

Parallels between research in mental health in Brazil and in the field of Global Mental Health: an integrative literature review

Paralelos entre a produção científica sobre saúde mental no Brasil e no campo da Saúde Mental Global: uma revisão integrativa

Paralelismos entre la producción científica sobre salud mental en Brasil y el campo de la Salud Mental Global: una revisión integradora

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Abstract

Global Mental Health is a field of teaching, research, and practice whose goal is to improve access to mental health and reduce inequalities in mental health outcomes for all people worldwide, especially proposing action in low- and middle-income countries like Brazil. Given this global scenario and Brazil's progress in health and psychiatric reforms, it is important to investigate the current status of the Brazilian mental health literature and its relationship to Global Mental Health, describing how Brazilian research deals with key topics in the Global Mental Health field. The authors performed an integrative literature review using a qualitative and descriptive approach. The article search was performed for the years 2014 and 2015 in Portuguese and English, using the terms "mental health" and "Brazil", combined with key words corresponding to the principal themes addressed by authors in Global Mental Health. The search yielded 88 articles, which were analyzed according to authorship, periodicals and regions, and the analytical categories of access, primary care, community mental health services, social determinants of health, human rights, and equity. Brazil's mental health research revealed a rich and diverse body of studies, showing parallels with the literature on global mental health, but with limited systematization. Although the review revealed efforts to generate knowledge in this field within Brazil, some barriers may be limiting Brazil's participation in the international debate on Global Mental Health.

Social Determinants of Health; Mental Health; Global Health; Review

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Global Mental Health and the Brazilian context

Global Mental Health is a field of teaching, research, and practice whose goal is to improve access to mental health and to reduce inequalities in mental health for people worldwide ¹. The Global Mental Health agenda features situational diagnoses, methodological proposals for research and evaluation, measures to deal with the mental health gap, and advocacy of the rights of persons with mental disorders and their families on a global level ^{2,3,4,5,6,7,8}. The agenda also recommends follow-up of persons with mental disorders within the community by primary care services and health teams, with evidence-based and collaborative interventions that are consistent with local characteristics and that can be scaled up as intervention strategies for expanding access to mental health ^{3,4,5,6,7,8}.

Another key characteristic of Global Mental Health is the effort to bring international partners together through the Movement for Global Mental Health in order to strengthen mental health, research initiatives and the elaboration of practices of care ^{9,10,11}. Studies indicate that shortages in the supply of mental health services partially reflect gaps in scientific knowledge concerning the provision of such care in resource-poor settings, as well as the small volume of mental health research focusing on populations in low- and middle-income countries (LMICs) ¹².

This situation perpetuates health inequalities and leads to fewer research opportunities. The urgent establishment of a platform for science-sharing and a common research agenda, as some authors have proposed, would promote an evidence base capable of guiding strategic planning and the implementation of interventions, integrating local cultural characteristics with practice in primary care services ^{12,13}.

It is important to learn how this agenda for research and interventions has impacted Brazil, and in turn, how the agenda may have been influenced by Brazil's research production and health policies. Brazil's case is unique. Although Brazil can be classified as a low-income or middle-income country, the measures that are recommended for the African and Asian countries are not applicable here. Unlike African and Asian countries, Brazil has a well-structured national health system, the Brazilian Unified National Health System (SUS) ¹⁴, that resulted from historical processes in Health Reform and reorientation of the primary care model. In mental health, the national system has been impacted by the Psychiatric Reform and the replacement of asylums with community-based mental health services, based on *Law n. 10,2016/2001* and other guidelines for integrated care in the Community Mental Health Network.

The Brazilian experience has required the creation and improvement of mental health policies and practices to ensure the right to health in all its dimensions. The mental health field in Brazil is also the result of a diverse and complex set of influences ¹⁴, with a tradition in the national health debate and practices that have mirrored changes in the internationally tested model of care. However, although Brazilian studies in mental health have contributed to knowledge on reforms in mental health care, the studies still lack sufficient diversity and scope to develop health indicators, to identify successes, and to correct gaps in the system ^{15,16}.

Encouragement for scientific research and comprehensive and systematic assessments can assist decision-making processes and progress in the Health and Psychiatric Reforms ^{15,16,17}. Thus, knowledge on the ways in which the international debate impacts Brazilian research can provide backing for mental health researchers, administrators, and practitioners to engage in a critical dialogue with the field of Global Mental Health.

This article thus analyzes the current status of the Brazilian mental health literature and its relationship to the discipline of global mental health, seeking to describe how the Brazilian studies address the key arguments, proposals, policies, and practices in Global Mental Health, such as increased access, reduction of the treatment gap and inequalities, the fight against stigma, and the production of scientific evidence.

