

PROPOSAL FOR MENTAL HEALTH INTERVENTION IN A MUNICIPALITY IN MINAS GERAIS

*PROPOSTA DE INTERVENÇÃO EM SAÚDE MENTAL EM UM MUNICÍPIO DE
MINAS GERAIS*

*PROPUESTA DE INTERVENCIÓN EN SALUD MENTAL EN UN MUNICIPIO DE
MINAS GERAIS*

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ABSTRACT

This study aims to develop an action plan to address the main health issues of the population served by Primary Health Care. It is descriptive qualitative research conducted in a municipality in Minas Gerais, based on Situational Strategic Planning. The health situation analysis was carried out using e-SUS data from 2022, employing the Transcendence, Urgency, and Capacity matrix to identify and prioritize health problems. The main issues identified were Hypertension, Mental Disorders, and Type II Diabetes Mellitus, with mental disorders being highlighted in the matrix. A causal determination network was developed, and an intervention plan was proposed focusing on improving care for patients with mental disorders, training health professionals, and promoting mental health. Ensuring effective actions is crucial to guaranteeing the right to mental health through public policies.

Keywords: *Primary Health Care; Unified Health System; Anxiety; Depression; Situational Strategic Planning.*

RESUMO

Este estudo tem como objetivo elaborar um plano de ação para abordar os principais problemas de saúde da população atendida na Atenção Primária à Saúde. Trata-se de uma pesquisa descritiva de natureza qualitativa, realizada em um município de Minas Gerais, baseada no Planejamento Estratégico Situacional. A análise da situação de saúde foi realizada com dados do e-SUS de 2022, utilizando a matriz de Transcendência, Urgência e Capacidade para identificar e priorizar problemas de saúde. Os principais problemas identificados foram Hipertensão Arterial, Transtornos Mentais e Diabetes Mellitus Tipo II, sendo os transtornos mentais destacados na matriz. Foi elaborada uma rede de determinação causal e proposto um plano de intervenção focado na melhoria da atenção a pacientes com transtornos mentais, na orientação aos profissionais de saúde e na promoção da saúde mental. Uma vez que garantir ações eficazes é crucial para assegurar o direito à saúde mental por meio de políticas públicas.

Descritores: *Atenção Primária à Saúde; Sistema Único de Saúde; Ansiedade; Depressão; Planejamento Estratégico Situacional.*

RESUMEN

Este estudio tiene como objetivo elaborar un plan de acción para abordar los principales problemas de salud de la población atendida en la Atención Primaria de Salud. Se trata de una investigación descriptiva de naturaleza cualitativa, realizada en un municipio de Minas Gerais, basada en la Planificación Estratégica Situacional. El análisis de la situación de salud se llevó a cabo utilizando datos del e-SUS de 2022, empleando la matriz de Transcendencia, Urgencia y Capacidad para identificar y priorizar los problemas de salud. Los principales problemas identificados fueron Hipertensión Arterial, Trastornos Mentales y Diabetes Mellitus Tipo II, siendo los trastornos mentales destacados en la matriz. Se elaboró una red de determinación causal y se propuso un plan de intervención enfocado en mejorar la atención a pacientes con trastornos mentales, en la formación de profesionales de salud y en la promoción de la salud mental. Asegurar acciones eficaces es crucial para garantizar el derecho a la salud mental a través de políticas públicas.

Descriptorios: *Atención Primaria de Salud; Sistema Único de Salud; Ansiedad; Depresión; Planificación Estratégica Situacional.*

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INTRODUCTION

Primary Health Care (PHC) is a care model that seeks health promotion, disease prevention, early diagnosis and treatment of common diseases, and referral to specialties when necessary¹.

To achieve quality care, it is necessary for health teams to have a well-prepared strategic plan aligned with the needs of the population. Situational Strategic Planning (PES) consists of a set of actions and guidelines defined by management to achieve specific goals and objectives in a given period. The PES in PHC should be carried out in conjunction with health professionals, local management, and the population, in order to promote comprehensive and humanized care².

By involving local management and health professionals in the strategic planning process, there is a greater possibility of aligning the objectives and goals of PHC with the needs of the community served. This means considering factors such as the epidemiological profile, socioeconomic and cultural characteristics of the population, specific health demands, and available resources.

Strategic planning can also help strengthen PHC through actions such as mapping the needs of the population, defining goals and objectives to be achieved, preparing action plans, and monitoring the activities developed. With the implementation of a strategic plan, it is possible to identify the problems that affect the population served, plan and implement actions aimed at improving the quality of life of these people, in addition to promoting the implementation of the principles of PHC³.

