

Prevalence of common mental disorders among workers in psychosocial care centers, alcohol and drugs***Prevalência de transtornos mentais comuns nos trabalhadores dos centros de atenção psicossocial álcool e drogas****Prevalencia de trastornos mentales comunes en trabajadores de centros de atención psicossocial de alcohol y drogas****Received: 17/01/2021****Approved: 20/06/2021****Published: 25/08/2021****Erika Renata Trevisan¹****Sybelle de Souza Castro²**

This is a study with a quantitative cross-sectional approach, carried out in the Triângulo Mineiro Region in the state of Minas Gerais, Brazil, in 2016. It aims to identify the prevalence of common mental disorders among workers at Psychosocial Care Centers - Alcohol and Drugs. The Self Report Questionnaire – 20 was used. 42 professionals participated, of which 81.0% were female; 31.0% were aged 40 to 49 years old; 35.7% had a common mental disorder, with the item feeling nervous, tense or worried, with the highest prevalence (54.7%), followed by sleeping poorly and feeling sad (45.2%). There is a need for interventions in the daily life of these services, aiming to improve working conditions and provide psychosocial support to workers, since the care of the population with mental suffering, to be of excellence and quality, requires satisfied professionals who enjoy good physical and mental health.

Descriptors: Mental health; Health services research; Health personnel; Mental disorders.

Este é um estudo com abordagem quantitativa do tipo transversal, realizada na Região do Triângulo Mineiro, no estado de Minas Gerais, em 2016, com o objetivo de identificar a prevalência de transtorno mental comum entre os trabalhadores dos Centros de Atenção Psicossocial - Álcool e Drogas. Foi utilizado o *Self Report Questionnaire* – 20. Participaram 42 profissionais, dos quais 81,0% eram do sexo feminino; 31,0% na faixa etária de 40 a 49 anos; 35,7% tinham transtorno mental comum, sendo o item “sentir-se nervoso, tenso ou preocupado” com maior prevalência (54,7%), seguido por “dormir mal e sentir-se triste” (45,2%). Verifica-se a necessidade de intervenções no cotidiano destes serviços, visando melhorar as condições de trabalho e possibilitar suporte psicossocial aos trabalhadores, visto que o cuidado da população com sofrimento mental, para ser de excelência e qualidade, exige profissionais satisfeitos e que gozem de boa saúde física e mental.

Descritores: Saúde mental; Pesquisa sobre serviços de saúde; Pessoal de saúde; Transtornos mentais.

Este es un estudio con enfoque cuantitativo de tipo transversal, realizado en la Región del Triângulo Mineiro en el estado de Minas Gerais, Brasil, en 2016, con el objetivo de identificar la prevalencia del trastorno mental común entre los trabajadores de los Centros de Atención Psicossocial - Alcohol y Drogas. Se utilizó el *Self Report Questionnaire* – 20. Participaron 42 profesionales, de los cuales el 81,0% eran mujeres; el 31,0% en el grupo de edad de 40 a 49 años; el 35,7% tenía un trastorno mental común, siendo el ítem “sentirse nervioso, tenso o preocupado” el de mayor prevalencia (54,7%), seguido de “dormir mal y sentirse triste” (45,2%). Se observa la necesidad de intervenir en el día a día de estos servicios, con el objetivo de mejorar las condiciones de trabajo y posibilitar el soporte psicossocial a los trabajadores, ya que la atención prestada a la población con sufrimiento mental, para ser de excelencia y calidad, requiere de profesionales satisfechos y con buena salud física y mental.

Descriptor: Salud mental, Investigación sobre servicios de salud; Personal de salud; Trastornos mentales.

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INTRODUCTION

Mental and behavioral disorders are defined, according to the 10th International Classification of Diseases (ICD-10), as diseases with psychological manifestations associated with some functional impairment resulting from biological, social, psychological, genetic, physical or chemical dysfunction. They can also be classified as changes in the way of thinking and/or mood associated with expressive anguish, producing damage to the person's overall performance in the social, affective and occupational spheres. Mental disorders generate high social and economic costs, are universal and can cause severe and definitive disabilities that increase the demand for health services¹.

