

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ABSTRACT

Objectives: To identify the user profile in the Outpatient Mental Health and Psychosocial Care Center of Lorena - São Paulo. **Methods:** A descriptive exploratory study with data collected from medical records of 5,830 users of both services for mental health. **Results:** We analyzed 5,490 outpatient medical records, and 340 from the Psychosocial Care Center. In the outpatient clinic, 68% of users were women and in the Psychosocial Care Center, 61% were men. Prevalent diagnoses in the outpatient clinic were: neurotic disorders, stress-related and somatoform disorders; in the Psychosocial Care Center, they were disorders arising from the use of psychoactive substances. The medications most commonly prescribed in the clinic were antidepressants, and in the Psychosocial Care Center, antipsychotics. **Conclusion:** It was noted that mental health services are delivered in a manner that is disjointed from primary care, and it is necessary to implement a support matrix in this city.

Keywords: Mental health services; Mental disorders; Outpatients; Mental health

RESUMO

Objetivos: Identificar o perfil dos usuários do Ambulatório de Saúde Mental e do Centro de Atenção Psicossocial de Lorena – São Paulo. **Métodos:** Estudo exploratório descritivo com dados coletados em 5.830 prontuários dos usuários desses dois serviços de Saúde Mental. **Resultados:** Foram analisados 5.490 prontuários no Ambulatório e 340 no Centro de Atenção Psicossocial. No Ambulatório 68% dos usuários eram mulheres e no Centro de Atenção Psicossocial, 61% eram homens. Os diagnósticos que prevaleceram no Ambulatório foram: transtornos neuróticos, relacionados ao estresse e os somatoformes, e no Centro de Atenção Psicossocial, foram os transtornos decorrentes do uso de substâncias psicoativas. O grupo de medicamentos mais prescritos no Ambulatório foi o de antidepressivos, e no Centro de Atenção Psicossocial, os antipsicóticos. **Conclusão:** Verificou-se que os serviços de Saúde Mental atuam de forma desarticulada com a Atenção Básica de Saúde e faz-se necessário implantar o apoio matricial nesse município.

Descritores: Serviços de saúde mental; Transtornos mentais; Pacientes ambulatoriais; Saúde mental

RESUMEN

Objetivos: Identificar el perfil de los usuarios del Consultorio Externo de Salud Mental y del Centro de Atención Psicosocial de Lorena – Sao Paulo. **Métodos:** Estudio exploratorio descriptivo cuyos datos fueron recolecatos en 5.830 historias clínicas de los usuarios de esos dos servicios de Salud Mental. **Resultados:** Se analizaron 5.490 historias clínicas em el Consultorio Externo y 340 en el Centro de Atención Psicosocial. En el Consultorio externo el 68% de los usuarios eran mujeres y en el Centro de Atención Psicosocial, el 61% eran hombres. Los diagnósticos que prevalecieron en el Consultorio Externo fueron: trastornos neuróticos, relacionados al estrés y los somatoformes, y en el centro de Atención Psicosocial, fueron los trastornos generados por el uso de sustancias psicoactivas. El grupo de medicamentos más prescritos en el Consultorio Externo fue el de los antidepresivos, y en el Centro de Atención Psicosocial, los antipsicóticos. **Conclusión:** Se verificó que los servicios de Salud Mental actúan de forma desarticulada con la Atención Básica de Salud y se hace necesario implantar el apoyo matricial en ese municipio.

Descriptores: Servicios de salud mental; Trastornos mentales; Pacientes Ambulatorios; Salud mental

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INTRODUCTION

The reformulation of the approach to mental health care in the 1970s and the ideological movement associated with it led to the so-called psychiatric reform, the main aim of which was to protect the individual and social rights of individuals with mental disorders. This movement sought to replace the confinement model of treatment with a network of alternative services aimed at social reintegration and rechanneling government resources towards community-based assistance [1-2].

However, federal norms regulating the establishment of community-based services in Brazil were not enacted until the 1990s [3].

