

# EPIDEMIOLOGICAL PROFILE OF A CAPS: IMPACTS OF THE COVID-19 PANDEMIC

*PERFIL EPIDEMIOLÓGICO DE UM CAPS: IMPACTOS DA PANDEMIA DE COVID-19*

*PERFIL EPIDEMIOLÓGICO DE UN CAPS: IMPACTOS DE LA PANDEMIA COVID-19*

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## ABSTRACT

**Objective:** This study aimed to evaluate the profile of users admitted to the CAPS I of Horizonte-CE during the COVID-19 pandemic, in 2020 and 2021. **Methods:** A quantitative, documentary, and cross-sectional descriptive study was conducted with a sample of 759 medical records, considering biosociodemographic and clinical aspects. **Results:** Most users were unemployed women aged between 30 and 59 years, with incomplete primary education, and primarily referred by local UBS. Clinically, most users did not have a defined diagnosis or identified psychiatric comorbidities, took antidepressants, and attended more medical consultations than with other professionals. Additionally, high treatment dropout rates and lack of participation in group activities were also observed. **Conclusions:** The findings suggest differences compared to the literature and underscore the need for greater investment in mental health services and more comprehensive studies in the municipality.

**Keywords:** *Mental Health; Community Mental Health Centers; COVID-19; Clinical Epidemiology.*

## RESUMO

**Objetivo:** Este estudo teve como objetivo avaliar o perfil dos usuários admitidos no CAPS I de Horizonte-CE durante a pandemia de COVID-19, em 2020 e 2021. **Métodos:** Pesquisa quantitativa, documental e descritivo-transversal, com amostra de 759 prontuários, considerando aspectos biosociodemográficos e clínicos. **Resultados:** A maioria dos usuários era composta por mulheres entre 30 e 59 anos, com Ensino Fundamental incompleto, sem ocupação e encaminhadas principalmente por UBS do território. Clinicamente, grande parte não tinha diagnóstico definido nem comorbidades psiquiátricas identificadas, fazia uso de antidepressivos e realizava mais consultas com médicos do que com outros profissionais. Observou-se, ainda, alta taxa de abandono de tratamento e ausência de participação em atividades grupais. **Considerações finais:** Os dados apontam o perfil principal dos usuários do referido CAPS durante o período pandêmico e reforçam a necessidade de investimentos em Saúde Mental, além de estudos mais abrangentes acerca do tema.

**Descritores:** *Saúde Mental; Centros de Atenção Psicossocial; COVID-19; Epidemiologia Clínica.*


## RESUMEN

**Objetivo:** Este estudio tuvo como objetivo evaluar el perfil de los usuarios admitidos en el CAPS I de Horizonte-CE durante la pandemia de COVID-19, en los años 2020 y 2021. **Métodos:** Se llevó a cabo un estudio cuantitativo, documental y descriptivo-transversal, con una muestra de 759 expedientes clínicos, considerando aspectos biosociodemográficos y clínicos. **Resultados:** La mayoría de los usuarios eran mujeres de entre 30 y 59 años, con educación primaria incompleta, sin empleo y derivadas principalmente por UBS del territorio. Clinicamente, una gran parte no tenía diagnóstico definido ni comorbidades psiquiátricas identificadas, utilizaba antidepressivos y acudía más a consultas médicas que con otros profesionales. Además, se observó una alta tasa de abandono del tratamiento y falta de participación en actividades grupales. **Conclusiones:** Los datos sugieren diferencias en comparación con la literatura y refuerzan la necesidad de mayores inversiones en salud mental y estudios más amplios en el municipio.

**Descriptorios:** *Salud Mental; Centros Comunitarios de Salud Mental; COVID-19; Epidemiología Clínica.*

## INTRODUCTION

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The Psychosocial Care Center (*Centro de Atenção Psicossocial*; CAPS) is one of the main care management centers for individuals experiencing mental distress within the scope of the Psychosocial Care Network (*Rede de Atenção Psicossocial*; RAPS). This service provides specialized treatment to people with severe and persistent mental disorders and those with substance use-related needs, and it can be divided into different modalities in accordance with the population scope and patients' epidemiological profile<sup>1,2</sup>.