According to the World Health Organization (WHO), mental disorders represent 13% of all diseases in the world, and approximately 30% of non-communicable pathologies. They affect approximately 700 million people worldwide, and at least a third of these people do not receive specialized care. WHO estimates that, by 2020, approximately 350 million people will suffer from depression and 90 million will have a disorder due to the abuse or dependence of chemical substances².

It is also known that most mental disorders are treatable and preventable, reinforcing the premise that investment in prevention and promotion of mental health could significantly reduce the number of disabilities resulting from these disorders. Data from the Ministry of Health in Brazil show that 3% of the general population suffer from severe and persistent mental disorders, 6% have severe psychiatric disorders resulting from the use of alcohol and other drugs and 12% need some care, whether continuous or occasional¹.

Among the types of mental disorders, 90% are non-psychotic disorders, which have a high prevalence in the general population (20% to 30%), mainly characterized by the presence of symptoms of depression and anxiety, in addition to several nonspecific and somatic complaints³.

Common Mental Disorders (CMD) are defined as somatoform, anxiety and depression that present: insomnia, fatigue, irritability, forgetfulness, difficulty concentrating and somatic complaints³.

The investigation of the prevalence of CMD has grown in Brazil in recent years, especially in the relationship between mental health and work, and the results indicate a high prevalence and growth of psychological distress in organizations³⁻⁵.

Workers' health is the field of practices and knowledge whose theoretical-methodological focus, in Brazil, emerged from collective health, with roots in the Latin American Social Medicine movement and significantly influenced by the Italian working experience. It aims to know and intervene in work and health-disease relations, having as a central reference the emergence of a new social actor: the industrial working class, in a society with profound political, economic and social changes⁶.

This scientific advance, which took place between the 1960s and 1970s, expanded the way of understanding the health-disease process and its articulation with work. This new understanding of the work-health relationship and intervention in the world of work introduced practices into Public Health. of attention to workers' health, in the set of proposals of the Brazilian Sanitary Reform, expanding the vision of Occupational Medicine and Occupational Health⁶.

There is a lack of studies on CMD beyond the pathological aspect. The Brazilian Longitudinal Study of Adult Health (ELSA-Brasil) sought to assess the prevalence of CMD and its association with sociodemographic characteristics, a cohort study, in which 15,105 public employees from six Brazilian cities participated⁷.

The main results of the ELSA-Brasil: prevalence of CMD in 26.8% (95% confidence intervals - 95% CI: 26.1-27.5), the most affected sociodemographic groups were women (PR=1.9; 95%CI: 1.8-2.0); the youngest (35-54 years) (PR=1.7; 95%CI: 1.5-1.9), "non-white" and without a university degree. The most frequent diagnostic category was anxiety disorders (16.2%), followed by depressive episodes (4.2%). In addition, this study also found that CMD rates were high, especially among the most socially vulnerable groups. These findings highlighted the need

to strengthen public policies aimed at reducing the factors that bring harm related to mental disorders⁷.

In a cross-sectional study carried out to assess the prevalence of CMD and possible associated factors in this population, there was a prevalence of 41.6%, associated with: self-reported non-white color; looking for spiritual support; income lower than four minimum wages; self-rated health as poor; report that the work had an impact on health; use of tranquilizers, tranquilizers or antidepressants⁵.

Another study carried out with ACS and CAPS workers in Pelotas, in the state of Rio Grande do Sul, revealed 25.2% prevalence of CMD among mental health professionals and 29% among the ACS⁴.

In an investigation with nursing workers at a psychiatric hospital, the prevalence of CMD was 25.7%, in which the variables associated with CMD were: professional category, leisure time, health problems and satisfaction with sleep⁸. In the associations, a relationship was inferred between the worker's life habits, their work activity and the outcome shown by the highest percentage of CMD⁸.