Therefore, strategic planning is an important tool for strengthening PHC, since it allows the development of more efficient actions directed to the needs of the population served. It is essential that local management and health professionals are involved in the strategic planning process, in order to ensure comprehensive and humanized care and, consequently, an improvement in the quality of life of the population⁴.

Thus, this study aims to develop an action plan to act on the main health problems of the population assisted in PHC in a municipality in Minas Gerais, according to epidemiological, ethical, economic, and social criteria, in order to meet the health responsibility of the Family Health Strategy (FHS).

METHODS

This is a descriptive study of a qualitative nature with the elaboration of an intervention project through the approach of Situational Strategic Planning (PES) in primary care.

The study was conducted in a small municipality located in the state of Minas Gerais. The city has about 13 thousand inhabitants and five Family Health Programs (PSF), in addition to a physiotherapy clinic, a health center and a mental health reference center⁵.

The data collected refer to one of the PSF. A survey was carried out of all diagnoses registered in the e-SUS by the team doctor in the period extending from the beginning of January 2022 to the end of December 2022.

Within the e-SUS application, the report of individual care was then generated, which organizes the population of the area in question and accounts for each of these

diagnoses and presents them in a data table for evaluation. With this, the ten most prevalent health problems in the area were analyzed.

To select the most relevant diseases for work in the Basic Family Health Unit, the following criteria were applied: transcendence (transcendence of the problem for managers and technicians of the organization, for the social forces that support it, and for the population), urgency (urgency of the problem and implication of postponing coping with the problem), and capacity (ability to cope with the problem and possibility of obtaining impact effects within the time horizon of the plan), resulting in the matrix of Transcendence, Urgency and Capacity (TUC). This selection was based on the possibility of Primary Care acting on the problem to achieve a satisfactory result in health promotion and prevention. Each disease was evaluated according to its relevance in relation to the aforementioned criteria, and each criterion received a score from 1 to 3. This score was defined taking into account the reality of Primary Care in that specific location, in order to find the best relationship of importance of each health problem within the Basic Family Health Unit. With this evaluation, the three most relevant diseases were selected to work in the Basic Family Health Unit, which will be addressed as a priority by the health team⁶.

After selecting the most relevant problems, an analysis matrix was carried out, pointing out their descriptors, causes and consequences. This analysis allowed a deeper understanding of the problems and made it possible to define more effective strategies to face them.

Finally, the causal determination of the problem with the highest TUC score was carried out, that is, the root causes that led to the problem were identified. This process of causal determination is essential for the health team to be able to implement appropriate preventive and corrective measures, aiming to reduce the incidence or worsen of the problem, thus improving the health of the population served⁷.

As this was a study with secondary data without identification of the participants, there was no need to submit this research to the Research Ethics Committee. Resolution 466/2012 of the National Health Council was respected.

RESULTS

In 2022, the population of the FHP studied had a total of 1,549 users, 862 males and 687 females, with the age mode being the 50 to 54 age group, with 143 users belonging to this age group and 35.36% of the total enrolled population belonging to the elderly group (over 60 years old).

By evaluating individual medical care in the e-SUS, it was possible to highlight the 10 health problems with the highest occurrence and/or prevalence in 2022 (**Chart 1**). A total of 2,088 consultations were carried out in the period studied, with the most common condition being Systemic Arterial Hypertension with 328 consultations, followed by Mental Disorders (Anxiety/Depression) with 109 consultations, Type II Diabetes Mellitus with 97 consultations (39 of which were insulin-dependent), Dyslipidemia with 55 consultations, Hypothyroidism with 38 consultations, Covid-19 with 36 consultations registered, Acute pharyngitis with 34 consultations, Radiculopathy with 29 visits, Peripheral venous insufficiency as the ninth most common with 28 visits and Influenza with 24 visits.

Chart 1 - Relative frequency of selected health problems in a municipality in the interior of Minas Gerais, 2022.