The network of community-based services comprises mental health actions at the primary care level (Atenção Básica - AB), which are delivered via the Family Health Strategy (Estratégia de Saúde da Família - ESF), Centers for Psychosocial Assistance (Centros de Atenção Psicossocial - CAPS) and Mental Health Outpatient Clinics (ASM - Ambulatórios de Saúde Mental), among other entities associated with psychosocial assistance. The elements of this network are designed to work in a coordinated manner; the cornerstones are the CAPSs, which serve as the entrance to the system and its point of coordination and operation [4-5].

With the enactment of law nº 10,216/07, the CAPSs [6] became the main strategy for psychiatric reform. These services were designed to offer individuals with severe and persistent mental disorders multidisciplinary assistance and to reintegrate them into their social milieus [7].

In turn, the ASMs play a role in larger counties, which have greater demands for assistance with disorders in general, because the CAPS network supports assistance with less-severe mental disorders in association with the AB teams in a given territory[8]. Therefore, they must understand the role of ASMs within the Mental Health Network to effect integration with the existing facilities and thus comply with the true meaning of psychiatric reform, which is to provide integrated health care to users[9].

Only seven studies performed in the last six years aimed at characterizing CAPS users could be found in the Virtual Health Library (VHL). Four studies were conducted at CAPSad (alcohol and drugs) [10-13], and one of them focused on the elderly [13]. Two studies were performed at CAPS for children and youngsters [14-15], whereas only one was conducted at a CAPS for adults [16]. In this study [17], female users and those who reported studying and homemaking as their occupation prevailed. Among males, the most frequent diagnoses corresponded to severe and persistent disorders, such as psychoses and schizophrenia, whereas mood and anxiety disorders prevailed among females. This VHL search did not locate any study that characterized mental health outpatient clinic patients.

CAPSs and ASMs are the assistance settings that are currently prioritized by the Health Ministry[17-18] as being strategic for mental health care, and characterizing these facilities' patient populations might help to identify the facilities' limitations and potentials. Because the literature lacks such information, our study sought to identify the profile of users of the ASM and the CAPS I in Lorena, a county located in Middle Paraíba Valley in the state of São Paulo.

METHODS

This is an exploratory and descriptive study performed at two mental health care services in Lorena County.

Lorena is located in the Paraíba Valley, an area encompassing the eastern part of the state of São Paulo and the western part of Rio de Janeiro. This area accounts for a significant fraction of the Brazilian Gross Domestic Product (GDP). Located 180 km from the city of São Paulo, it houses 85,000 residents, has an annual income of R$ 85,000,000 and has a Human Development Index (HDI) of 0.807[19].

Our study analyzed 5,490 clinical records of ASM users and 340 records of CAPS users. Data were collected from the clinical records of users registered between January 1, 2002, and August 14, 2009, at the ASM and between May 18, 2007, and July 10, 2009, at the CAPS.

The ASM was established in 1992. Beginning in January 2002, its mental health care records were filed separately from the records for other medical specialties. The CAPS opened on May 18, 2007, and was accredited on October 5, 2007.

The data were collected by this study's authors between June and August 2009. A form containing the following variables was used for data collection: sex, age, diagnosis, occupation, neighborhood, schooling level, marital status, ethnicity and prescribed medication. Data on schooling, marital status and ethnicity were not reported in the ASM clinical records.

When users were given more than one diagnosis, the primary diagnosis was used, followed by the secondary. All data were stored in a database using Access® 2007 software and used for descriptive statistical analysis.

This study was approved by the Research Ethics Committee of Teresa D´Avila Integrated Faculties – Lorena (protocol nº 43/2009) in compliance with the ethical stipulations of Resolution nº 196/96.