In the field of mental health, the professional is the main working tool, since there is no technological examination equipment and/or surgical procedures that respond to the demands of treatment in this area, the knowledge acquired through training and experience of professionals are the main resources for action⁹. In this sense, the mental health of professionals in this area must be constantly evaluated.

Knowing and understanding the psychological factors involved in the work of these professionals can contribute to new perspectives in the construction of care in the psychosocial field and in the occupational health of these workers.

Several losses were caused by CMD, often contributing to psychic and somatic difficulties, discrimination, social isolation, poor professional and academic performance and increased mortality¹⁰. In the work environment, the main consequences of CMD are absenteeism, absences due to health problems, difficulties in interpersonal relationships, incapacity for work and early retirement¹¹⁻¹³.

Identifying factors associated with CMD is an important way to develop preventive or rehabilitation actions for workers, improving their physical and mental health and, consequently, the quality of health care. Thus, this study aimed to identify the prevalence of CMD among workers at Psychosocial Care Centers - Alcohol and Drugs.

METHODS

This is a study with a quantitative cross-sectional approach, carried out at CAPSad in the Triângulo Mineiro region in the state of Minas Gerais, from September to December 2016.

The instrument used to identify the prevalence of CMD among CAPSad workers was the Self Report Questionnaire (SRQ-20) composed of 20 questions with two dichotomous alternatives (yes or no), self-applicable on psychic and somatic symptoms, in order to screen the probable occurrence of CMD.

The SRQ-20 is a WHO recommended CMD tracking instrument. The scale was validated for application in Brazilians with a sensitivity of 83% and a specificity of 80%. Data analysis was performed by summing the positive answers given in the questionnaire, considering that each affirmative answer is equivalent to one point; and the final score ≥ 7 indicates the presence of CMD. The answers indicate the presence or absence of symptoms divided into four scales – depressive and anxious mood; somatic symptoms; reduced vital energy and depressive thoughts¹⁴.

All professionals from the technical teams of high school and college who worked in CAPSad at the time of data collection were invited to participate in the study. Professionals who were on vacation or any type of leave during the period of data collection were excluded.

Invitations were made at team meetings, and those who agreed to participate in the

research signed the Informed Consent Form (FICF) which informed the objectives, the methods used, the guarantee of confidentiality and the perspective of the research.

The research was carried out after approval of the Research Project by the Research Ethics Committee (*Comitê de Ética em Pesquisa - CEP*) under No. 1.139,451.

RESULTS

The survey was conducted in the three CAPSad (identified from 1 to 3) in the Triângulo Mineiro region in the state of Minas Gerais. At the time of data collection, 66 professionals worked in the services, with secondary and higher education, and of these, 42 professionals accepted the invitation.

There was a higher percentage of female professionals (81.0%), aged between 40 and 49 years (31.0%), with post-graduation *latu sensu* (35.7%), followed by complete higher education (26.2%). Most participants were psychologists (35.7%) (Table 1).

CAPSad 1 had the highest participation considering the CAPS itself (75%) and proportionally in relation to the other services (42.8%) (Table 2).

Table 1. Sociodemographic and training profile of professionals working in CAPSad in the Triângulo Mineiro Region, 2016.

Variables	Distribution	
	N=42	%
Gender		
Male	8	19.0
Female	34	81.0
Age (in years)		
From 20 to 29 years	6	14.3
From 30 to 39 years	8	19.0
From 40 to 49 years	13	31.0
From 50 to 59 years	10	24.0
From 60 to 69 years	1	2.4
Educational level		
Incomplete elementary school	1	2.4
Complete middle school	1	2.4
Incomplete high school	3	7.1
Complete high school	6	14.3
Incomplete higher education	2	4.8
Complete higher education	11	26.2
Latu senso post-graduation	15	35.7
Master's degree	3	7.1
Profession		
Social worker	4	9.5
Nursing assistant	1	2.4
Nurse	4	9.5
Pharmacist	1	2.4
Doctor	2	4.8
Psychologist	15	35.7
Nursing technician	4	9.5
Administrative technician	3	7.1
Cleaning assistant	2	4.8
Asset watchman	2	4.8
Not informed	4	9.8

Table 2. Participants according to place of performance in CAPSad. Triângulo Mineiro, 2016.

