

# Mental Health in Primary Care: Challenges of the COVID-19 Pandemic in Strengthening RAPS

Saúde Mental na Atenção Básica: Desafios da Pandemia de COVID-19 em para Fortalecimento da RAPS

Salud Mental en Atención Primaria: Retos de la Pandemia de COVID-19 en el Fortalecimiento de las RAPS

## RESUMO

A saúde mental no Brasil experimentou uma reestruturação significativa, com um movimento de desinstitucionalização e busca pelo modelo de cuidado integral. A atenção básica tem desempenhado papel central na promoção de saúde mental, especialmente após a pandemia. Buscou-se avaliar o impacto de estressores relacionados à pandemia COVID-19 na saúde mental de usuários com histórico de transtornos mentais da Atenção Básica do município de Taboão da Serra. Estudo quantitativo transversal, observacional e analítico, com 240 adultos acompanhados em Unidades Básicas de Saúde. Aplicaram-se questionário sociodemográfico, Escala do Impacto do Evento e Escala de Ansiedade de Hamilton e foram analisados com estatística descritiva: Os usuários apresentaram níveis elevados de ansiedade grave e transtorno pós traumático, revelando quadro preocupante de sofrimento mental. A pandemia agravou sintomas de ansiedade e TEPT em usuários com transtornos mentais pré-existentes. O fortalecimento da RAPS pode mitigar esses efeitos e qualificar o cuidado integral em saúde mental.

**DESCRIÇÕES:** Saúde Mental; Acesso à Atenção Primária; COVID-19.

## ABSTRACT

Mental health in Brazil has undergone significant restructuring, with a movement towards deinstitutionalization and the search for a comprehensive care model. Primary care has played a central role in promoting mental health, especially after the pandemic. This study sought to assess the impact of stressors related to the COVID-19 pandemic on the mental health of users with a history of mental disorders in Primary Care in the municipality of Taboão da Serra. This is a cross-sectional, observational, and analytical quantitative study with 240 adults treated at Basic Health Units. A sociodemographic questionnaire, the Impact of Event Scale, and the Hamilton Anxiety Scale were applied and analyzed using descriptive statistics: Users presented high levels of severe anxiety and post-traumatic stress disorder, revealing a worrying picture of mental suffering. The pandemic worsened symptoms of anxiety and PTSD in users with pre-existing mental disorders. Strengthening the RAPS can mitigate these effects and improve comprehensive mental health care.

**DESCRIPTORS:** Mental Health; Access to Primary Care; COVID-19

## RESUMEN

La salud mental en Brasil ha experimentado una reestructuración significativa, con un movimiento hacia la desinstitucionalización y la búsqueda de un modelo de atención integral. La atención primaria ha desempeñado un papel central en la promoción de la salud mental, especialmente después de la pandemia. Este estudio buscó evaluar el impacto de los factores estresantes relacionados con la pandemia de COVID-19 en la salud mental de los usuarios con antecedentes de trastornos mentales en Atención Primaria en el municipio de Taboão da Serra. Se trata de un estudio cuantitativo transversal, observacional y analítico con 240 adultos atendidos en Unidades Básicas de Salud. Se aplicaron un cuestionario sociodemográfico, la Escala de Impacto de Eventos y la Escala de Ansiedad de Hamilton y se analizaron mediante estadística descriptiva: los usuarios presentaron altos niveles de ansiedad severa y trastorno de estrés postraumático, revelando un cuadro preocupante de sufrimiento mental. La pandemia empeoró los síntomas de ansiedad y TEPT en usuarios con trastornos mentales preexistentes. El fortalecimiento de la RAPS puede mitigar estos efectos y mejorar la atención integral a la salud mental.

**DESCRIPTORES:** Salud mental; Acceso a atención primaria; COVID-19

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## INTRODUCTION

Mental health in Brazil has undergone significant transformations since the 1980s, with the advent of the Psychiatric Reform, whose main objective was the deinstitutionalization of people with mental disorders and overcoming the asylum model of care. With the creation of the Unified Health System (SUS) and the enactment of Law No. 10.216/2001, which guarantees the rights of people with mental disorders, the construction of a network of substitute services began. This process promoted the gradual replacement of the hospital-centered model with a territorial and community care approach, culminating in the establishment of the Psychosocial Care Network (RAPS)<sup>1,2</sup>.

