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Factors associated with the higher prevalence of common mental disorders: integrative review

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Abstract. The term Common Mental Disorders (CMD) was created by Goldberg and Huxley to encompass a population with depressive and anxious symptoms, such as insomnia, fatigue, irritability, forgetfulness, difficulty of concentration, and somatic complaints which do not fit the formal criteria for diagnosing anxiety and depression according to the psychiatric classification. The global and national prevalence of mental disorders in the primary care represents one-third of the demand. Taking into account the occurrence of CMD in the population and the demand for attention in the health services, the aim of this work was to identify factors associated with higher prevalence of CMD in the adult population in Brazil according to scientific evidence, as well as to describe possibilities of strategies to prevent it. An integrative review was carried out using the following databases: Scientific Electronic Library Online (SciELO) and Virtual Health Library (BVS). The search was directed through the descriptors: Common Mental Disorders; prevalence; Self Reporting Questionnaire-20, having as guiding question: What factors are associated with the higher prevalence of CMD in Brazil? The following exclusion criteria were used: articles with research and/or publication prior to 2007, not presented by the search strategies chosen and those that did not focus on the adult population. The studies were compared and categorized by content similarity for analysis; four categories were established which were associated with a higher prevalence of CMD: gender, income, work-related aspects and other factors (physical activity, schooling and age). The integration of the nineteen selected articles points as factors associated with a higher prevalence of CMD: work-related aspects, being female and having a low income. Other factors such as physical activity, schooling and age were also listed. CMDs are considered a public health problem involving several mechanisms. In view of the results presented, is possible to observe that both the primary care systems, as well as the organizations have the possibility of designing prevention and treatment strategies to mitigate the illness of the adult population.

Keywords: Mental disorders, Prevalence, Brazil.

Introduction

Mental disorders are characterized as a process of illness because it implies suffering, limitation and/or incapacitation of the individual in the various spheres of life.

For the World Health Organization (2001) mental and behavioral disorders are understood as clinical conditions expressed by changes in thinking and mood or by behaviors associated with personal distress and/or deterioration of functioning, representing the fourth cause of disability throughout the world among the top ten considered.

Although low in mortality rates, mental disorders have a great impact on individuals' quality of life (Santos & Siqueira, 2010).

In a document published in 2012, the National Institute of Social Security (INSS) reports that, in contrast to the indexes of work-related accidents that had a reduction in the number of

occurrences, the remission due to mental and behavioral disorders has increased since the year of 2010, thus occupying the third place among the main causes of sickness benefits.

Lopes *et al.* (2015) report that approximately 90% of mental disorders are composed of non-psychotic disorders, which, due to their high prevalence in the general population, are described as Common Mental Disorders (CMD).

This denomination has been used since the research conducted by Bridges & Goldberg in 1985 to differentiate these more recurrent clinical conditions in the basic health units from those found in the specialized mental health units that are generally more serious. In 1992 in the work of Goldberg & Huxley the CMD are described as disorders frequently found in community spaces, whose presence marks a change. (Pereira & Viana, 2009.)

The term described by Goldberg & Huxley covers a population with depressive and anxious symptoms such as insomnia, fatigue, irritability, forgetfulness, difficulty to concentrate and somatic complaints, which do not meet the formal criteria for diagnosing depression and/or anxiety (Vidal *et al.*, 2013).

Santos (*apud* Maragno, 2006) explains CMD as a health condition in which the individual presents a series of symptoms that do not meet the formal criteria to diagnose anxiety and depression according to psychiatric classifications, but show similar and significantly disabling symptoms.

Vidal *et al.* (2013) adds the global and national prevalence of mental disorders in Primary Care that represents one-third of the demand.

In spite of the expressive demand for health services, the manifestation of this situation due to nonspecific complaints in patients, causes common mental disorders to be underestimated in the health services (Borin *et al.*, 2013), that is, the gap of diagnostic framework and in some cases the absence of physical symptoms discredit the severity of such clinical condition.