Method

The study takes a qualitative and descriptive approach, with an integrative literature review method based on an article search. The integrative review method was chosen because it is comprehensive and allows combining data from the theoretical and applied literature, e.g., including experimental

and non-experimental studies to achieve a broad understanding of the phenomenon. The methodology thus provides a synthesis of the knowledge and the applicability of significant study results in practice, besides generating a consistent and comprehensive review of complex concepts, theories, and relevant health problems¹⁸.

Data collection: building the sample through a literature search

To begin mapping the Global Mental Health field and identify the Brazilian research production, we initially performed preliminary searches in SciELO, BIREME/BVS, and PubMed. The search started with the keywords “*saúde mental global*” and “*global mental health*”, using the advanced search mode with the title, abstract, and subject headings. The term “*Brazil*” was added to increase the search strategy’s specificity in order to guarantee that the results found in international databases actually referred to the Brazilian context.

The preliminary searches yielded only two articles, suggesting low penetration of the Global Mental Health debate in Brazil. A sample of only two articles was also insufficient for a review. The search scope was thus expanded by eliminating the term global and adding other keywords. Keywords were selected in Portuguese and English that corresponded to the principal topics emphasized by Patel² in defending an action strategy for the Global Mental Health field: *access*; *primary care* (plus the variants basic care and family health); *social determinants of health*; *human rights*; *equity*; and *evidence*. Using these descriptors together with the keywords “*mental health*” and “*Brazil*”, new searches were performed in the same databases, always in the “advanced search” mode, in the title, abstract, and subject headings in Portuguese and English (Box 1).

The final search strategy yielded more than 3,000 articles, narrowed to 996 after eliminating duplicates. Although this was a representative example of the Global Mental Health field, it was unfeasible to analyze such a large initial sample of articles. A time filter was thus applied. Considering that global mental health emerged as a discipline in 2007 and that the key ideas would likely take some time to appear in Brazilian studies, we opted to review the most recent articles, selecting a period of nearly two years, from January 2014 to October 2015, immediately prior to data collection.

The inclusion criteria were: articles published in Portuguese and English in Brazilian and international journals indexed in the above-mentioned databases. Exclusion criteria were: dissertations, theses, monographs, and book chapters, besides articles that were not available as full texts or that were not relevant to the study theme, based on the abstracts. After applying the exclusion criteria, 88 articles remained that comprised the analytical base for the current review.

Distribution and analysis of the articles

To orient the articles’ conceptual analysis, some of the same Global Mental Health topics already identified in the previous literature search were used as analytical categories: access, primary care, social determinants of health, human rights, and equity. After reading the abstracts, community mental health services (Portuguese: *atenção psicossocial*) was added, since it proved relevant as an analytical category in Brazilian mental health research and as a key guideline in the country’s mental health policy. We also analyzed the study methods (Figure 1) and the articles’ characteristics, including the profiles of the lead authors and periodicals and regions of publication.

These categories oriented the two stages in the analysis (comprehensive and specific). In the first stage, the authors divided into two-person groups, and the articles were randomly distributed among them. Each author analyzed the articles to determine whether the categories were present or absent in the article’s objectives or in the discussion of the results and then drafted a summary of the article’s main arguments for each key category that was found to be present. The evaluations were compared and summaries were recorded in text and spreadsheet format, and later compiled in a master spreadsheet and a master text.

The second stage featured an analysis of the specific categories, distributing the categories among the authors. The master text was subdivided according to the analytical categories for an in-depth analysis of the results from the first stage. All the analyses were assessed by the group, and any disagreements were debated collectively to reach a consensus.

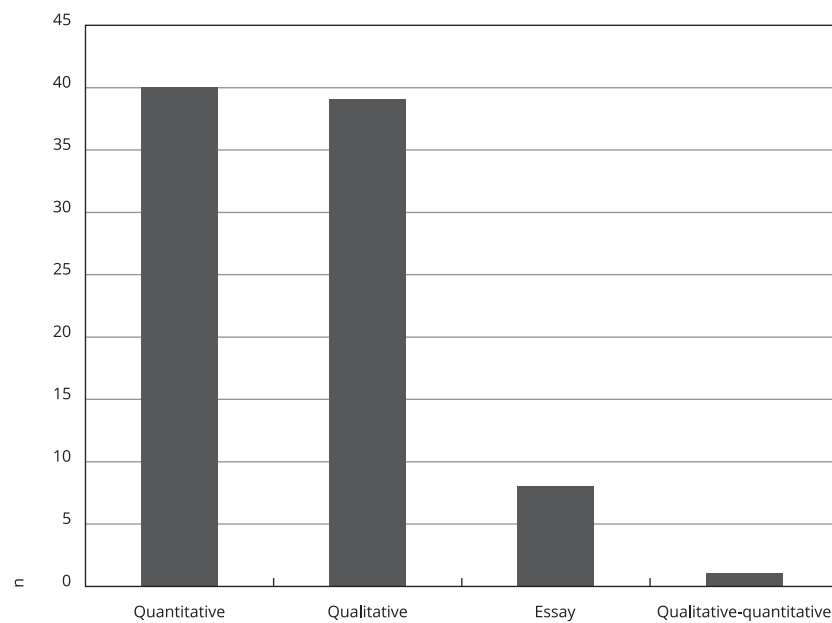
Box 1

Definitive search strategy.