The Psychosocial Care Network (RAPS) aims to increase the population's access to psychosocial care services, offering continuous and integrated care to people with mental disorders. It also seeks to establish links with users and their families, through welcoming, longitudinal monitoring and attention to emergency situations (3). The RAPS is made up of various devices, such as the Psychosocial Care Centres (CAPS), Primary Care (PC) through the Basic Health Units (BHU), as well as other specialized units, which work together to guarantee comprehensive, community-based and humanized care<sup>3</sup>.

Primary Care (PC) has become an

essential component for implementing the psychosocial care model, acting as the main gateway to the SUS and offering continuous care and follow-up to individuals with mental disorders<sup>3</sup>. Their work is fundamental for the early identification of signs of mental suffering, as well as for supporting individualized and community care, promoting social inclusion and the active participation of users. In this context, the UBS play a central role in bringing the population into the RAPS, and are responsible for health promotion, disease prevention and mental health care, liaising with the other services in the network whenever necessary<sup>3</sup>. Among the UBS' competencies are the reception and continuous monitoring of patients, especially in cases that require more specialized care, always with an integrated approach to the other components of the RAPS<sup>4</sup>.

In this sense, the psychosocial care model represents an alternative to decentralize care and expand access for the population, which previously depended on hospital care that was often exclusionary and segregating<sup>5</sup>. However, its effective implementation still faces significant challenges, marked by inequalities in access to mental health services, which vary according to region and local funding capacity. The shortage of qualified professionals and the lack of adequate infrastructure, especially in remote areas, make it difficult to universalize quality care, perpetu-

ating inequalities in care. Despite the progress made, there are still problems related to the regional distribution of human resources, professional qualifications and coordination between the different levels of care<sup>5</sup>.

The integration of the fields of Mental Health and Collective Health is fundamental for the implementation of a care network that does not rely on the asylum model, enabling the focus on subjectivity to go beyond the limits of services and levels of care, and to be incorporated into the various forms of health care offered. However, it can be seen that the integration of the mental health care network, although ambitious in its proposal, has only been partially achieved, maintaining characteristics of the hierarchical model between levels of care<sup>6</sup>.

In addition, mental health has gained prominence, especially after the COVID-19 pandemic, which has had a significant impact on the psychological well-being of individuals around the world. This context has generated various consequences, exacerbating anxiety, depression, post-traumatic stress disorder and sleep disorders, which has increased the demand for mental health services and overloaded systems, especially among the most vulnerable populations. In this scenario, primary care had to adapt quickly to deal with these issues, taking on a fundamental role in providing ongoing support to the population, especially in crisis situations.

This adaptation has required efforts to train health professionals, provide adequate resources and integrate with other mental health services in order to meet the growing demands<sup>7</sup>.

With the COVID-19 pandemic, there has been a significant increase in the demand for mental health care. Studies indicate a high prevalence of symptoms of anxiety, depression and post-traumatic stress disorder in different segments of the population<sup>8</sup>. The main risk factors associated with mental illness are social vulnerability, infection by the disease or living with infected people, the presence of pre-existing mental disorders, being elderly and working as a health professional. In addition, social isolation and exposure to an excessive amount of information, which is often inaccurate, intensify the stressors during the crisis<sup>9</sup>.

Faced with the challenges of effectively implementing this comprehensive care model in primary care, one of them is providing adequate care for patients with mental disorders aggravated by the pandemic. This study aims to assess how stress factors, especially social isolation and the losses associated with the health crisis, have influenced the mental health of these PHC users in the municipality of Taboão da Serra, São Paulo. The aim is to subsidize strategies for strengthening primary care and linking it to other points in the RAPS.

## METHOD

This is a cross-sectional, observational and analytical study with a quantitative approach. 240 adults over the age of 18, of both sexes, with a previous psychiatric diagnosis of anxiety and/or mood disorders confirmed by a psychiatrist, and who belonged to basic health units in the municipality of Taboão da Serra in the state of São Paulo, were invited to take part in the study.

A sociodemographic questionnaire, the Impact of Event Scale - Revised (IES-R) used to screen for post-trau-

matic stress disorder (PTSD) and the Hamilton Anxiety Rating Scale (HAM-A)<sup>10</sup> were used to answer the study's objective.