CAPSad	Total of Professionals	Participants	% of the total of each	% in relation to general
			CAPS	total
CAPSad 1	24	18	75.0	42.8
CAPSad 2	21	11	52.3	26.2
CAPSad 3	21	13	61.0	31.0
Total	66	42	-	100.0

The tracking identified that 35.7% of professionals surveyed had CMD. Table 3 shows the percentage of each item in the questionnaire distributed by the four groups of categories/symptoms of the SRQ-20.

The category "Depressive/anxious mood" had higher scores, and the item with the highest prevalence was "feeling nervous, tense or worried", presented by 54.7% of professionals, followed by "feeling sad lately", with 45.2% prevalence.

"Somatic symptoms" was the second category with the highest scores, with the item on sleep quality showing that 45.2% of professionals sleep poorly, and 35.7% mentioned feeling headaches frequently.

The perception of professionals about the reduction of vital energy revealed that 38.1% have difficulties to perform their daily activities with satisfaction, 35.9% get tired easily and 30.9% experience difficulties in the service, understand the work as painful and cause of suffering.

The category "Depressive thoughts" had the lowest scores, with the loss of interest in things being perceived by 11.9% and the feeling of being useless was not positively marked by any professional.

Table 3. Prevalence of CMD symptoms, according to SRQ-20 items and categories, of CAPSad professionals. Triângulo Mineiro, 2016.

Itens/Categories of SRQ-20	Yes		No	
	N=42	%	N=42	%
Depressed/Anxious Mood				
Do you feel nervous, tense or worried?	23	54.7	19	45.3
Are you feeling sad lately?	19	45.2	23	54.8
Do you scare easily?	9	21.4	33	78.6
Have you cried more than usual?	8	19.0	34	81.0
Somatic symptoms				
Do you have troubled sleep?	19	45.2	23	54.8
Do you have frequent headaches?	15	35.7	27	64.3
Do you have unpleasant feelings in your stomach?	13	30.9	29	69.1
Do you suffer from indigestion?	13	30.9	29	69.1
Do your hands shake?	6	14.2	36	85.8
Do you have no appetite?	4	9.5	38	90.5
Reduced vital energy				
Do you have difficulty in finding satisfaction when carrying out daily activities?	16	38.1	26	61.9
Do you feel tired easily?	15	35.7	33	78.6
Do you have difficulties in the service, is your work painful, does it cause you suffering?	13	30.9	29	69.1
Do you find it difficult to make decisions?	10	23.8	32	76.2
Do you find it difficult to think clearly?	9	21.4	33	78.6
Do you feel tired all the time?	9	21.4	33	78.6
Depressive thoughts				
Have you lost interest in things?	5	11.9	37	88.1
Are you unable to play a useful role in your life?	3	7.1	39	92.9
Have you thought about ending your own life?	1	2.3	41	97.7
Do you feel useless?	0	0.0	42	100.0

DISCUSSION

This survey identified that 35.7% of professionals surveyed in CAPSad had CMD. This prevalence was higher than in other studies^{4,5,11,15}. In a population-based investigation carried out in an industrialized country, the prevalence ranges from 7% to 30%, with an average of 17%, being more frequent among women (20%) than men (12.5%)¹⁶.

In Brazil, about 50% of primary care patients have been identified with CMD. An overall prevalence of 23% was reported in the city of Pelotas, in the state of Rio Grande do Sul, and 35% in the city of Recife, in the state of Pernambuco¹⁷.

Although very common, psychiatric disorders are often overlooked, and they are well-known causes of functional disability, often as significant as that seen in more severe psychiatric conditions. In addition to the suffering of the individual, this condition has a considerable socioeconomic impact, due to absenteeism and demands for health services, and therefore represents an important public health problem¹⁷.