This underestimation of CMD leads to a lack of identification and suitable treatment, leading to patient pilgrimage for various services and worsening of the condition. There is also the problem of the excess of this diagnosis directly related to the high use of psychoactive drugs by the population (Vidal *et al.*, 2013).

Regarding the lack of attention paid by health professionals and services to the demands of CMD, Fonseca (2008) analyzes that the fact that complaints are not always adequate to the categories of psychiatric diagnoses, does not imply a lesser degree of suffering and does not reduce the need for care and shelter.

Based on that, it becomes relevant to identify the prevalence and the associated factors, to allow a better understanding about the subject and possibilities of intervention.

This understanding must be made by seeking to understand the individual in his social context, his relations with the world and conditions of life, beyond the individualization of the problem (Fonseca, 2008).

Considering the prevalence of CMD in the population and the demand for care in the health services, this paper aims to gather and integrate the results found on factors associated with a higher prevalence of Common Mental Disorders.

Integrating the productions on the factors associated with CMD goes beyond the mere bibliography collection, thus enabling a greater understanding of the situations that place the individuals in situation of vulnerability and risk to the Mental Disorders, and mainly allows to glimpse strategies of strengthening and prevention.

In this context, the objective was to identify the factors associated with a higher prevalence of CMD in the adult population of Brazil according to scientific evidence and to describe possibilities of strategies to prevent these diseases.

Methods

This is an integrative review of the literature on the factors associated with a higher prevalence of CMD. According to Souza *et al.* (2010) such review demonstrates a broad methodological approach, capable of presenting and synthesizing information on the subject, allowing the inclusion of experimental and non-experimental studies for a complete analysis of the phenomenon.

There was a guiding question: Which factors are associated with the higher prevalence of CMD in Brazil?

The method was chosen because it is broad and systematic, which according to Lanzonni & Meirelles (2011) provides well defined criteria on all stages of the research: data collection, analysis and presentation of the results

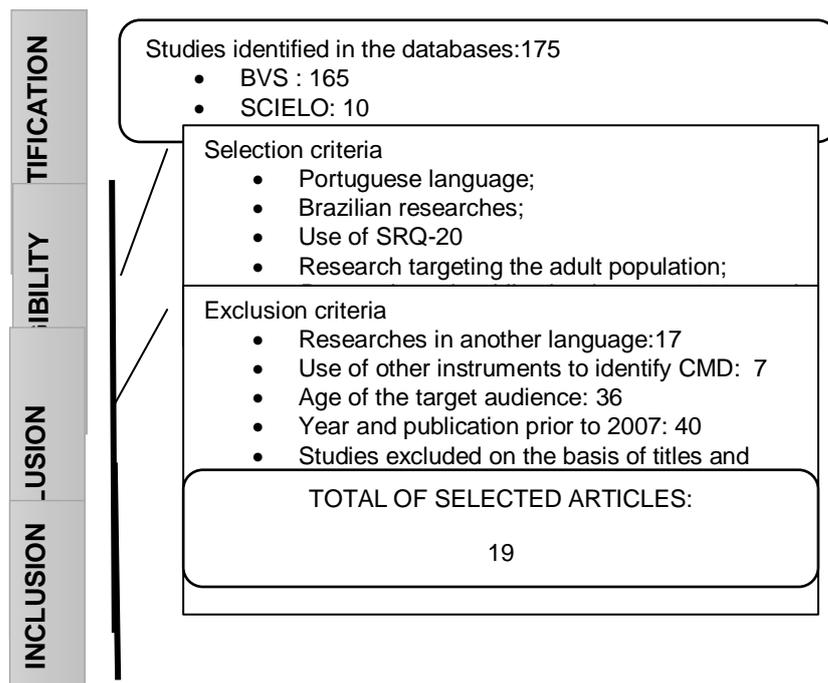
The search was directed through the descriptors: Common Mental Disorders; prevalence; Self Reporting Questionnaire-20. The main sources of research were the following databases: Scientific Electronic Library Online (SciELO) and Virtual Health Library (BVS).