Recruitment was carried out by consulting the list of users of one of the municipality's primary health care centers, previously authorized by the local manager. After consulting the list, the participants were randomly selected using statistical sampling software (SPSS). Data was collected between February and August 2021 via online forms, which were made available to participants by telephone and/or email. Subjects who agreed to participate received a digital version of the Informed Consent Form by email or WhatsApp.

The study used descriptive and multivariate data analysis, specifically multiple linear regression analysis. The data was processed using Stata software version 15.0, generating descriptive statistics and other multivariate analyses. The research followed all ethical parameters in accordance with CONEP resolution No. 510/2016. CAAE:

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## RESULTADOS

A seguir, são apresentados os resultados obtidos por meio da aplicação dos instrumentos de coleta de dados, incluindo informações sociodemográficas, indicadores de TEPT segundo os escores obtidos e os níveis de ansiedade conforme a Escala HAM-A, além dos dados sobre o uso de medicação psicotrópica.

Foi possível traçar o perfil sociodemográfico dos respondentes. A maioria dos participantes declarou ter cursado até o Ensino Médio (55%), enquanto 18% possuíam formação superior completa. Quanto à autodeclaração racial, 50% se identificaram como pardos. Em relação à faixa de renda, 67% relataram possuir rendimentos entre 1 e 1,5 salários-mínimos, o que os posiciona majoritariamente nas classes D e E, conforme os critérios do IBGE (2022). A Tabela 1 resume os dados quantitativos encontrados.

**Table 1: Socio-demographic profile of respondents, 2024.**

	Variables	N	%
Gender	Women	157	73
	Men	58	27
Color	White	45	21
	Brown	108	50
	Black	62	29
Schooling	Elementary school II	60	28
	High school	118	55
	Higher education	37	18
Marital status	Single	68	32
	Divorced	24	11
	Married	123	57
Income	A	6	3
	B	17	8
	C	47	22
	D	106	49
	E	39	18

Source: prepared by the authors (2025)

With regard to PTSD, 81.4% of the participants met the criteria for the diagnosis, while only 7.9% were not at risk. Prevalence was slightly higher among men

(84.5%) compared to women (80.3%). The full distribution of scores and their respective classifications is detailed in Table 2.

were taking the right actions to control the pandemic, followed by concern about possible contamination of family members and finances<sup>12</sup>.

This study differs from the previously mentioned studies in that it followed patients with a previous psychiatric diagnosis undergoing clinical follow-up in primary care. The results showed higher prevalence rates than those observed in previous studies. High rates of severe psychological symptoms were identified, especially sleep disorders (66%) - as self-reported in the "very" and "extremely" categories - severe anxiety (74.9%), depressed mood (67%), as assessed by the HAM-A Scale.

Post-traumatic stress disorder (PTSD) is triggered by exposure to one or more traumatic situations, which may involve threats to one's own life, the lives of others, experiences of violence, serious accidents or the act of witnessing such events. It is estimated that between 61% and 80% of individuals are exposed to traumatic events throughout their lives; however, only around 5% to 10% develop PTSD after these experiences<sup>13</sup>.

The data from this study, obtained using the Impact of Event Scale - Revised (IES-R), was diagnosed in 81.4% of the participants, which revealed that the majority of participants presented criteria compatible with PTSD, as well as high levels of anxiety. These findings were corroborated by the results of the HAM-A Scale, which showed a predominance of symptoms such as anxious and depressed mood, tension and sleep disturbances. It is important to note that sleep disorders were recurrent in both instruments, indicating their strong association with the participants' psychological distress.

As for the use of psychotropic drugs, the most commonly used medications were Lithium Carbonate and Selective Serotonin Reuptake Inhibitors (SSRIs), such as Sertrali-

Score	Score	M	(%)	F	(%)	T	(%)
≤ 23	No risk of PTSD	4	6,9	13	8,3	17	7,9
24 – 32	Low risk for PTSD	1	1,7	12	7,6	13	6,0
33 – 36	Probable diagnosis of PTSD	4	6,9	6	3,8	10	4,7
≥ 37	PTSD	49	84,5	126	80,3	175	81,4
* M = Male							
* F = Female							
* T = All							

Source: prepared by the authors (2025)

Analysis of the HAM-A Scale indicated a greater predominance of psychological symptoms than physical ones. The main symptoms reported included: anxious mood (3.33), tension (3.26), insomnia (2.99), fear (2.98) and intellectual

difficulties (2.84). As for the classification of anxiety levels, 74.9% of the participants were classified as having severe anxiety, 14% as having moderate anxiety, 6.5% as having mild anxiety and only 4.6% had a score within the normal range, as shown in Table 3.