CMD screening aims to assess four groups of symptoms: depressive/anxious mood; reduced vital energy; somatic symptoms and depressive thoughts. The category referring to depressive/anxious mood of the SRQ-20 showed that professionals feel nervous, tense or worried and sad (54.7% and 45.2%, respectively). Similar results were also identified in other studies^{15,17,18}.

The health professional from the specialized network, such as the CAPSad, develops their work subject to circumstances of high demands that can cause overload and lead to illness. Flows from basic units are almost always conducted to specialized units, generating high demand for care and an excessive volume of work. These characteristics create tensions in the health environment, both for those seeking care and for those who work in these places¹⁸.

Somatic symptoms showed high prevalence: 45.2% of professionals slept poorly, 35.7% had frequent headaches and 30.9% had unpleasant feelings in the stomach and poor digestion. The range of somatic symptoms is a strength of the SRQ-20. In primary health care, the predominance of somatic complaints in relation to psychic complaints in patients with mood, anxiety and somatization disorders has been widely known for some time, and this fact is considered fundamental in the diagnosis of these pathologies¹⁴.

An epidemiological study carried out at this level of health care through more sensitive instruments, with less specificity in diagnoses, revealed a high prevalence of CMD, which are usually characterized by the presence of somatic complaints with higher prevalences of depression and/or anxiety, a significant presence of dissociative-conversion disorders and somatoform pain disorders in these populations, and a high comorbidity of these conditions with anxiety and depressive disorders¹⁹.

The perception of reduced vital energy among CAPSad workers was significant in all items that address this issue in the SRQ-20. The highest prevalence was found in the difficulty of finding satisfaction in daily activities (38.1%), followed by getting tired easily (35.7%), considering work to be painful and causing suffering (30.9%), difficulties in making decisions (23.8%) and thinking clearly (21.4%).

The specifics that are required in the professional practice in mental health include, in addition to other demands, skills to deal with human beings and understand them from the perspective of comprehensiveness in health care. This reality is directly related in everyday life to suffering and madness, which makes the environment permeated by intense subjective and intersubjective production, so that workers are exposed to different situations, which can lead to greater or lesser satisfaction²⁰.

Work has long been investigated as an influencing factor on the health of workers, but, over the last three centuries, there has been a progressive increase in the understanding and recognition of the role of work in determining and evolving the health-disease process of professionals and the importance of mitigating these work-related disease factors, both to

improve quality of the work result and, mainly, to improve the professional's physical and mental health.

Work that should generate pleasure and happiness causes fatigue, illness, accidents, physical and mental suffering. Changes in the productive sphere intensified exploitation of the workforce and the strain on the health of workers, and little effort is perceived in terms of minimizing the conditions of suffering at work; on the other hand, much thought was given to advancing productivity²¹.

According to WHO data, depressive disorders rank fourth among the ten leading causes of health-related problems worldwide. Among women, depressive disorders represent the third biggest health problem in developed countries and the fifth in developing countries. Regarding absenteeism, these disorders contribute to a third of days lost due to illness at work and to a fifth of consultations carried out in primary health care¹⁸.

Working in health units can be associated with the production of suffering. The analysis of the determinants or contributors to this situation allows for a better understanding of the relationships established between the health professional, their profession and the illness¹⁸.

In this sense, there is a need for interventions in the daily work process, aiming to improve general conditions and provide psychosocial support to workers. Mental health care, specifically in the attention to people who have problems related to the use of alcohol and other drugs, requires excellence in care and quality in the services provided and, for this, it is necessary to have satisfied professionals who enjoy good physical health, mental and quality of life.

CONCLUSION

Knowing the symptoms of CMD is part of the prevention strategies for mental disorders in the workplace. In this study, it was identified that professionals working in CAPSad in the Triângulo Mineiro region have a higher prevalence of CMD than in the general population, with health professionals and, specifically, with mental health professionals.

It was found that the work performed in CAPSad 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 the high prevalence of CMD.

