


MENTAL ILLNESS OF HEALTH PROFESSIONALS IN THE HEALTH CARE NETWORK: AN INTEGRATIVE REVIEW

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ABSTRACT

The objective is to understand the needs of professionals in the primary and psychosocial care network and the effectiveness of existing strategies, to help create public policies that improve mental health treatment. This study is an integrative review, following the PRISMA criteria, carried out from January to March 2025 in the SciELO, PubMed, and LILACS databases, combining terms on mental health and primary care. The articles were selected based on filters such as year of publication and type of study, focusing on texts from 2014 to 2024 on mental disorders among health professionals. The survey revealed a high incidence of anxiety and depression, with 30% showing symptoms of anxiety and 20% diagnosed with depression. The study highlights the need for ongoing training, robust public policies, and psychological support. Adapting practices to emerging needs will ensure dignified care for all.

Keywords: Mental health. Mental disorders. Primary care. Health professionals.

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INTRODUCTION

The World Health Organization estimates that 264 million people suffer from depression and 284 million from anxiety globally. These mental disorders involve not only anxiety and depression, but also include common mental disorders (CMD) such as: emotional stress, social isolation, insecurity and emotional overload, which brings with it thoughts of incapacity. Therefore, public health issues that compromise the quality of life and the effectiveness of health services. In primary care, these disorders represent up to 30% of the consultations with professionals in the primary and psychosocial care network, evidencing the need to address these issues effectively (1).

Anxiety presents a constant worry, while depression is characterized by sadness and lack of interest in interpersonal relationships. Health professionals face difficulties in seeking comprehensive care for a better diagnosis, and it is necessary to combat stigma, lack of training and limited resources for an adequate treatment of these diseases and the symptoms of common mental disorders (2).

In this context, common mental disorders (CMD) comprise a series of psychosomatic symptoms that are often associated with subclinical conditions, such as anxiety, stress, and non-psychotic depression. In addition, they include more subtle symptoms, such as tiredness, insomnia, irritability, memory lapses, and feelings of worthlessness (2).

Currently, there is the Integrative and Complementary Health Practices (PICS), which are therapeutic approaches where the focus is on the prevention of health problems, health promotion and recovery, contemplating relational markers such as welcoming listening, the construction of therapeutic bonds and the connection between human beings, the environment and society, which the Unified Health System (SUS) offers, 29 PICS procedures (3) were fully and free of charge to the Brazilian population.

These therapeutic practices are an integral part of the SUS and can be incorporated at all levels of the health care network, especially primary care, where they generate a relevant impact. One of the foundations of this approach is the holistic perspective on health and diseases, prioritizing attention to the human being as a whole, with an emphasis on the self-care of professionals. The guidelines for action consider physical, emotional, mental and social aspects (3).

This review analyzes publications from the last ten years on the existence and impact of these disorders, focusing on studies carried out in Brazil. In light of the increasing rates of mental disorders among different age groups and socioeconomic contexts, the research seeks to understand the complex implications of these disorders on public health.

In addition to exploring the frequency with which these mental health problems manifest themselves, it also focuses on their consequences, such as increased absenteeism at work, reduced quality of life, and the impact on social relationships. In this context, it is essential to identify potential interventions that can be implemented in primary and psychosocial care, from awareness and prevention programs to more targeted therapeutic approaches.

The objective is to promote a deeper understanding of the needs of professionals in the primary and psychosocial care network, and the effectiveness of existing strategies, thus contributing to the formulation of public policies that favor a more holistic and inclusive approach to mental health treatment. Deepening the understanding of how these disorders affect the mental and collective health of health professionals and exploring solutions that can improve care in primary and psychosocial care.

METHODOLOGY

It is an integrative review, based on the structure of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses PRISMA checklist and explanation, whose theoretical precepts include the six steps for elaboration established by Mendes; Silveira & Galvão (4). For the formulation of the guiding question of this research, the PCC strategy was used. Thus, the strategy was formulated as follows: P- Health professionals; C- Common mental disorders; C- Primary and psychosocial care network. Based on these components, the following guiding question was elaborated: What are the common mental disorders in the literature experienced by comprehensive care professionals in primary and psychosocial care networks? For each item of the PCC strategy, a set of descriptors available in the Health Science Descriptors (DeCS) and *Medical Subject Headings* (MeSH) was selected (as shown in Chart 1).