Database	Language	Field searched	Keyword 1	Keyword 2	Keyword 3
BIREME/BVS	Portuguese	Title, abstract, subject	Saúde mental +	Brasil +	Acesso Atenção primária (e suas variantes) Determinantes sociais da saúde-doença Direitos humanos Equidade Evidência
SciELO		Abstract			
PubMed	English	Title, abstract	Mental health +	Brazil +	Access Equity Evidence Human rights Primary care Social determinants of health

Figure 1

Study methodologies.



Ethical aspects and financing

This study is part of the research line *Dilemmas and Challenges of Global Mental health Policies*, of the Institute of Social Medicine/State University of Rio de Janeiro, in collaboration with the Rio Center for Global Health. The study received financial support from the CNPq Call for Projects, n. 443137/2014-5 and PhD scholarships (CNPq 140379/2014-2 and FAPERJ 2017.01612.2).

Results

The current review identified 88 articles (Table 1) that were examined according to the authors' profiles, periodicals and regions of publication, methods, and analytical categories.

Characterization of articles as to authors and periodicals and regions of publication

Most of the lead authors were psychologists (31), physicians (20), or nurses (18), followed by occupational therapists (4), biologists (2), dentists (2), pharmacists (2), speech therapists (2), and other professionals (one lead author each), including an attorney, medical anthropologist, social scientist, economist, physical education professional, journalist, and nutritionist.

The 88 articles were distributed across 54 periodicals, both Brazilian (32) and international (22); 38 were written in Portuguese, 34 in English, and 16 in other languages.

There was a geographic concentration of the regions studied and the origin of the publishing institutions. Of the 88 articles, the region of Brazil most extensively studied was the Southeast (34), followed by the South (17), Northeast (16), and Central (1). Nineteen studies had a nationwide scope, while one focused on the experience in an international study.

Of the 32 Brazilian periodicals, 24 are published by institutions in the Southeast (São Paulo: 14; Rio de Janeiro: 10), the leading region in terms of publications, followed by the Central (Federal District: 3), South (Rio Grande do Sul: 2; Paraná: 1), and Northeast (Ceará: 1; Pernambuco: 1). Of these 32 Brazilian periodicals, 22 are published by universities, mostly in the Southeast (São Paulo: 11 of 14, Rio de Janeiro: 6 of 10), partly in the Central (Federal District: 1 of 3) and Northeast (1 of 2). In the South, academic institutions published all the periodicals (3). The 10 remaining periodicals were published by professional societies, legal entities, other teaching and research institutions, and charitable hospitals. No studies were found on the North of Brazil, nor are any of the periodicals that appeared in the review published in that region.

Twenty of the 22 international periodicals are from the Northern Hemisphere, heavily concentrated in the United States (12) and United Kingdom (4), followed by Portugal, Canada, Switzerland, and Belgium with one article each. Two Latin American countries, Chile and Colombia, each had one article in the sample.

The fields of knowledge that concentrated the largest number of periodicals were Public Health/Collective Health (14), Nursing (9), Psychology (9), and Psychiatry (4). Together, these 36 periodicals published 64 articles, or 73% of the material analyzed. Other areas included Health Anthropology, Health Law, Speech Therapy, Geriatrics and Gerontology, Medicine, Pediatrics, Occupational Therapy, and Global Mental Health.

The journals that contained the largest number of articles were: *Cadernos de Saúde Pública* and *Physis* (6 articles each); *Revista de Saúde Pública* and *Ciência & Saúde Coletiva* (5); *PLoS One* (4); and *Revista de Pesquisa: Cuidado é Fundamental* (3); totaling 29 of the 88 articles.

Types of studies

The quantitative studies (40) (Figure 2) were nearly all observational studies (39), with just one intervention study. The observational studies were mostly cross-sectional (33), with some longitudinal studies (5) and ecological studies (1).

Table 1

Articles according to authorship, methodologies, and analytical categories.