CMDs are subject to preventive actions, so the data collected may arouse the urgency of broader investigations into the relations of mental health and work, approaching concrete realities in which workers are involved in daily life, as well as evaluating health mental health of someone who takes care of the other's mental health.

The limitations of the study can be identified in the sample size, which suggests broader investigations; the impossibility of establishing a cause and effect relationship; failure to perform qualitative data analysis; and the scarcity of national and international publications on this specific population.

In turn, the research in question points to the need for interventions in the daily lives of CAPSad that aim to improve working conditions, mental health promotion strategies and psychosocial support for workers.

REFERENCES

1. Santos ÉG, Siqueira MM. Prevalence of mental disorders in the Brazilian adult population: a systematic review from 1997 to 2009. *J Bras Psiquiatr.* [Internet]. 2010 [cited in 12 Jan 2021]; 59(3):238-46. DOI: <https://doi.org/10.1590/S0047-20852010000300011>
2. World Health Organization. Mental health action plan 2013-2020 [Internet]. Geneva: WHO; 2013 [cited in 4 Nov 2021]. Available from: http://www.who.int/mental_health/publications/action_plan/en/
3. Goldberg D, Huxley P. *Common mental disorders: a bio-social model.* London: Tavistock; 1992. p. 54-8.

4. Knuth BS, Silva RA, Oses JP, Radtke VA, Cocco RA, Jansen K. Mental disorders among health workers in Brazil. *Ciênc Saúde Colet*. [Internet]. 2015 [cited in 12 Jan 2021]; 20(8):2481-8. DOI: <https://doi.org/10.1590/1413-81232015208.05062014>
5. Santos AMVS, Lima CA, Messias RB, Costa FM, Brito MFSF. Transtornos mentais comuns: prevalência e fatores associados entre agentes comunitários de saúde. *Cad Saúde Colet*. [Internet]. 2017 [cited in 02 Feb 2021]; 25(2):160-8. DOI: <https://doi.org/10.1590/0102-311X00236318>
6. Gomez CM, Vasconcellos LCF, Machado JMH, Gomez CM, Vasconcellos LCF, Machado JMH. Saúde do trabalhador: aspectos históricos, avanços e desafios no Sistema Único de Saúde. *Ciênc Saúde Colet*. [Internet]. 2018 [cited in 10 Feb 2021]; 23(6):1963-70. DOI: <https://doi.org/10.1590/1413-81232018236.04922018>
7. Nunes MA, Pinheiro AP, Bessel M, Brunoni AR, Kemp AH, Benseñor IM, et al. Common mental disorders and sociodemographic characteristics: baseline findings of the Brazilian Longitudinal Study of Adult Health (ELSA-Brasil). *Braz J Psychiatr*. [Internet]. 2016 [cited in 10 Feb 2021]; 38(2):91-7. DOI: <https://doi.org/10.1590/1516-4446-2015-1714>
8. Sousa KHJF, Lopes DP, Tracera GMP, Abreu ÂMM, Portela LF, Zeitoune RCG, et al. Transtornos mentais comuns entre trabalhadores de enfermagem de um hospital psiquiátrico. *Acta Paul Enferm*. [Internet]. 2019 [cited in 23 Feb 2021]; 32(1):1-10. DOI: <https://doi.org/10.1590/1982-0194201900002>
9. Trevisan ER, Castro SS. Aspectos psicossociais do trabalho em saúde mental: uma revisão integrativa. *SMAD, Rev Eletrônica Saúde Mental Álcool Drog*. [Internet]. 2016 [cited in 07 Feb 2021]; 12(3):188-97. DOI: <https://doi.org/10.11606/issn.1806-6976.v12i3p188-197>
10. Goldberg D, Goodyer I. *As origens e o curso dos transtornos mentais comuns*. Nova York: Routledge; 2005. p. 13-6.
11. Carvalho DB, Araújo TM, Bernardes KO. Transtornos mentais comuns em trabalhadores da atenção básica à saúde. *Rev Bras Saúde Ocup*. [Internet]. 2016 [cited in 15 Nov 2020]; 41:e17. DOI: <https://doi.org/10.1590/2317-6369000115915>
12. Olivier M, Perez CS, Behr SCF. Workers removed for mental and behavioral disorders: the return to the workplace and its impact on the personal and working life of some bank employees. *Rev Adm Contemp*. [Internet]. 2011 [cited in 15 Dec 2020]; 15(6):993-1015. DOI: <https://doi.org/10.1590/S1415-65552011000600003>
13. Baasch D, Trevisan RL, Cruz RM. Perfil epidemiológico dos servidores públicos catarinenses afastados do trabalho por transtornos mentais de 2010 a 2013. *Ciênc Saúde Colet*. [Internet]. 2017 [cited in 15 Jan 2020]; 22:1641-50. DOI: <https://doi.org/10.1590/1413-81232017225.10562015>
14. Gonçalves DM. Self-Reporting Questionnaire (SRQ). In: Gorenstein C, Yuan-Pang W, Hungerbühler I, organizadores. *Instrumentos de avaliação em saúde mental*. Porto Alegre: Artmed; 2016. p. 24
15. Cesar ELDR, Wagner GA, Castaldelli-Maia JM, Silveira CM, Andrade AGD, Oliveira LGD. Prescribed use of methylphenidate hydrochloride and its correlates among Brazilian college students. *Arch Clin Psychiatr*. [Internet]. 2012 [cited in 15 Jan 2020]; 39(6):183-8. DOI: <https://doi.org/10.1590/S0101-60832012000600001>
16. Schraiber LB, Mendes-Gonçalves RB. Necessidades de saúde e atenção primária. In: Schraiber LB, Nemes MIB, Mendes-Gonçalves RB, organizadores. *Saúde do adulto: programas e ações na unidade básica*. 2ed. São Paulo: Hucitec; 2000. p. 29-47.
17. Carmo MBB, Santos LM, Feitosa CA, Fiaccone RL, Silva NB, Santos DN, et al. Screening for common mental disorders using the SRQ-20 in Brazil: what are the alternative strategies for analysis? *Rev Bras Psiquiatr*. [Internet]. 2017 [cited in 20 Jan 2020]; 2018(40):115-22. DOI: <https://doi.org/10.1590/1516-4446-2016-2139>