After the elaboration of the descriptors in health sciences (DeCS) and their counterparts in English, medical subject headings (MeSH), these terminologies were used in the databases with the combination of the Boolean operator AND. Then, filters were implemented, such as year of publication (between 2014 and 2024), clinical trial, classic articles, meta-analysis, and full-text availability. Thus, the analysis of the chosen studies was carried out, starting with the reading of the titles, followed by the reading of the abstracts and, finally, the complete reading of the texts.

This study adopted as quality criteria, the preferred reporting items for systematic reviews and meta-analysis PRISMA, and was carried out from January to March 2025, in the Scientific Electronic Library Online (SciELO), PubMed, Latin American and Caribbean Literature on Health Sciences (LILACS) databases. The databases were consulted using

the following Boolean chain: "Mental Health" AND "Mental Disorders" AND "Primary Care" AND "Health Professionals" (in PubMed, the equivalent terms in English were applied - "Mental Health" AND "Mental Disorders" AND "Primary Health Care" AND "Health Personnel").

The criteria for eligibility were as follows: 1) articles published in the period from 2014 to 2024; 2) articles that contained in the title and abstract at least one of the descriptors used in this study; and 3rd common mental disorders in health professionals in the primary care network.

Figure 1 shows the item selection chain in the PRISMA flowchart.