PROBLEM		DESCRIPTORS
1	Systemic Arterial Hypertension	15.7% of the attendances in the ESF in the period
2	Mental Disorders (Anxiety/Depression)	5.2% of the attendances in the FHS in the period
3	Diabetes Mellitus Tipo II	4.6% of the attendances in the FHS in the period
4	Dyslipidemia	2.6% of the attendances in the ESF in the period
5	Hypothyroidism	1.8% of the attendances in the ESF in the period
6	Covid-19	1.7% of the attendances in the FHS in the period
7	Faringite	1.6% of the attendances in the FHS in the period
8	Radiculopathy	1.4% of FHS attendances in the period
9	Peripheral Venous Insufficiency	1.3% of the attendances in the ESF in the period
10	Influenza	1.1% of the attendances in the FHS in the period

Source: Authorship

The TUC matrix was applied to select the three main health problems in the municipality. These problems were chosen based on the following criteria: the severity of the impact on the inhabitants of the municipality, the urgency in the need for a solution; and the feasibility of approaching within the deadlines established by the intervention plan. Among the 10 most frequent health problems in PHC, the three main problems identified by the highest score in the TUC matrix were Mental Disorders (Anxiety/Depression), Systemic Arterial Hypertension and Type II Diabetes Mellitus (Table 2).

Table 2 – TUC matrix for the selection of selected problems

PROBLEM	Criteria (Values 1 to 10)			Total (T x U x C)
	Transcendence (T)	Urgency (U)	Capacity (C)	
1 Systemic Arterial Hypertension	2	2	3	12
2 Mental Disorders (Anxiety/Depression)	3	3	2	18
3 Diabetes Mellitus Tipo II	2	2	3	12
4 Dyslipidemia	3	1	2	6
5 Hypothyroidism	2	1	2	4
6 Covid-19	2	2	1	4
7 Faringite	3	2	2	12
8 Radiculopathy	2	1	1	2
9 Peripheral Venous Insufficiency	2	2	2	8
10 Influenza	2	1	2	4

Source: Authorship.

Mental disorders were the second most frequent problem in the city studied (5%) and include cases of anxiety and depression. These are multifactorial diseases caused by biological, psychological, social, and cultural aspects. Mental disorders cause psychological suffering, relationship problems, occupational and physical problems, in addition to increasing the risk of self-extermination in the population affected by the disease. Systemic Arterial Hypertension was the most frequent disease (16%) and has serious consequences such as increased risk of cardiovascular diseases and chronic kidney diseases. Finally, Type II Diabetes Mellitus was the third most frequent disease (5%), and, like systemic arterial hypertension, it also has an important consequence of increasing the risk of cardiovascular diseases (Chart 3).

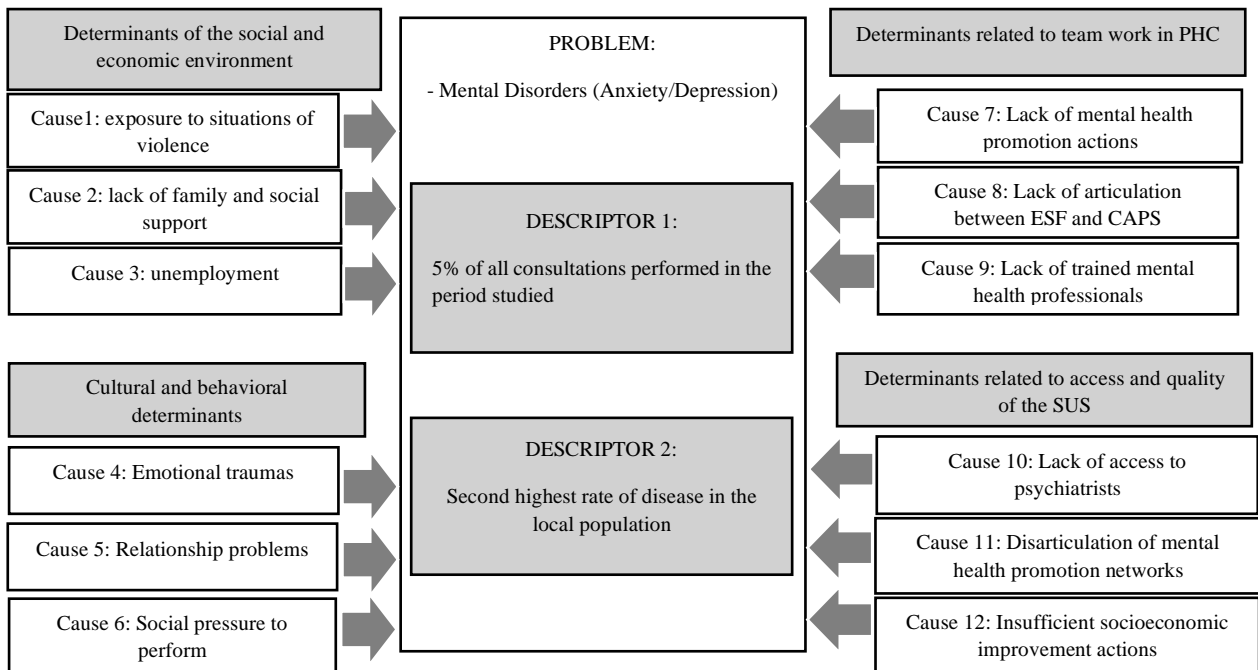
Chart 3 – Analysis matrix of the selected problems