RESULTS

The users of the investigated mental health care services exhibited the following characteristics:

At the ASM, 67.6% (n=3,710) of users were female, and 32.4% (n=1,780) were male. The variable

age (Table 1) was reported only in 87% (n=4,791) of the clinical records; the average age was 47.9 years old (median=48.5; mode=45; variance=268.64^2; standard deviation [SD]=6.39), with a range from 10 to 98 years. The majority of the patients (75%) were between 30 and 69 years old; 3.0% were 80 to 98 years old. The average age of females was 47.9 years (median=47.5; mode=46; variance=255.66^2; SD=16.00), with a range from 10 to 98 years; the largest age group was 40 to 49 years old (24.1%). The average age of the males was 47.8 years old (median=48.5; mode=51; variance=296.16^2; SD=17.21), with a range from 11 to 90 years old; the largest age group was 50 to 59 years old (20.6%).

Table 1. ASM users according to age range and sex, Lorena, January 2002 to August 2009

Age range	Female n (%)	Male n (%)	Total n (%)
10 to 19 years old	100 (3.1)	71 (4.6)	171 (3.6)
20 to 29 years old	336 (10.3)	195 (12.7)	531 (11.0)
30 to 39 years old	572 (17.6)	252 (16.4)	824 (17.2)
40 to 49 years old	786 (24.1)	295 (19.2)	1,081 (22.6)
50 to 59 years old	688 (21.1)	316 (20.68)	1,004 (21.0)
60 to 69 years old	463 (14.2)	231 (15.0)	694 (14.5)
70 to 79 years old	220 (6.8)	120 (7.8)	340 (7.1)
80 to 89 years old	75 (2.3)	54 (3.5)	129 (2.7)
90 to 98 years old	16 (0.5)	1 (<0.1)	17 (0.4)
Total	3,256 (100)	1,535 (100)	4,791 (100)

At the CAPS, 61.4% of users were male, and 38.6% (n= 133) were female. Age (Table 2) was reported in 98% (n=334) of clinical records; the average age was 41 years old (median=42.5; mode=45; variance=17.91^2; SD=4.22), with a range from 15 to 79 years old. The majority of the users (91%) were between 20 and 59 years old. The average age of the males was 40.8 years old (median=43.5; mode=45; variance=140.53^2; SD=11.91), with a range from 15 to 75 years old; the age range with the greatest concentration of patients (30.7%) was 40 to 49 years. The average age of the females was 41.4 years old (median=41.5; mode=33; variance=142.52^2; SD=12.01), with a range from 16 to 77 years old; the age range with the greatest concentration of patients (n=46; 34.6%) was 30 to 39 years old.

Table 2. CAPS users according to age range and sex, Lorena, May 2007 to July 2009

Age range	Female n (%)	Male n (%)	Total n (%)
15 to 19 years old	2 (1.60)	3 (1.5)	5 (1.5)
20 to 29 years old	15 (11.6)	44 (21.5)	59 (17.7)
30 to 39 years old	46 (35.7)	42 (20.5)	88 (26.3)
40 to 49 years old	35 (27.1)	63 (30.7)	98 (29.3)
50 to 59 years old	22 (17.0)	41 (20.0)	63 (18.9)
60 to 69 years old	6 (4.7)	10 (4.9)	16 (4.8)
70 to 79 years old	3 (2.3)	2 (1.6)	5 (1.5)
Total	129 (100)	205 (100)	334 (100)

Data not reported in six clinical records.

Among the clinical records analyzed for the ASM, 49% (n= 2,687) reported a diagnosis (Table 3). The prevailing diagnoses in both females (n=697; 37.3%) and males (n=227; 23.5%) were neurotic disorders associated with stress and somatoform disorders (F40 to F48), which comprised 16.4% of the diagnoses.