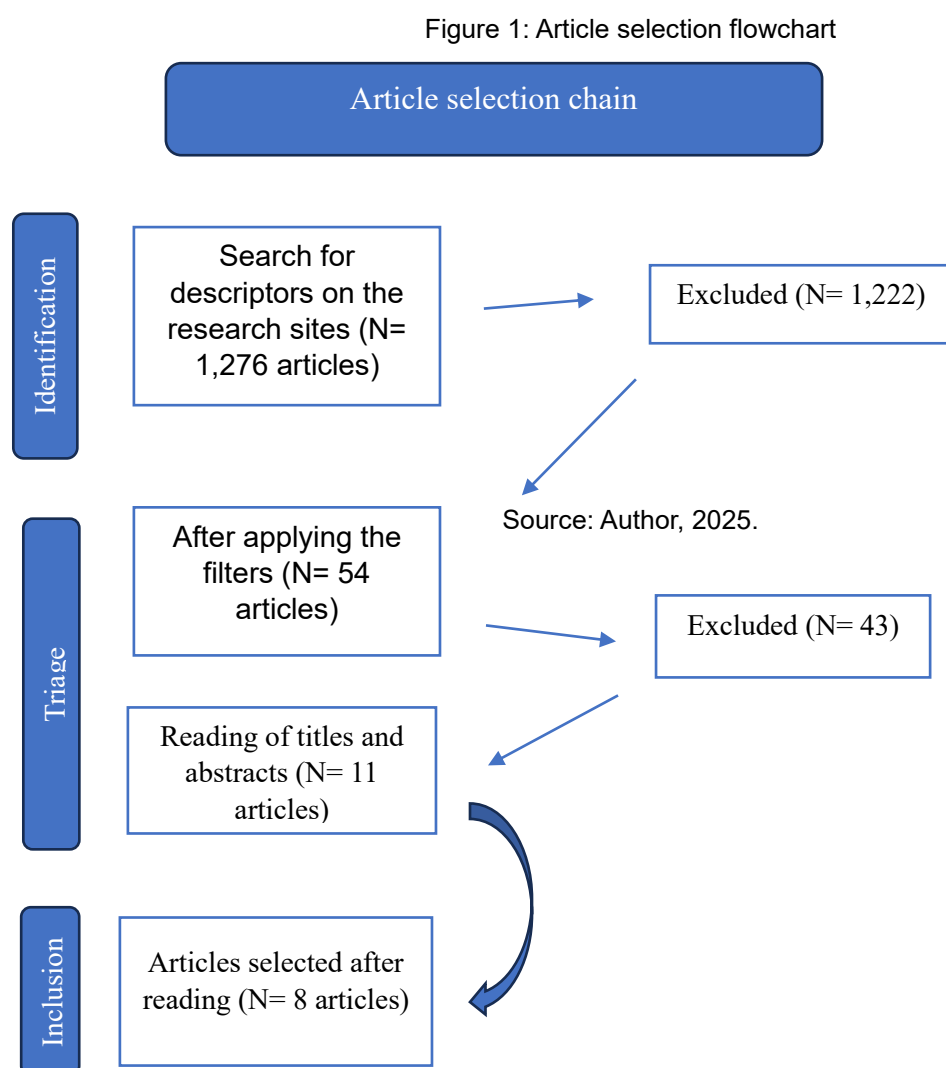


Chart 1 - Search strategy for selecting studies. Fortaleza, Ceará, Brazil, 2025.

Question	What are the common mental disorders in the literature experienced by comprehensive care professionals in primary and psychosocial care networks?			
Kind	P		C	
Keywords	Health Professional		Common Mental Disorder	
Descriptors: Decs	Mental Health OR	Mental Disorders OR Mental Disorder	Health Professional OR	Primary and Psychosocial Care Network Primary Care OR Primary Health Care

	Mental Hygiene		Health Personnel OR With Worker	OR primary Health Care
MESH Descriptors	Mental Health OR Hygiene, Mental	Mental Disorders OR Behavior Disorders OR Diagnosis, Psychiatric OR Illness, Mental	Health Personnel OR Health Care Professionals	Primary Health Care OR Primary Care OR Primary Healthcare

Source: Authors, 2025.

RESULTS

Chart 1 characterizes the articles according to the criteria of the APA (1994, 2013). All were found in the Scielo, Lilacs, and PubMed databases, published in the last ten years (2014 to 2024).

Chart 2: Characterization of Articles according to the criteria of the American Psychological Association (APA)

Article No.	Title	Authors	Year	Base	Magazine
1	Common mental disorders in Primary Health Care workers	Danniel Britto de Carvalho, Tânia Maria de Araújo and Kionna Oliveira Bernardes	2016	Scielo	Brazilian Journal of Occupational Health
2	Psychosocial impacts of work on health of professionals in a Mental Health Center Psychosocial Care in the interior of Ceará	Whednagela de Lima Alves and Tadeu Lucas de Lavor Filho	2021	Lilacs	<i>Psychology Journal, Diversity and Health</i>
3	Psychosocial aspects of work and common mental disorders among health workers: contributions of combined model analysis	Araújo, T.M. et al.	2016	Pubmed	Rev. Brasileira de epidemiologia
4	Mental health of health professionals: the illness of those who dedicate themselves to caring for the illness of others	Zenkner et al.	2020	Pubmed	Research, Society and Development
5	Common mental disorders in Primary Health Care professionals in a period of the covid-19 pandemic: a cross-sectional	Oliveira et al.	2021	Scielo	Journal of Epidemiology and Health Services

	study in the Northern Health Macro-region of Minas Gerais				
6	Prevalence of common mental disorders in workers in psychosocial care centers, alcohol and drugs	Erika Renata Trevisan and Sybelle de Souza Castro	2021	Scielo	Family, Life Cycles and Health in the Social Context Journal
7	Common Mental Disorders in Workers of Basic Health Units: Prevalence and associated factors	Mary Sandra Carlotto	2016	Scielo	Revista Psicologia Argumento
8	Factors associated with anxiety among primary care professionals	Moura et al.	2018	Sciele	Portuguese Journal of Mental Health Nursing.

Source: Authors, 2025.

Chart 2 indicates the objectives of the articles, the research designs and the conclusions of the studies. Most of them sought to identify or analyze the prevalence of CMDs, as well as quantitative studies and found the prevalence in professionals in the primary care network, especially in workers.

Chart 3: Characterization of the articles in terms of objective, design and conclusion.