According to the World Health Organization (WHO), it is estimated that 970 million people in the world lived with mental disorders in 2019 (WHO, 2022). With a 15.6% prevalence, the Americas represent one of the highest rates compared to other continents<sup>3</sup>. In addition, the Pan American Health Organization (PAHO) ranks Brazil as the second country with the most years lost due to mental disorders (DALYs)<sup>4</sup>.

Mental health is complex and multifactorial, and may be significantly affected by comprehensive social/sanitary phenomena. A notable example of such impact occurred when the WHO declared a pandemic due to the SARS-CoV-2 virus, which causes COVID-19, on March 11, 2020. This event led to a period of intense adversity, with considerable repercussions in the psychosocial sphere. More than 700 thousand deaths were recorded nationwide, of which more than 28 thousand were registered in the state of Ceará alone<sup>5</sup>.

This period also led to a rise in mental disorders and trauma triggered by the pandemic phase, whether due to direct viral infection or secondary damages, such as the death of loved ones and psychological stress<sup>6</sup>. According to WHO data, being of younger age, being a female, and having pre-existing health issues are among the psychosocial risk factors<sup>7</sup>. It was thus expected that mental health services would face an overload and that the clinical-epidemiological profile of the population would change.

Considering CAPS' crucial role in mental health assistance in light of the psychological repercussions of the pandemic, this study aimed to assess the epidemiological profile of users admitted to the CAPS I of Horizonte, Ceará, between the years of 2020 and 2021, against the background of the pandemic. Epidemiological research is crucial for understanding the sanitary and population profile of the territory, promoting the implementation of evidence-based public policies.

## METHODS

This quantitative, documentary, descriptive cross-sectional and clinical-epidemiological study was conducted through the analysis of multiprofessional, physically stored medical records of users admitted to the CAPS I of Horizonte, Ceará, a municipality in the metropolitan region of Fortaleza. According to the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística*; IBGE), the city has an estimated population of 69,688 people<sup>8</sup>.

The study included all individuals admitted and registered in the service within the aforementioned timeframe, irrespective of their treatment status — active, abandoned or discharged. Misplaced or illegible medical records were excluded. The initial sample consisted of 802 medical records opened between January 2020 and

December 2021, a period that marked the peak impact of the COVID-19 pandemic. After applying the exclusion criteria, 43 medical records were excluded. The total sample consisted of 759 medical records.

Collected data included the following biosociodemographic and clinical variables: sex, age, level of education, occupation, source of referral to CAPS, most recently diagnosed mental disorder(s), according to the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10; as registered in medical records), use of psychopharmaceuticals (most recent prescription), participation and frequency in individual and/or group consultations, whether or not patients were admitted in intensive care, and treatment dropout rates/reassessment.

Data analysis was conducted using Jamovi statistical software (version 2.3.28). Descriptive statistics techniques were employed to calculate absolute and relative frequency distribution and percentage measurements. This allowed for a clear and organized description of the variables, promoting a comprehensive understanding of the patients' profiles and the main characteristics of the analyzed dataset. With respect to the exploratory nature of the study, this analytical strategy aimed to provide solid initial support for the interpretation of the findings.

Collected data was organized into tables created using Jamovi software, which allowed for a systematic and accessible display of the variables. Tables were organized in such a way as to display the frequency distribution of the observed categories, allowing patterns, proportions and recurrences to be identified within the sample. Absolute (n) and relative (%) frequencies were presented for each variable, facilitating subgroup comparisons and the interpretation of the findings in light of the objectives of the study.