As a criterion for the eligibility of articles we chose the studies of the last decade from 2007 to 2017 which were carried out with the adult population (18 to 65 years) and when there was no clear age limitation, the studies carried out with workers were considered, since even in these surveys it may contain people older than the delimited in this study who were still active in the labor market, subject to the same stressors as the adult population. Furthermore, articles that used the Self Reporting Questionnaire-20 as an instrument to assess the prevalence of CMD were used as inclusion criterion.

As an exclusion criterion, articles with research and/or publication prior to 2007 were not used, as well as the ones which did not use the search strategies chosen and those that did not focus on the adult population.

From the search, 175 articles were found, where 24 were duplicated, 85 were excluded based on the titles and abstracts, because they were not in Portuguese language, or year and publication happened before 2007; 4 were not found in the integral, 7 used a different instrument than the SRQ-20, 36 articles did not focus on the adult population. At the end of the study 29 were read integrally and 19 were selected for the study because they were productions that explicitly describe the prevalence of common Mental Disorders and associated factors.

Figure 1 - Flowchart do processo de seleção dos artigos



Results and discussion

According to WHO (2001), social, economic, demographic factors such as gender and age, serious threats such as conflicts and disasters, the presence of severe physical illness and the family environment can determine the prevalence, onset and evolution of mental and behavioral disorders.

It is understood that there is a distinction between age groups in the way they relate to the world, as well as in social roles, and that, therefore, there may be peculiarities in risk factors.

Chart 1 presents an overview of the selected articles that presents the synthesis of the factors associated with a higher prevalence of CMD and allows the integration of all the results.

This article proposed to approximate the factors described as associated with a higher prevalence of MCD in the social and daily context of the adult population.

Authors	Title	Prevalence of CMD	Factors Associated with CMD prevalence
Silva et al. (2017)	Prevalence of common mental disorders among seafarers in Rio de Janeiro	14.28%	-Feminine gender; -Family income below average; -Professional category sailors of machines; -High weekly working hours; -Non smokers; -Projection of abandonment of employment; - Being sedentary; -Referred stress;
Mattos; Araújo; Almeida (2017)	Interaction between demand-control and social support in the occurrence of common mental disorders	21%	- High demand; - Low social support;
Alcântara; Assunção (2016)	Influence of work organization on the prevalence of common mental disorders in community health agents from Belo Horizonte	26.5%	-High psychological demand; -Report of aggressions against the worker; -Dissatisfaction with personal relationships;

Araújo et al. (2016)	Psychosocial aspects of work and common mental disorders among health workers: contributions of combined model analysis	21.0%	-High demand; -High effort-reward imbalance;
Carvalho et al. (2016)	Common mental disorders in workers of the Basic Health Care	22.09%	-Set of work; -Feminine gender; -Referred health level as regular/bad or very poor; -Quality of life self-referred as regular/poor/very poor; -Pressure of time; -Dissatisfaction with work; -High psychological demands;
Romero et al. (2016)	Mental disorders common in social educators	68.3%	-High psychological demands at work; -Feminine gender;
Ferreira; Kluthcovsky; Cordeiro (2016)	Prevalence of Common Mental Disorders and Associated Factors in Medical Students: A Comparative study	35.8% at the beginning of the semester 51.5% at the end of the semester	-Monthly income per capita \leq R \$ 2,000.00; -Bad quality of sleep;
Carlotto; Barcins; Fonseca (2015)	Common mental disorders and association with sociodemographic variables and occupational stressors: a gender analysis	46.3%-women; 31.6%-men;	-Feminine gender; -Working time; -Workload; -Diversity and complexity of work; -Relationship with management, colleagues and social environment;
Alves et al. (2015)	Prevalence of common mental disorders among health professionals	27.9%	-Feminine gender; -Low income (between 1 and 2 minimum wages); -Professional Nursing; -Night work; -Under 39 years old;
Filho & Araújo (2015)	Occupational stress and mental health of the professionals of the medical specialty center of Aracaju	50.6%	-Unsatisfied with their salary and work conditions; -Feminine gender; - Younger professional; -Divorced/separated/widowed;
Costa et al. (2014)	Living conditions, gender and mental health in settled workers	43.60%	-Feminine gender; -Violence; -Poverty; -Work overload;
Vidal et al. (2014)	Predictors of probable common mental disorders (CMD) in prostitutes using the Self-Reporting Questionnaire	57.9%	-Low education level; -History of physical violence; -Premature entry into prostitution;
Rodrigues et al. (2014)	Prevalence of common mental disorders in nursing workers in a hospital in Bahia	35.0%	-High psychological demand at work; -Low control over work activities;
Feijó et al. (2014)	Psychosocial aspects of work and common mental disorders in civilian pilots.	39.7%	-High demand; -Heavy work load; -They did not perform physical exercises
Carvalho et al. (2013)	Prevalence and factors associated with common mental disorders in medical residents and in the multiprofessional area	51.1%	-Medical professional; -Surgical sector; -Feminine gender;
Assunção & Silva (2012)	Working conditions on buses and common mental disorders in drivers and collectors: Metropolitan Region of Belo Horizonte, Minas Gerais, Brazil,	23.6%	-Feminine gender; -Not married; -Family income higher than 2 minimum wages; -Inadequate working and safety conditions; -Harmful behaviors and vulnerable health