18. Marcelino Filho A, Araújo TM. Estresse ocupacional e saúde mental dos profissionais do centro de especialidades médicas de Aracaju. *Trab Educ Saúde* [Internet]. 2015 [cited in 20 Mar 2020]; 13:177-99. DOI: <https://doi.org/10.1590/1981-7746-sip00016>
19. Tófoli LF, Andrade LH, Fortes S. Somatização na América Latina: uma revisão sobre a classificação de transtornos somatoformes, síndromes funcionais e sintomas sem explicação médica. *Rev Bras Psiquiatr.* [Internet]. 2011 [cited in 12 Feb 2021]; 33:s59-69. DOI: <https://doi.org/10.1590/S1516-44462011000500006>
20. Guimarães JMX, Jorge MSB, Assis MMA. (In)satisfação com o trabalho em saúde mental: um estudo em Centros de Atenção Psicossocial. *Ciênc Saúde Colet.* [Internet]. 2011 [cited in 11 Feb 2021]; 16(4):2145-54. DOI: <https://doi.org/10.1590/S1413-81232011000400014>
21. Lara R. Saúde do trabalhador: considerações a partir da crítica da economia política. *Rev Katálysis* [Internet]. 2011 [cited in 09 Mar 2020]; 14(1):78-85. Available from: <https://www.scielo.br/j/rk/a/Czdx3sGRxBwP3QjS3Dvhnpp/?format=pdf&lang=pt>

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CONTRIBUTIONS

Erika Renata Trevisan contributed to the design, collection and analysis of data and writing. **Sybelle de Souza Castro** participated in the analysis and interpretation of data and reviewing.

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