Table 3. Mental disorders diagnosed for ASM patients according to sex, Lorena, January 2002 to August 2009

Diagnostic code	Female n (%)	Male n (%)	Total n (%)
F10 to F19	73 (3.9)	215 (22.2)	288 (5.1)
F20 to F29	228 (12.2)	179 (18.5)	407 (7.2)
F30 to F39	560 (30.0)	185 (19.1)	745 (13.2)
F40 to F48	697 (37.3)	227 (23.5)	924 (16.4)
F50 to F59	201 (10.8)	60 (6.2)	61 (4.6)
Other	110 (5.9)	101 (10.4)	211 (3.7)
Total	1,869 (100)	967 (100)	5,639 (100)

For the CAPS, 84% (n=286) of the clinical records reported a diagnosis (Table 4). In these cases, mental and behavioral disorders associated with psychoactive substance use (F10 to F19) prevailed (28.5%), followed by schizophrenia, schizotypal and delusional disorders (F20 to F29; 21.7%). Among the male users, the most prevalent diagnoses were mental and behavioral disorders associated with the abuse of psychoactive substances (F10 to F19; 42.3%), whereas schizophrenia, schizotypal and delusional disorders (F20 to F29) prevailed in females (29.9%).

Table 4. Mental disorders diagnosed for CAPS patients according to sex, Lorena, May 2007 to July 2009

Diagnostic code	Female n (%)	Male n (%)	Total n (%)
F10 to F19	14 (10.4)	88 (42.3)	102 (25.8)
F20 to F29	40 (29.9%)	46 (22.1%)	86 (21.7%)
F30 to F39	31 (23.1%)	26 (12.5%)	57 (14.4%)
F40 to F48	20 (14.9%)	16 (7.7%)	36 (9.1%)
F50 to F59	01 (0.7%)	0 (0%)	01 (0.3%)
Other	28 (20.9%)	32 (15.4%)	60 (15.2%)
Total	134 (100%)	208 (100%)	396 (100%)

Regarding occupation in the ASM users, only 15.8% (n=867) of the analyzed clinical records reported occupation information. Among these, the most frequently reported occupations were homemaker (47.4%), retired (16.8%) and household servant (7.6%). The least frequently reported occupations were driver (0.6%), machine operator (0.5%) and psychologist and bookkeeper (0.3% each).

For the CAPS, only 21.5% (n=73) of the analyzed clinical records reported occupation data. Among these, the most frequently reported occupations were homemaker (20.5%), handyman (13.7%), mason (10.9%) and tradesman and electrician (8.2% each). The least frequently reported occupations were military and driver (2.7% each) and lawyer, nurse and nurse's assistant (1.4%).

At the ASM, 98% (n=5,380) of the analyzed clinical records reported the neighborhood where the users resided. The data indicated that 39.6% of the users resided in the western area of the county, 19.3% resided in the northern area, 19.2% resided in the southern area, and 18.9% resided in the eastern areas. Three percent of the users resided in other counties.

Residence data were provided in 94% of the CAPS clinical records that were analyzed. Most of the users (40.5%) resided in the western area of the county, 24.5% resided in the southern area,19.2% resided in the eastern area, 14.8% resided in the northern areas, and 0.9% resided in other counties.

The level of schooling was reported in 34.1% of the CAPS clinical records. Fifty percent of the CAPS users had attended or completed elementary school, 36.2% had attended or completed high school, 7.8% had begun or completed higher education, and 6.0% had not had any level of schooling.

Data on the marital status of the CAPS users were reported in 89% of clinical records. Sixty percent of the CAPS users were single, 28.1% were married, 8.3% were separated, and 3.6% were widowed.

Sixty-five percent (n=220) of the CAPS records that were analyzed included information about the users' ethnicity. According to the reported data, 73% of the users were white, 15.9% were brown-skinned, and 11.4% were black.

Regarding prescribed medications (Table 5), the clinical records at the ASM showed that 45.0% of the medications prescribed were antidepressants, followed by benzodiazepines (23.2%).

At the CAPS, the most frequently prescribed medications were antipsychotic agents (44.7%), followed by anticholinergic agents (16.2%).

In both facilities, vitamin B1 (thiamine) was the least prescribed medication, corresponding to 1.1% of the ASM users and 1.9% of the CAPS users.