This research was conducted in close adherence to the ethical and normative principles established by Resolutions number 466/2012 and number 510/2016 of the National Health Council (*Conselho Nacional de Saúde*; CNS)<sup>9,10</sup>. The research protocol was submitted for evaluation via Plataforma Brasil and was approved by the Research Ethics Committee of the Ceará Public Health School (*Comitê de Ética em Pesquisa da Escola de Saúde Pública do Ceará*; CEP-ESP/CE), with resolution number 6.165.880.

## RESULTS

Regarding participants' sex, 64.7% (n=491) of users admitted within the time frame were female. Most individuals — 39.5% (n=300) — were aged between 30 and 59 years, and 30.7% (n=232) of users had incomplete primary education. The analysis of users' occupational profiles showed that most were unemployed, representing 30% (n=228) of the sample. Table 1 displays users' biosociodemographic profiles in detail.

Table 1 — Biosociodemographic characteristics of users admitted to the CAPS I of Horizonte, Ceará, between the years of 2020 and 2021.

Variable	N	%
<b>Sex</b>		
Female	491	64.7
Male	268	35.3

**Age**

Children (0-11 years)	69	9.2
Adolescents (12-17 years)	127	16.7
Young adults (18-29 years)	188	24.8
Middle-aged adults (30-59 years)	300	39.5
Older adults (60 years or more)	74	9.7
Not provided	1	0.1

**Education**

Illiterate	58	7.6
Incomplete primary education	232	30.6
Complete primary education	42	5.5
Incomplete high school	113	14.9
Complete high school	131	17.3
Incomplete higher education	40	5.2
Complete higher education	37	4.9
Not provided	106	14

**Occupation**

Unemployed	228	30
Employed	223	29.4
Students	202	26.6
Retirees/pensioners	54	7.1
Not provided	52	6.9

**Source:** The author.

Primary Health Care Units (*Unidades Básicas de Saúde*; UBS) were the main sources of referral of users to the CAPS I service, representing 42.2% (n=320) of the total sample. Data regarding the diagnostic hypothesis, as provided by clinicians, was classified according to the ICD-10, which was still in effect in the CAPS I service during this research. According to medical records, most users — 53.5% (n=406) — were not diagnosed over the course of their treatment.

The “other anxiety disorders” (F-41) category — which encompasses panic disorder, generalized anxiety disorder, mixed anxiety and depressive disorder, and anxiety disorder, unspecified — represented most established diagnoses — 12.3% (n=93). 83.6% (n=625) of users did not present psychiatric comorbidities. However, it should be taken into consideration that, as previously mentioned, 53.5% of users were not diagnosed.

According to medical records, the main category of psychopharmaceuticals prescribed were antidepressants, indicated for 54.2% (n=411) of cases. Information on the

number of consultations by specialty during the timeframe analyzed in this study was also investigated. 71.3% (n=541) of users had access to at least one medical (general practice and psychiatry) consultation.

Further, 18.4% (n=410) of users received at least one consultation with a psychologist during their monitoring period. Medical records also indicate that 10.3% (n=78) of patients had at least one consultation with a nurse, 8.8% (n=67) with a social worker, 5.8% (n=44) with an occupational therapist, and 2.1% (n=16) with a pharmacist.

According to the service's organization policy, treatment dropout occurs when the patient fails to return for a follow-up after the first consultation or withdraws from the service for six months or more. In light of this, 54.8% (n=416) of users abandoned treatment in a given moment during the study timeframe. Approximately 5.1% (n=39) had a case reassessment consultation (i.e., when the patient wishes to resume treatment after discontinuation). Table 2 displays users' clinical data in detail.