	2012		situation (do not participate in socio-cultural activities, do not practice physical activity and in the group suspected of alcohol abuse) -Three or more children; -More than eight years of schooling; -Self declared white, yellow or indigenous; -Smoking; -Under 40 years old;
Neves & Pinheiro (2012)	Epidemiological and occupational profile of anesthesiologists inserted in the labor market of Belo Horizonte, Minas Gerais, in 2010	28.4%	-Use of alcohol; -Work overload;
Moreira et al. (2011)	Prevalence of common mental disorders and associated factors in a population assisted by professionals of the Family Health Program	43.70%	-Feminine gender; -Use of medication; -Family income;

Chart 1 - Articles selected for the systematic review of the literature in descending order of year of publication, source, authors, title, prevalence and factors associated with a higher prevalence of Common Mental Disorders.

The results were grouped by content similarity, with four categories for analysis: aspects related to work, gender, income and other factors (physical activity, schooling and age).

Based on this panorama of literature findings, it is possible to analyze these factors associated with a higher prevalence of CMD as follows:

Work-related aspects

On this factor, sixteen researches were designed to analyze the association between the characteristics and working conditions with the prevalence of CMD among workers from different contexts (Silva *et al.*, 2017; Mattos *et al.*, 2017; Alcantara & Assunção, 2016; Araújo *et al.*, 2016; Carvalho *et al.*, 2016; Romero *et al.*, 2016; Carloto *et al.*, 2015; Alves *et al.*, 2015; Filho & Araújo 2015; Costa *et al.*, 2014; Vidal *et al.*, 2014; Rodrigues, 2014; Feijó *et al.*, 2014; Carvalho *et al.*, 2013; Assunção & Silva, 2012; Neves & Pinheiro, 2012).

In recent years, the implications of the psychosocial aspects of work on health have received considerable attention (Moreira *et al.*, 2011).

Work is an activity that permeates the various fields of human life, which can enable the development of capacities, as well as contribute to the suffering and exhaustion that interfere in the mental health process (Carvalho *et al.*, 2013).

The results show that factors such as high workload, work position, high psychological demand, work complexity, high demands and interpersonal relationships influence the prevalence of CMD.

According to Mattos *et al.* (2017) "low control over work, high psychological demand and low social support constitute the ideal scenario for the occurrence of unfavorable events among workers".

The article by Romero *et al.* (2014) with social educators obtained a higher prevalence of CMD among the other selected people. The

conclusion of the paper highlights the contribution of the work environment to this result.

Gender

Sexual differences have been highlighted in studies of the prevalence, causality and evolution of mental and behavioral disorders (WHO, 2001).

Regarding CMD, the feminine gender is more prevalent than the male gender, since it may be related to the accumulation of women's functions resulting from their insertion in the labor market and the persistent imbalance of gender relations in domestic work. The high overload impacts directly on leisure time and rest (Carvalho *et al.*, 2016).