Article No.	Goal	Outline	Study conclusion
1	OBJECTIVE: To evaluate the prevalence of common mental disorders (CMD) and the sociodemographic, lifestyle, and work factors associated with their occurrence among Primary Health Care workers.	This is an exploratory, cross-sectional study with a stratified sample	Actions should be prioritized on aspects related to gender, health status, quality of life and, especially, on aspects of work organization, such as time pressure, job satisfaction and psychological demands involved.
2	This study sought to investigate the psychosocial impacts of work on the mental health of workers in a Psychosocial Care Center (CAPS) in the interior of Ceará.	Qualitative, explanatory	The importance of self-care practices is emphasized to maintain the mental health of these workers, as well as the intensification of occupational health strategies by public policies.
3	To evaluate the contribution of the analysis of combined models of psychosocial stress at work and its association with common mental disorders (CMD) among health workers.	Cross-sectional study	Combined models are able to provide better estimates of the effects of stressful experiences in the work environment and their health outcomes, offering greater contributions to this field of knowledge.
4	The objective of this study was to discuss the illness of health professionals, dealing with the significant increase in the development of mental disorders, which are common in these professionals.	Non-systematic review	Prevention and welcoming are seen as necessities to create a healthy work environment, thus enabling the opening of a listening channel for these workers who are suffering.

5	To analyze the prevalence of symptoms of common mental disorders (CMDs) in health professionals in Primary Health Care, in the period August-October/2021	Cross-sectional study	An association of CMDs with previous and current symptoms of mental disorders and work overload was observed during the covid-19 pandemic.
6	To identify the prevalence of CMD among workers at the Psychosocial Care Centers - Alcohol and Drugs.	Quantitative, cross-sectional.	It was found that the work performed in CAPS ad may have unfavorable characteristics for professionals and the performance of their functions, which may mean that they are subjected to high demands at work and stress factors that imply a high prevalence of CMD.
7	To identify the prevalence of Common Mental Disorders (CMD) in health professionals and to verify the existence of associations between sociodemographic and occupational variables.	Quantitative, cross-sectional.	The results revealed a higher prevalence of CMD in women and CLT workers. Women due to cultural issues and ways of dealing with occupational stressors; and the CLT employment contract due to the social value given to functional stability.
8	The research aimed to evaluate the presence of anxiety among professionals of the Family Health Strategy and the factors associated with the presence of anxiety.	Descriptive, exploratory, quantitative research.	It was found that the workers of the participating health units are exposed to factors that contributed to the emergence of anxiety. These results contribute to the need to develop strategies for the prevention, diagnosis and treatment of this disorder in order to improve the mental health of these workers, contributing to better professional performance and success in their personal and social lives.

Source: Authors, 2025.

The analysis revealed a high occurrence of anxiety disorders and depression in primary care, with approximately 30% of the professionals presenting symptoms of anxiety and 20% being diagnosed with depression. In addition, subclinical symptoms of common mental disorders such as stress, non-psychotic depression, fatigue, insomnia, irritability, memory lapses, and feelings of worthlessness were observed. These data highlight the increasing prevalence of mental health problems and the urgent need to promote the ongoing training of health professionals, many of whom feel inadequately prepared to face mental health-related issues, which can impact the quality of care provided.

CMD is a concept created by Goldberg and Huxley (5) to define a series of non-psychotic symptoms, such as insomnia, fatigue, irritability, forgetfulness, inability to concentrate and somatic complaints, which refer to psychological distress, most of the time, neglected by the diagnostic systems of international classifications.

Anxiety is a terrifying, low-quality feeling, a disturbing susceptibility to fear or weariness. It has been recognized to refer to the anguish or discomfort that arises from the anticipation of danger, something unknown, or change. Depression, on the other hand, is

related to what tends to be known as a mood disorder, depression starts to manage the postures of the subjects, affirming the self-image (2).

This high incidence of mental disorders highlights the urgent need for training health professionals to recognize and treat such conditions. The analysis suggests that the integration of therapeutic approaches and welcoming strategies in health units can be a crucial step to better meet this growing demand. The data also indicate that there is a significant lack of available psychosocial resources, which limits access to appropriate treatments and can worsen the condition of professionals over time.

In addition, the research not only highlighted the negative impact of mental disorders on individuals' quality of life, but also pointed to the need for more robust public policies that promote mental health in a comprehensive way. The understanding that mental health is an essential pillar of the general health of the population must lead to actions that include deeper investigations and systematic interventions to address these challenges. Thus, the results of the study are not just numbers; They demand critical reflection on how to build a health system that is more inclusive and responsive to the needs of the population.