Table 5. Distribution of drug groups prescribed at the mental health services, Lorena, 2010

Drug group	Total prescriptions written at the ASM n (%)	Total prescriptions written the CAPS n (%)
Anticholinergic	651 (7.7)	105 (16.2)
Anticonvulsant	925 (12.2)	76 (12.1)
Antidepressant	3,525 (45.0)	71 (11.1)
Antipsychotic	771 (9.7)	289 (44.7)
Benzodiazepine	1,791 (23.2)	85 (13.1)
Vitamins	90 (1.1)	11 (1.9)
Total	7,753 (100)	637 (100)

DISCUSSION

Males predominated at the CAPS, whereas females predominated at the ASM. These results concur with those of studies performed at mental health services in other counties [20-22].

In this study, the average age of the CAPS users was 41 years old. This average age is older than the reported average age of CAPS users in the state of Rio Grande do Sul, where the average age was 30.35 years old [22]. For women, the average age in both services corresponded to the same age range reported by other studies [1-22].

At the ASM, 7.2% of users exhibited severe and persistent disorders, such as schizophrenia and schizotypal and delusional disorders. Moreover, 5.1% of users suffered from mental and behavioral disorders due to psychoactive substance use (F10 to F19). This result indicates a significant number of individuals who should be receiving assistance at the CAPS; however, individual assessments are needed to establish whether these cases correspond to severe and persistent mental disorders [4-5].

At the CAPS, 25.8% of users exhibited mental and behavioral disorders due to psychoactive substance use (F10 to F19); thus, this was the prevailing diagnosis at this service.

The mental health services in this county are currently providing care for a significant number of individuals who have developed mental disorders due to the abuse of alcohol or other drugs. The authors believe that the county health manager ought to establish a CAPSad, as Ruling nº 336/2002 of the Health Ministry specifically recommends that the managers of counties with populations larger than 70,000 establish this type of service [5,17-18,23]. In addition to the unquestionable demographic facts [23-24], this study reports the county epidemiological data that are needed to establish a CAPSad.

Corroborating our findings, other studies have also indicated sex-related differences in diagnoses, with males showing a higher prevalence of severe and persistent disorders and disorders associated with psychoactive substance use and females exhibiting more anxiety and mood disorders [4,16,20,25].

The prevalence of chemical dependence among male health service users seems to indicate that men are more willing than women to seek treatment for such issues. Conversely, the use of alcohol and other drugs has a significant social impact on women, and this drug addiction prejudice might constitute an epidemiological bias [10,25].

The establishment of a CAPSad in Lorena would allow for the reallocation of people using the existing mental health services. Consequently, each facility would offer quality assistance to a specific population, thus ensuring more efficient treatment and benefits for the individuals, their families and society at large.

The occupations of the users of the two investigated services may suggest that they belong to the lower social classes, which is a common finding among users of the Unified Health System (Sistema Único de Saúde [SUS]). This result agrees with the findings of a similar study [16]. At the CAPS, some clinical records provided data on the education levels of the users, which indicated a consistency between occupation and schooling. Unfortunately, this information was less available in the ASM clinical records, which were incomplete.

Most mental health service users resided in the western area of the county. The authors believe that this trend is due to easier access to the health care primary network, which includes four ESFs, two Health Basic Units and one Specialty Outpatient Clinic in this area. These facilities attract a larger number of users; however, they are not prepared to offer assistance to individuals presenting with mental disorders. Therefore, users with mental health needs are referred to specialized health services in the area. The result is overcrowding and poor distribution of patients among the available specific services. On the other hand, the lowest number of the CAPS users resided in the northern area, which might be because the facility's location in the southern area of the county made access difficult for those who lived in the northern region.

A large number of psychoactive drug prescriptions were observed, particularly of antidepressants and benzodiazepines. All patients with mental disorders who are assisted within the SUS are entitled to receive the basic mental health medications gratis, which makes these therapeutic agents available to the lowest social classes [26-28].