Table 2 — Clinical characteristics of users admitted to the CAPS I of Horizonte, Ceará, between 2020 and 2021

Variable	N	%
<b>Source of referral</b>		
Primary Health Care Units (UBS)	320	42.2
Self-referral	239	31.5
Urgent Care Unit ( <i>Unidade de Pronto Atendimento</i> ; UPA)	58	7.6
Municipal Polyclinic	32	4.2
Psychosocial Care Centers (CAPS)	29	3.8
Hospital Network	23	3.1
Social Assistance Network	21	2.8
Other institutions	19	2.4
Not provided	18	2.4
<b>Main diagnostic hypothesis</b>		
F20: Schizophrenia	20	2.6
F29: Unspecified nonorganic psychosis	19	2.5
F31: Bipolar affective disorder	26	3.4
F32: Depressive episode	79	10.4
F33: Recurrent depressive disorder	23	3
F41: Other anxiety disorders	93	12.3
F90: Hyperkinetic disorders	13	1.7
Undefined	406	53.5
<b>Use of psychopharmaceuticals</b>		
Anticholinergics/Antihistamines	60	7.9
Antidepressants	411	54.2

Antipsychotics	278	36.6
Benzodiazepines	166	21.9
Mood stabilizers	91	12
Psychostimulants	8	1.1
<b>Consultation by specialty</b>		
Nursing	78	10.3
Pharmacy	16	2.1
Medicine	541	71.3
Psychology	140	18.4
Social Service	67	8.8
Occupational Therapy	44	5.8
<b>Other treatment modalities</b>		
Auriculotherapy	34	4.5
Group consultation	20	2.6
Intensive care	0	0
<b>Treatment dropout rates</b>	416	54.8
<b>Reassessment</b>	39	5.1

Source: The author.

This overview reveals relevant aspects regarding users' profile and the dynamics of service provided. Notably, users' access to the service occurred through Primary Care and self-referral, and a substantial number of cases remained undiagnosed. Further, there is a prevalence of medical consultations, superseding other health care specialties. Finally, a critical aspect to be addressed are the high treatment dropout rates. These data contribute to an understanding of the main aspects of Psychosocial Care in the context analyzed, serving as a basis for further discussion.

## DISCUSSION

This is the first epidemiological study in the mental health field conducted in Horizonte, Ceará, with the aim of analyzing the profile of patients admitted to the city's CAPS I. Epidemiology plays a crucial role in the mental health field, given it provides essential data for understanding, preventing, and treating mental disorders<sup>11</sup>.

In terms of biosociodemographic data, most service users were female, aged 30 to 59 years, had incomplete primary education and were unemployed at the time of their admission. Data regarding sex prevalence in the service corroborates previous scientific findings<sup>12-14</sup>.

The higher prevalence rate of women in mental health services could point to two factors. The first concerns the hegemonic model of masculinity, whereby women are more encouraged to engage in self-care. The second factor is the psychiatrization of women, a process that fails to attribute the cause of illness to social and cultural factors



involved in women's life circumstances. Mental health services thus serve as a space for these women to express their subjectivity<sup>15</sup>.

In terms of age range, most users fall into the economically active population group, defined as the proportion of the population aged 15 or older who constitute labour force<sup>16</sup>. Apart from individual implications, this scenario also points to a negative impact on productivity and economic growth, given mental disorders may present severe symptoms that prevent individuals from performing their daily work activities.

In terms of level of education, most users — 30.6% (n=232) — had incomplete primary education, followed by individuals who completed high school — 17.3% (n=131). This data presents a slightly different profile when compared to the ones presented by population surveys — e.g., indicating that, in 2022, approximately 28% of people aged 25 or older had not completed primary education, while 30% had completed high school<sup>17</sup>.

In regards to occupation, most users were unemployed, comprising 30% of the total sample. This information is relevant, as unemployment is considered a significant risk factor for the development of mental disorders<sup>18</sup>. Moreover, a significant number of students — over 26% of users — was observed in the analyzed sample. This finding highlights the importance of addressing mental health care among school-age individuals, who may be particularly vulnerable to conditions such as anxiety, depression and issues associated with the transition to adult life<sup>19</sup>.

Regarding the source of referral to CAPS I, most patients were referred by the city's UBS, accounting for 42.2% of referrals. On the one hand, this number demonstrates the crucial role APS plays in tracking mental health issues, reinforcing its protagonism in the territory and its function in health care coordination and longitudinality<sup>20</sup>. Nevertheless, this aspect can also point to potential weaknesses in the network in terms of psychosocial care, which may include shortage of health care professionals working in the APS, uncertainty in terms of mental disorder management and lack of knowledge about the CAPS role in the territory.