PROBLEM A	Mental Disorders (Anxiety/Depression)	
DESCRIPTORS	CAUSES	CONSEQUENCES
5.2% of the attendances in the FHS in the period	-Biological and genetic factors - Psychological factors - Social, cultural factors	-Psychological distress -Relationship problems -Occupational problems -Physical problems -Risk of self-extermination
PROBLEM b	Systemic Arterial Hypertension	
DESCRIPTORS	CAUSES	CONSEQUENCES
15.7% of the attendances in the ESF in the period	- Genetic factors - Inadequate diet -Sedentariness -Obesity -Stress - Excessive alcohol consumption -Smoking	-Increased risk of cardiovascular disease -Acute myocardial infarction -Stroke - Chronic kidney disease - Hypertensive retinopathy
PROBLEM c	Diabetes Mellitus Tipo II	
DESCRIPTORS	CAUSES	CONSEQUENCES
4.6% of the attendances in the FHS in the period	- Genetic factors -Obesity -Sedentariness - Inadequate diet	-Increased risk of cardiovascular disease -Acute myocardial infarction -Stroke -Kidney disease - Diabetic neuropathy -Blindness - Circulation problems - Limb amputation

Source: Authorship.

In view of the three health events with the highest TUC score, only one was prioritized for the intervention proposal, in view of its relevance and risk for the population: Mental Disorders (Anxiety and Depression).

Figure 1 – Causal determination of Mental Disorders



Legend: PHC: Primary Health Care, CAPS: Psychosocial Care Centers; ESF: Family Health Strategy; SUS: Unified Health System.

Source: Authorship.

Figure 1 presents, through the Fishbone, 12 causes of the high incidence of mental disorders (anxiety/depression) in the population studied, which were divided into four blocks: 1- social and economic determinants, which include exposure to situations of violence, lack of family and social support, and unemployment; 2- cultural and behavioral determinants, which include emotional trauma, relationship problems and social pressure to perform; 3- the determinants related to the work of the team in PHC, which include lack of mental health promotion actions, lack of articulation between the ESF and the Psychosocial Care Center (CAPS) and lack of trained mental health professionals, and 4- the determinants related to access and quality of the SUS, in which there is a lack of access to psychiatrists, disarticulation of networks that promote mental health and insufficient actions for socioeconomic improvements.

From the evaluation of the causal determination of the selected problem, strategic actions were built to reduce the occurrence of mental disorders in the population. Within the social and economic determinants, actions were proposed to implement programs to raise awareness and prevent domestic and urban violence, aiming to reduce reported cases of violence; programs to strengthen family and community bonds, seeking to reduce the number of cases of social isolation; and professional training programs and incentives for entrepreneurship so that the unemployment rate in the population studied can be reduced. For the cultural and behavioral determinants, actions were established to implement psychological support and community therapy programs, conflict mediation and couples therapy programs, and mental health awareness programs and stress management strategies. As for the determinants related to the work of the team in PHC, actions were proposed for the implementation of therapeutic spaces in basic health units, communication, and integration protocols between the ESF services and the CAPS, and training and continuing education programs in mental health for health professionals. Finally, for the determinants related to access to and quality of the SUS, actions were suggested to implement programs to encourage the training of psychiatrists, strategies for integration and collaboration between mental health, social assistance and education services, and local economic development programs (**Chart 4**).

Chart 4 – Strategic actions to solve the high rate of mental disorders in the PSF.