Classification	N	(%)
Normal	10	4,6
Mild anxiety	14	6,5
Moderate anxiety	30	14,0
Severe anxiety	161	74,9

Source: prepared by the authors (2025)

With regard to the use of psychotropic medication, the majority of interviewees reported that the drugs used were effective. The most prescribed drugs were: Quetiapine (53), Lithium Carbonate (52), Sertraline (34), Desvenlafaxine (29), Escitalopram (22), Venlafaxine (17), Zolpidem (10), Clonazepam (10), Pregabalin (7), Sodium Valproate (7), Fluvoxamine (6), Fluoxetine (5).

## DISCUSSION

The findings corroborate research

showing an increase in mental disorders during the pandemic, especially in vulnerable populations. In their study of health professionals who cared for COVID-19 patients, they identified significant prevalences of mental disorders: 39.9% had symptoms of depression, 40.3% of anxiety and 36.1% of insomnia, measured in 8,866 health professionals<sup>11</sup>.

In another study on mental health during the pandemic, with a sample of 3,223 people, the results indicated high levels of stress (60%), anxiety (57.5%) and depression (26%). The most mentioned stressor was uncertainty as to whether the authorities

ne and Escitalopram, suggesting that clinical management has prioritized the treatment of affective and anxious conditions, often associated with the traumatic experience of the pandemic. The most commonly used medications among the participants in this study belong mostly to the class of Selective Serotonin Reuptake Inhibitors (SSRIs).

“ These drugs are widely prescribed for the treatment of depressive and anxiety disorders and have become especially relevant during and after the COVID-19 pandemic. ”

Previous studies indicate that, in the context of the pandemic, approximately 53.8% of the population had moderate to severe symptoms of depression, while 28.8% reported moderate symptoms accompanied by severe episodes of anxiety<sup>8</sup>. Factors associated with a worsening emotional state included traumatic and daily stress, fear, tension, anger, frustration, mistrust, guilt and the persistent fear of contagion. These emotional manifestations were also evidenced in the results of the present study, through the application of the HAM-A Scale, which indicated a significant prevalence of symptoms such as psychological tension, fear and depressed mood among the participants.

These data have shown that the consequences of the COVID-19 pandemic on mental health include a deterioration in sleep quality, an increase in negative thoughts and a worsening of anxiety, depression and PTSD. This is in line with studies that show a significant increase in the incidence of various mental disorders when compared to epidemiological data prior to the pandemic. Among the most frequently reported symptoms are insomnia, depressed mood, irritability, persistent fear and generalized anxiety, composing a scenario of collective psychological suffering and overload of mental health services.

Thus, this study showed the significant impact of the pandemic on the mental health of people with a previous psychiatric diagnosis of anxiety and/or mood disorders, indicating not only the persistence of symptoms over time, but also the need for more effective and integrated actions within the scope of PC for mental health care.

## CONCLUSION

The COVID-19 pandemic has significantly worsened symptoms of anxiety and PTSD in users with pre-

-existing mental disorders monitored in primary care. These results reinforce the need for comprehensive care strategies in primary care, with actions to tackle inequalities and ensure continuity of care. Strengthening the RAPS can mitigate these effects and qualify comprehensive mental health care.

The data from this study indicates that users in continuous follow-up had high levels of severe anxiety and PTSD, revealing a worrying picture of mental suffering. This reality shows that the impacts of the pandemic have been even more intense on people with a history of mental suffering, in many cases surpassing the effects observed in the general population.

In the light of the Psychiatric Reform, which advocates substitutive models to the hospital-centered one, it is essential that the services offered in primary care are qualified, integrated and effective in responding to this demand. With a more attentive and careful look at mental health, especially for people who already had some mental suffering before the pandemic, investment is needed in professional training, therapeutic resources and ongoing support for users. In order for the psychosocial care model to be truly effective, it is necessary to strengthen the continuing education of professionals, expand the resources available in the UBS and improve coordination between the different levels of care in the RAPS.

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