

# Is the Brazilian Research Prepared for Prevention on Mental Health?

Samia Abreu Oliveira<sup>1+</sup> and Sheila Murta<sup>2</sup>

<sup>1</sup>University of Brasilia, Brazil

**Abstract.** There is a prevailing need for prevention of negative outcomes in mental health: this is essential for improving research and service care for Brazilians. The aims of this study are to summarize the state of the field on mental health prevention in Brazil and identify studies on the preventive intervention research cycle. We performed a systematic review of national literature, without limitations on the publication's age. We found 4131 articles of which 3016 (73.08%) were studies of physical illness prevention and 651 (15.76%) of mental illness. Of these, the most prevalent were exploratory studies, 256 articles (68.45%). 31 articles (8.29%) described programs and only 2.94% (11 articles) were programs systematically evaluated. The results indicate the discontinuity of the transformation of basic research on preventive interventions and technologies. This suggests strategic research agenda should include (a) construction of evaluation measures, (b) creating a network of researchers, (c) approach to other areas, (d) financial encouragement from the development agencies, (e) partnership with health promotion researchers, (f) easy programs divulgation and (g) dissemination for public policy.

**Keywords:** Mental health, Prevention, Public policies, Dissemination.

## 1. Introduction

Mental disorder can be prevented. This is a bold claim and, if true, motivating. Around the world, researchers have investigated how to prevent negative outcomes in mental health and have found positive results.

The results of prevention rely on a broad network of knowledge production in the area<sup>1</sup>. The prevention research cycle can be described in six main steps. The first step is (1) to identify the problem and its prevalence<sup>2</sup>. The next step is (2) identify risk and protective. The third step is (3) implement a pilot study based on the theory<sup>3</sup>. The fourth phase is the (4) advanced test for analysis of effectiveness. The next step is (5) the implementation of the program in the natural environment<sup>4</sup>. The last stage is the (6) diffusion, which aims to transform the program in local service national policy.

In Brazil, epidemiologic dates require prevention programs efficiently and effectively tested. It is estimated that 3% of the population needs continuing care, about 5 million Brazilians suffer from some severe and persistent mental illness, plus 9% of the population that uses any Psychiatric services, totalling 20 million people. However, the report from the Ministry of Health<sup>5</sup> does not mention the word prevention and presents an increased investment in treatment of patients with severe psychological diseases.

Considering the lack of literature reviews and the epidemiologic demands, the objectives of this study were (1) to summarize the state of the field on mental health prevention in Brazil and (2) identify studies on the preventive intervention research cycle.

## 2. Method

We performed a systematic review of national literature. The search was conducted in Brazilian databases (Scielo and Pepsic), without limitations on the publication's age. We included articles published up to January 2012.

### 2.1 Procedures for Selection and Categorization of Studies

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<sup>+</sup> Corresponding author. Tel.: +55 61 81848186.  
E-mail address: abreu.samia@gmail.com.

The selection of articles was conducted by a researcher, a specialist in preventive programs. We used the following keywords: "prevention" OR "primary care" OR "primary care" OR "health promotion".

The studies found in the search keywords were organized in prevention studies of (a) mental illness, (b) physical illness, (c) accidents, (d) environmental adversities, (e) diseases in animals and (f) agriculture problems, (g) health and disease discussion, (h) training, (i) influence of culture, (j) the role of the Unified Health System and its sectors, (l) human rights and applicability laws regarding health, (m) prevention of fraud, corruption and themes related to policy, public security and citizen rights and (n) method of study or research procedure.

## **2.2 Analysis of Studies of Mental Health Prevention**

The articles identified in the category "a" (mental health) underwent a detailed. From its contents, two assessors, experts in mental health prevention, classified the studies in the following categories: (1) prevention programs, (2) secondary and tertiary prevention, (3) promotion of mental health, (4) reasoning, (5) materials, (6) public policy, (7) instruments, (8) limiters and advances and (9) studies that was not focused on prevention. Analyzes were compared by measuring the calculation of agreement between coders<sup>6</sup>. The degree found was 97.37%.

## **3. Results**

Initially, there were 4131 articles that cited prevention as its thematic discussion. Of these, 3016 (73.08%) were studies of prevention of physical disease and 651 (15.76%) highlighted the prevention of a mental health condition. The remaining 389 were distributed into small percentages of categories described in the method (Figure 1).

The most frequent category was exploratory studies, 256 articles (68.45%). Prevention programs represent 8.29% (31 articles) of the national mental health. As shown in Figure 1, the number of exploratory studies (69.46%) is about eight times greater than the amount of studies on preventive interventions (8.29%). The number of systematic evaluation interventions is reduced to 11 articles, ie 2.94%.

While studies are arranged in the cycle of research into prevention proposed (Figure 2), as the degree of complexity of stages increase, the number of study decreases abruptly. Steps 1 and 2 together represent 82.09% of all articles comprising the prevention research cycle in Brazil. In contrast, there is a lack of published articles that describe the diffusion of programs, whether in services or public policy.

## **4. Conclusion**

The results indicate a limited number of mental health studies (15.56%) compared with the amount of physical illness studies (73.08%). The finding is contrary to Brazilian epidemiology numbers that shows the increase in mental health problems<sup>7</sup>.

The results indicate the discontinuity of the transformation of basic research on preventive interventions and technologies. Face the question "Is the Brazilian research prepared for prevention on mental health?" The answer is: not yet. The area still appears fragmented, with a small number of preventive programs properly assessed; although there are isolated interventions that demonstrate their effects. Such interventions are ready to be used and are rigorously designed studies by pioneering Brazilians researchers in the area.

This literature review has some limitations. The main one is having examined only articles published in scientific databases. It is suggested that a broader review including theses, dissertations, complete texts published in congress, journals, articles published in books and articles published in international journals.

Moreover, the review showed strengths, such as the start date without limit, which allowing the analysis of the historical prevention research cycle and present a current overview of the area. The evaluation by two

coders, with agreement calculation, is a relevant point about the methodological quality, plus the representative sample of national publications, 4131 articles.

#### **4.1 A Strategic Agenda for Research in Brazilian Mental Health Prevention**

To advance the area in Brazil, is fundamental a strategic research agenda on mental health prevention. The validation of assessment tools such as tests, inventories and scales, and the creation of materials for dissemination and manual intervention are important steps to improve the quality of the studies. The creation of network of interested researchers in prevention is another way to strengthen the area, an alternative to reduce the incidence of research with the same goal. The approach with other knowledge areas, such as public health and public health, is another important step. Finally, entering the production facility in public policy is the biggest challenge.

This article reinforces the commitment of researchers and managers with social justice<sup>8</sup>. The encouragement of public money invested in the production of knowledge must return to the population, through services that prevent suffering and promote wellness.

### **5. Acknowledgements**

A special acknowledgement goes to CNPq (Conselho Nacional de Desenvolvimento Científico e Tecnológico) and to FAP-DF (Fundação de Amparo a Pesquisa do Distrito Federal) for offering the financial support for this research.

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