Concerning user diagnosis, it is worth noting that more than 50% of medical records did not include a diagnosis or diagnostic hypothesis proposed during the study's timeframe. This may be due to factors such as the longitudinality of mental health diagnoses, which may often require a longer period of time to be established; the heavy workload of medical professionals, negatively impacting the number of consultations and, consequently, patient assessment; and, finally, treatment dropout, which may hamper the identification of the user's condition.

The "other anxiety disorders" ICD-10 category, which was the most substantial in this study, differs from findings from other studies on CAPS-type services, which indicate schizophrenia as the most frequent mental health condition diagnosed<sup>12,21,22</sup>. In the present study, schizophrenia represented only 2.6% of the cases. This may be due to the pandemic factor, given more than 50% of Brazilians report having felt anxious throughout most part of the sanitary crisis cycle, which may, in turn, have influenced diagnostic profile in the period herein analyzed<sup>23</sup>.

Another possible explanation are changes in the profile of patients admitted in the service, possibly pointing to weaknesses across the city's entire mental health net-

work. Mental health is still seen as a sole responsibility of experts, a perspective that may lead general practitioners to consider these issues, in their respective sectors, as an additional workload that exceeds their duties or even as a lack of commitment from specialized care<sup>20</sup>. Such perceptions may lead to an increase in mild and moderate demands in CAPS, which, for various reasons, begin treating these patients.

In terms of specialty-based care, over 70% of users had at least one medical consultation during the 2020-2021 period. To undergo this procedure, the patient must at least have a screening consultation and return for a scheduled medical appointment. Only 18% of patients had at least one consultation with a psychologist, 10.3% with a nurse, 8.8% with a social worker, 5.8% with an occupational therapist, and 2.1% with a pharmacist.

Associating the use of psychopharmaceuticals to the number of medical consultations, it was identified that only 21 — i.e., 3.8% — of users who had at least one medical assessment did not receive a medical prescription. Taken together, the low incidence of severe mental disorders, such as schizophrenia, the high number of referrals and medical consultations, and the low number of users that did not receive psychopharmaceuticals prescription may represent a process of medicalization of care, which goes against the principles of Psychosocial Care.

The contrast between medical consultations and consultations with other health professionals is a noteworthy finding. Although psychopharmaceuticals may be useful in treating many mental health conditions, focusing excessively on their use as a main treatment strategy, at the expense of the psychosocial care required for proper support, is a medicalizing strategy in the discourse of mental health treatment<sup>24</sup>.

The pandemic brought forth significant challenges for treatment continuity in mental health services. In this study, significant rates of treatment dropout were identified, with 31% (n=129) of users not returning to the service after a screening consultation. Risk factors for mental health — e.g., poverty, precarious work conditions and social exclusion<sup>25</sup> — can become obstacles in the access and maintenance of health care. When associated with fear of contamination, limited access to face-to-face services and symptom deterioration, these factors may have been decisive to treatment dropout. Other causes may involve sociodemographic, psychopathological, interactional, diagnostic or treatment variables<sup>26</sup>.

## FINAL CONSIDERATIONS

The findings of this research indicate that most users admitted to the CAPS of Horizonte, Ceará, during the pandemic were unemployed 30 to 59-year-old females who did not complete primary education and were mainly referred to the service by the territory's UBS. Clinically, most users did not have a defined diagnosis, took antidepressants and were treated mainly by medical professionals, at the expense of other categories of the multidisciplinary team. A lack of participation in group activities and high rates of treatment dropout were also observed.

It is hoped that these findings demonstrate the need of greater investment in mental health care across the entire region's RAPS, with the aim of mitigating the challenges herein identified. Further, it is expected that this research serves as a starting



point for more comprehensive and in-depth studies on mental health care in Horizonte, Ceará.

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To my family and friends. To the Ceará Public Health School.

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