DISCUSSION

Health professionals, despite being in care settings, often experience mental distress such as psychologists, physiotherapists, doctors, nurses and others feeling significant distress, but often choosing not to discuss them openly due to possible shame or stigma (2).

Mental disorders, common among professionals in the primary care network, are sometimes associated with the feeling of non-fulfillment due to difficulties and precariousness found in the performance of their activities(6). However, it is clear that all professionals understand the importance of their work in view of the vulnerability and precariousness found by them throughout the health care network(7).

The psychological distress experienced by these health professionals negatively impacts their personal, social, and professional lives, affecting relationships, self-understanding, critical thinking, problem-solving, and general satisfaction with life, reduced energy levels, apathy, and disinterest in work-related activities. Difficulty concentrating and staying focused, along with the development of negative and recurring thoughts. Challenges to express oneself, isolation and changes in emotional relationships, all indicative of human suffering (2).

In the study by Oliveira et al.(8), one in four primary care health professionals presents symptoms for CMDs, among which the most cited were work overload. However,

Travisan & Castro(9) in their study indicated that more than 35% of health professionals in the psychosocial network have CMD, in an industrialized country the average is 17%, with a higher incidence among women (20%).

Although men and women experience the same work and life routine, however, there are specific situations for women that generate distinctions in the processes of illness. As well as the social, cultural, and behavioral roles that make these distinctions clear, the combination of domestic work and professional life has a great negative impact on women's mental health, favoring the emergence of CMD (10).

In addition, factors such as dealing with difficult patients, communicating serious health conditions, fear of contracting diseases, dealing with unrecovered patients, facing patient deaths, lack of adequate supervision and infrastructure, work overload, and lack of experience can lead to emotional and psychological strain among healthcare professionals (6).

Poor working conditions in the health area not only impair the quality of life of workers, but also compromise the quality of care provided to the population, with primary care workers having a high prevalence of mental health problems. Carvalho et al.(11). Characteristics such as these make the highest incidence among female professionals, who find as an explanation for this data the dual role played by women in society. Leading these not only to the withdrawal from the professional sphere, but also family and friends.

In the study by Zenkner et al, (2). It considers that interpersonal conflicts are factors that contribute significantly to the development of CMDs in the primary care network, leaving the relationship with the community less impactful in its involvement. CMDs do not need psychiatric treatment immediately, they are responsible for a great socioeconomic impact because it leads to the removal of these professionals from their jobs, also leading to a decline in professional performance.

The discussion around mental health care is essential not only to address practical issues, but also to consider the ethical implications that emerge from the complexity of human interaction. In the current context, where inequalities in health services are widely recognized, it is vital that the community of mental health professionals engages in open dialogues on how to overcome barriers that directly affect the well-being of professionals (2). In addition, the growing cultural diversity in contemporary societies requires professionals to understand and respect different perspectives on mental health, which can, in turn, inform more inclusive and culturally sensitive practices.

Moura et, al.(12), brings music therapy, group relaxation activity among professionals and physical activity as an alternative to relieve and reduce anxiety and stress, in addition

to offering comfort and pleasure, contributing to a greater balance in the health of these individuals. It is perceived that, by facilitating relaxation and mitigating anxiety and stress, these therapies become a valuable resource to improve health processes, promoting the well-being of professionals and creating a more serene environment.

The study is limited by the small number of studies carried out with a direct focus on CMD with professionals from the primary and psychosocial care network. Thus, it is a limiting factor for a broad discussion on the subject, and there is a need for further studies on the subject.

CONCLUSION

Common mental disorders are a concern in primary and psychosocial care affecting millions globally. One in 5 health professionals faces a mental disorder, highlighting the urgent need for effective interventions. It is crucial to implement strategies that treat patients and offer support to healthcare professionals, ensuring ethical and comprehensive care. The continuity of research in this area is vital, as the prevalence of mental disorders tends to increase. Adapting mental care practices to emerging needs will ensure dignified and effective care for patients and professionals.

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