In addition, Costa *et al.* (2014) highlights the studies in several countries that relate to problems of mental health and gender violence. Their research points to reports of violence in the married life of settled rural workers.

Vidal *et al.* (2014), discussing about the violence, pointed that "evidence of sexual violence in childhood and helplessness of parents or guardians are examples of traumatic situations experienced by some women, which may facilitate the appearance of probable CMD in the medium or long run".

Carloto *et al.* (2015) devotes their study to analyze these gender differences as a vulnerability factor to mental health. It discusses how stereotypes and the construction of female subjectivity, coupled with docility and affection, contrast with the demands of the hostile work environment, which makes the job itself potentially hazardous.

Other studies corroborate this relationship (Silva *et al.*, 2017, Romero *et al.*, 2016, Alves *et al.*, 2015, Filho & Araújo 2015, Carvalho *et al.*, 2013, Assuncao & Silva 2012; Moreira *et al.*, 2011). Thus, eleven articles out of the nineteen selected found the feminine gender as a factor associated with a higher prevalence of CMD.

Income

In general, the authors analyze, in the light of other researches, that a low economic condition makes unsatisfactory the access to services (health, education, leisure, etc.) and material goods, contributing to inadequate living conditions (dwelling, transport, feeding, safety), which cause greater exposure to stress due to the scarcity of possibilities to revert such situations (Silva *et al.*, 2017; Ferreira *et al.*, 2016, Alves *et al.*, 2015, Costa *et al.*, 2014; Moreira *et al.*, 2011).

In Assunção & Silva (2012) survey with drivers and collectors from the Metropolitan Region of Belo Horizonte, the authors found an inverse relationship where the highest income was associated with the mental issue outcome, and explains that this data may represent multiemployment that is equally detrimental to mental health.

Other factors

The practice of physical activities is considered a protection mechanism against several diseases, including mental disorders by minimizing the effects of stress (Assunção & Silva, 2012).

This item was investigated and presented in the results of four studies, where participants who did not practice exercise or which quality of life was self-referenced as regular/poor/very poor, and/or those who were sedentary were among the audience observed with the outcome (Silva *et al.*, 2017; Carvalho *et al.*, 2016; Feijó *et al.*, 2014; Assunção & Silva, 2012).

According to Feijó (2014) "physical activity has been consistently associated with better physical health, life satisfaction, cognitive functioning and psychological well-being."

Another relevant factor is low schooling as a contributor to the development of CMD. Vidal *et al.* (2014) describe the direct positive effect of schooling on mental health by increasing the choices of individuals. Since that, it is inferred that the lower level of schooling can interfere negatively by reducing possibilities to cope with problems, opportunities for work, knowledge, among others.

Age was mentioned in two studies pointing to the population under 40 years old (Alves *et al.*, 2015; Filho & Araújo, 2015; Assunção & Silva, 2012). This factor still has divergences on the most vulnerable population. Alves *et al.* (2015) brings research that corroborates this result, but points out other studies that find an inverse association.

Filho & Araújo (2015) take into account the possibility of future studies to better understand this aspect.

Final considerations

The integration of the nineteen selected articles indicate as factors associated with a higher prevalence of CMD: aspects related to work, being

female and having low income. Other factors such as not practicing physical activity, low schooling and age under 40 years were also listed.

CMD are a public health problem involving several mechanisms. In view of the results presented, it can be seen that both the primary care network and the organizations have the possibility of designing prevention and treatment strategies to mitigate the illness of the adult population.

Empowering workers and the population served on mental health treatment by encouraging physical exercise, developing programs with activities/techniques aimed at reducing stress and therapeutic groups are examples of strategies that can be used as resources to cope with adverse situations.

Considering data on work incapacity due to mental and behavioral disorders, the demand for health services with symptoms related to CMD and the prevalence found in the various studies, it is necessary to include the prevention of mental illness in the different scenarios in what the adult population is inserted.

The present study had the greatest difficulty to find research specifically oriented to the adult population. Another point to be highlighted was the use of different instruments to investigate aspects of work associated with a higher prevalence of CMD that made standardization difficult.

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