Problem: High frequency of visits for mental disorders in the PSF in 2022			
Objective: To expand the offer of treatment for mental disorders and raise awareness among the population about the promotion of mental health			
Outcome goal: To decrease the prevalence of mental disorders in the study population			
Beta actions	Product Goal	Accountable	Term
Implementation of domestic and urban violence awareness and prevention programs	Reduction in reported cases of violence	Social Assistance Secretariat in collaboration with the Municipal Guard	2 years
Implementation of programs to strengthen family and community bonds	Reduction in the number of cases of social isolation and increased participation in community projects	Department of Social Development	3 years
Implementation of professional training programs and incentive to entrepreneurship	Reduction in the unemployment rate	Secretariat of Labor and Employment in collaboration with educational institutions and local companies	2 years

Implementation of psychological support and community therapy programs	Improvement in the quality of life of individuals affected by emotional trauma	Health Department and coordination of PHC, ESF	1 year
Implementation of conflict mediation and couples therapy programs	Reduction in occurrences of domestic violence and interpersonal conflicts	Secretariat of Social Assistance and Secretariat of Public Security in collaboration with psychologists and community mediators	3 years
Implementation of mental health awareness programs and stress management strategies	Reduction in cases of anxiety and depression	Health Department, PHC coordination, ESF and educators	2 years
Implementation of therapeutic spaces in basic health units	Increase in the supply of mental health promotion services in PHC	Health Department, PHC coordination, ESF	3 years
Implementation of communication and integration protocols between the FHS services and the CAPS	Improvement in the effectiveness of care and continuity of care for patients with mental disorders	Department of Health in collaboration with CAPS and PHC coordinators	2 years
Implementation of training and continuing education programs in mental health for health professionals	Increase in the number of qualified professionals	Department of Health in collaboration with universities and health institutions	3 years
Implementation of incentive programs for the training of psychiatrists and hiring of qualified professionals	Reduction of the shortage of psychiatrists in SUS units	Ministry of Health in partnership with universities and health institutions	5 years
Implementation of integration and collaboration strategies between mental health, social care and education services	Improving the coordination and effectiveness of mental health promotion networks	Department of Health in collaboration with Departments of Social Assistance and Education	3 years
Implementation of local economic development and social inclusion programs	Reduction of the socioeconomic vulnerability of the population at risk	Secretariat of Economic and Social Development in collaboration with community and business organizations	4 years

Legend: PHC: Primary Health Care, CAPS: Psychosocial Care Centers; ESF: Family Health Strategy; SUS: Unified Health System.

Source: Authorship

DISCUSSION

The results of this study highlight the critical importance of mental health promotion in Primary Health Care (PHC), evidenced by the high rate of mental disorders among the main health problems treated in 2022 in the municipality studied. These findings are in line with national and international data that indicate the severity of mental disorders as a global public health problem.⁸ According to the World Health Organization (WHO), depression is the leading cause of disability worldwide, affecting approximately 264 million people. Similarly, anxiety affects an estimated 284 million people globally, highlighting the magnitude of the problem on an international scale.⁸

In Brazil, anxiety and depression are also among the main mental health problems, as indicated by national studies and data from the Ministry of Health^{9,10}. In 2019, about 45 million consultations related to mental health problems were recorded in the Unified Health System (SUS-Sistema Único de Saúde), with anxiety and depression being the predominant causes¹⁰. The 2019 National Health Survey (PNS) revealed that about 10%

of Brazilians had symptoms of depression and 18.6% reported symptoms of anxiety in the previous 12 months, underlining the urgent need for effective interventions¹¹.

Mental disorders have multifactorial causes and are not yet completely understood by science. However, there are some common causes that have been identified by researchers and mental health professionals. Some of these causes include genetic and environmental factors, chemical imbalances in the brain, and drug or alcohol use¹². In addition, mental disorders can have several consequences in different areas of the life of the person who presents them, such as emotional distress, physical, occupational, social and family problems, as well as the risk of self-extermination¹².

It is important to remember that mental disorders can have different consequences for each person and that proper treatment can help reduce or prevent many of these consequences. In this sense, the SUS plays a fundamental role in the care of patients with mental disorders, offering primary, outpatient and hospital care services. According to data from the Ministry of Health, in 2019, more than 2 million mental health consultations were carried out in primary care, more than 11 million outpatient mental health consultations, and more than 150 thousand hospitalizations for mental disorders¹³.

In addition, the SUS offers specific programs and services for the treatment of anxiety and depression, such as the National Program for the Improvement of Access and Quality of Primary Care (PMAQ-AB), which aims to promote the qualification and improvement of primary mental health care¹⁴.