In both the CAPS and the ASM, patients usually return monthly for follow-up medical consultations. Because treatment cannot be discontinued, doctors usually write prescriptions with a large number of doses and patients accumulate large amounts of potentially risky substances in their homes [27-28]. In this regard, one should keep in mind that depressive patients are more prone to suicide attempts when they have easy access to psychoactive drugs [29].

In the investigated services, one particular doctor tended to prescribe more benzodiazepines than the other physicians did. The authors understand that upon prescribing this type of medication, doctors must consider both the risks and the potential benefits, and whenever possible, they should prescribe drugs that do not cause psychic dependence.

Antidepressant use prevailed among the ASM users. The authors believe that the doctors at this service tend to prescribe more antidepressants because medicine distribution is one of this facility's amenities. Moreover, it was not possible to identify the most frequently prescribed type of antidepressant in the investigated services, which represents a limitation of this study. Future studies must achieve a better characterization of the most prescribed psychoactive drugs in the ASM.

Moreover, future studies might also assess the appropriateness of massive prescriptions of benzodiazepines and antidepressants for mental health service users who have easy access to individual and group psychotherapeutic interventions. It may be that psychotherapy is not given a priority over the indiscriminate use of the abovementioned drugs.

These authors call attention to the infrequent prescription of thiamine at both investigated services, despite its considerable effectiveness for controlling the neurological symptoms exhibited by alcohol users [13]. It is worth noting that alcohol was the drug most associated with dependence among the CAPS users in this study.

At the ASM, we found individuals who reached ages of 89 to 98 years old despite their continued use of psychoactive medication. This finding indicates that this population is living longer. However, a study on the metabolic disorders of patients with schizophrenia showed that their life expectancy is 20% shorter than that of individuals without schizophrenia [29-30].

The clinical records were poorly completed, which made collecting the required data difficult. Previous studies have also noted this problem [4,16]. Therefore,

the authors agree that health care facility care providers who address information must pay closer attention to completing clinical records that could provide reliable data for future studies. More detailed record keeping is also needed to ensure that users of the services receive more effective assistance.

Despite its limitations (e.g., the restriction to only two services in a single county and the data collection problems resulting from incomplete clinical records), this study adds to the knowledge on its subject because it identified the profile of mental health services users in a county in the state of São Paulo. It mapped out an area that had not previously been investigated and that might be similar to other areas. Moreover, by mapping out the current state of the mental health network, this study made clear the need to establish a CAPSad in this county to increase the effectiveness of mental health care services.

CONCLUSION

The profile of users of two health mental services in Lorena is characterized by females between 10 and 98 years old, with an average age of 47.9 years old. The most prevalent diagnoses were neurotic disorders and stress-related disorders, followed by mental and behavioral disorders due to psychoactive substance use and schizophrenia. The most frequently prescribed medications were antidepressants, followed by benzodiazepines and antipsychotic agents.

The authors conclude that the investigated mental health facilities in Lorena County operate without any coordination between themselves or with the AB, which results in a lack of organization in providing mental health assistance to their users.

Many individuals presenting with mental disorders due to psychoactive substance use are currently assisted at facilities whose providers are not able to see to their real needs, thus resulting in inadequate assistance due to the precariousness of the physical resources and the insufficient number of health care professionals. To provide mental health services at the AB level, a support matrix must be established in this county, either by CAPS professionals or by a Family Support Nucleus team.

One must still stress the need for better training of nurses and nursing teams to address the reality of these diagnoses. Such training should include information about the corresponding clinical pictures (symptoms, progression and effects of medication) and an orientation to mental health service users and their relatives if the users are unable to manage the use, effects and side-effects of psychoactive drugs and their interactions with nonpsychoactive agents.

Similar studies should be performed to acknowledge the contexts within which mental health assistance is performed at the county level. The characterization this population contributes to the identification of possible issues in the SUS services infrastructure and operation that compromise the quality of health care. Moreover, this report will contribute to the formulation of public policies aimed at achieving high-quality assistance and improving the services that are already available in a given area.

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