However, despite the advances in mental health care in the SUS, there are still many challenges to be faced, such as the lack of professionals specialized in mental health, the lack of resources for investment in public policies in the area, and the stigmatization of mental disorders by society¹⁵. In addition, difficulties are still experienced in PHC linked to the lack of definition and lack of communicative structure of the referral and counter-referral systems in the context of mental health¹⁶.

In this sense, Situational Strategic Planning (PES) is an important tool to formulate proposals for change to improve the living conditions and health of the population based on the problems identified in the place⁶. This study identified the need for interventions to promote improvements in the mental health of the population studied, aiming to reduce the number of patients with anxiety and depression in the city through expanded health promotion actions.

This perspective is supported by global evidence that highlights the importance of comprehensive strategies in promoting mental health. Studies conducted in the United Kingdom have shown that public mental health interventions should address various levels of prevention and promotion, ranging from the provision of mental health information and counseling to direct support and broader community engagement. These efforts aim to build robust social connections, mobilize physical and human resources, and empower underheard voices, which is crucial for an integrated and effective approach¹⁷. Similarly, research in Australia confirms that community connectedness is critical to the successful implementation of mental health promotion programs, especially in rural areas, which increases the likelihood of success and sustainability of these programs¹⁸.

In the elaboration of the intervention proposal for the reduction of mental disorders in the population served by PHC, several potentialities and difficulties were identified. The proposal stands out for its comprehensive approach, which considers multiple determinants of mental disorders, including social, economic, cultural, and organizational factors. The integration of awareness and prevention programs, such as the strengthening of family and community bonds, is one of the main potentialities, as it can contribute significantly to the reduction of social isolation and the increase of emotional support. In addition, the continuous training of health professionals and the formation of therapeutic spaces in basic health units are strategies that aim to improve the quality of care and the effectiveness of interventions.

However, the implementation of the proposal faces several difficulties. Adequate funding is a critical challenge, as carrying out the proposed actions requires financial and material resources that may be scarce. Cultural and behavioral resistance to acceptance and adherence to new awareness and psychological support programs can limit the effectiveness of interventions. In addition, the integration between the services of the Family Health Strategy (ESF) and the Psychosocial Care Centers (CAPS) may face administrative and communication obstacles. Maintaining the continuous training of health professionals and ensuring its sustainability also represent significant challenges. Finally, improving access to and quality of mental health services in the Unified Health System (SUS) may be constrained by structural limitations, such as the shortage of psychiatrists and the need for greater intersectoral collaboration.

The analysis of these potentialities and difficulties is crucial for the adaptation and improvement of the proposal, ensuring its effectiveness in promoting mental health and reducing mental disorders in the target population.

CONCLUSION

This research offers a comprehensive and innovative analysis to address mental disorders in the population served by PHC in a municipality in Minas Gerais, despite the limitations inherent to the use of secondary data. Although these data may be underreported and failed to record, they provided a valuable basis for the development of a strategic action plan tailored to the identified needs.

Through the analysis of e-SUS data from 2022, it was possible to identify and prioritize the main mental health problems, namely Arterial Hypertension, Mental Disorders, and Type II Diabetes Mellitus, with a particular emphasis on mental disorders. The resulting intervention proposal is notable for its integrated and multidimensional approach, which includes actions aimed at raising awareness and preventing violence, strengthening family and community bonds, and professional training. These strategies not only aim to reduce the incidence of mental disorders, but also to improve the socioeconomic and cultural conditions that often contribute to the worsening of these problems.

Among the proposed actions, the implementation of psychological support and community therapy programs stand out, as well as the creation of therapeutic spaces in basic health units. These initiatives are essential to provide direct and accessible support to patients and to promote a more holistic and inclusive model of care. In addition, the

integration of Family Health Strategy (ESF) services with Psychosocial Care Centers (CAPS) and collaboration with social assistance and education services are crucial steps to ensure continuity and coordination of care, which can significantly improve the quality of care.

However, the effective implementation of these proposals faces substantial challenges. Limitations related to funding, cultural and behavioral resistance, and difficulties in coordinating between different services can impact the implementation and effectiveness of interventions. In addition, the continuous training of health professionals and overcoming the structural limitations of the Unified Health System (SUS) are obstacles that must be carefully considered.

Despite these difficulties, the results of this research are pioneering and provide a solid foundation for future public policies and practices aimed at mental health. The proposals presented offer a model that can be adapted and expanded to other locations, contributing to a significant improvement in the mental health of the population. Therefore, this research not only enriches the existing literature, but also establishes a starting point for the implementation of effective and sustainable strategies in the field of mental health.

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