Author (Year)	Method	Access	Primary care	Analytical categories			Equity
				Psychosocial care	Social determinants of health	Human rights	
Andrade & Bosi (2015) ²⁸	Case study	X	X	X	-	-	-
Andreoli et al. (2014) ³⁷	Cross-sectional	X	-	-	X	-	-
Arce (2014) ³⁸	Case study	X	-	X	X	-	X
Barros et al. (2014) ³⁹	Cross-sectional	-	-	-	X	-	-
Barroso et al. (2015) ⁴⁰	Cross-sectional	X	-	X	X	X	X
Bastos et al. (2014) ⁴¹	Cross-sectional	-	-	-	X	-	-
Bleicher et al. (2014) ²⁹	Case study	X	-	X	X	X	X
Borysow & Furtado (2014) ³⁰	Case study	X	-	X	-	-	X
Bosi et al. (2014) ³¹	Case study	X	-	X	X	-	X
Campanha et al. (2015) ²²	Cross-sectional	X	-	-	-	-	-
Campos et al. (2014) ⁴²	Cross-sectional (survey)	-	-	-	X	-	-
Carvalho et al. (2014) ⁴³	Cross-sectional	-	X	-	-	-	-
Castaldelli-Maia et al. (2014) ²¹	Cross-sectional (survey)	-	-	-	X	-	-
Cezar et al. (2015) ⁴⁴	Case study	X	X	X	X	-	-
Chiavegatto Filho et al. (2015) ¹⁹	Cross-sectional (survey)	X	-	-	X	-	-
Chiavegatto Filho et al. (2015) ²⁰	Cross-sectional (survey)	X	-	-	X	-	X
Conte et al. (2015) ⁴⁵	Case study	X	-	X	-	-	X
Correia Junior & Ventura (2014) ⁴⁶	Essay	-	-	X	-	X	X
Costa et al. (2015) ⁴⁷	Case study	-	X	X	-	-	-
Costa et al. (2014) ⁴⁸	Mapping	X	-	X	-	-	-
Costa et al. (2015) ³²	Cross-sectional	X	-	X	-	-	X
Couto & Delgado (2015) ⁴⁹	Essay	X	-	X	-	X	-
Cruz et al. (2014) ⁵⁰	Cross-sectional	X	-	X	X	-	X
Dantas & Oda (2014) ²⁶	Literature review	-	-	X	-	-	-
Dias et al. (2015) ⁵¹	Literature review	X	X	X	X	-	X

(continues)

Table 1 (continued)

Author (Year)	Method	Access	Primary care	Analytical categories			Equity
				Psychosocial care	Social determinants of health	Human rights	
Duarte et al. (2014) ⁵²	Case study	-	X	X	-	-	-
Faria et al. (2014) ⁵³	Cross-sectional	-	-	-	X	-	-
Frateschi & Cardoso (2014) ⁵⁴	Case study	X	X	-	-	-	-
Frosi & Tesser (2015) ⁵⁵	Cross-sectional	X	X	X	-	-	-
Garbaccio et al. (2014) ⁵⁶	Cross-sectional	-	X	-	-	-	-
Gazignato & Silva (2014) ⁵⁷	Cross-sectional	-	X	-	-	-	-
Gomes et al. (2014) ⁵⁸	Case study	X	X	-	X	X	X
Gonçalves et al. (2014) ⁵⁹	Case study	X	X	-	X	-	X
Gonçalves et al. (2015) ⁶⁰	Case study	-	-	-	X	-	X
Hori & Nascimento (2014) ⁶¹	Cross-sectional	-	X	X	-	-	-
Kantorski et al. (2014) ⁶²	Cross-sectional (survey)	X	-	X	X	X	X
Kantorski et al. (2014) ⁶³	Cross-sectional	X	X	X	-	X	X
Lapischies et al. (2014) ⁶⁴	Cross-sectional (survey)	-	-	X	X	-	-
Lima et al. (2015) ⁶⁵	Case study	-	-	-	X	-	-
Lima & Brasil (2014) ⁶⁶	Cross-sectional (survey)	X	-	X	X	X	X
Maluf (2015) ⁶⁷	Cross-sectional (survey)	X	-	-	X	X	X
Marcelino Filho & Araújo (2015) ⁶⁸	Case study	-	-	-	X	-	-
Marques et al. (2015) ²⁴	Essay	X	-	X	X	-	-
Martins et al. (2015) ⁶⁹	Case study	-	X	-	-	X	-
Matijasevich et al. (2014) ⁷⁰	Mapping	-	-	-	X	-	-
Mendenhall et al. (2014) ⁷¹	Cross-sectional	-	-	-	X	-	-
Molina et al. (2014) ⁷²	Essay	-	-	-	X	-	-
Mosqueiro et al. (2015) ⁷³	Cross-sectional	-	-	-	X	-	-
Mot & Ronzani (2015) ⁷⁴	Literature review	X	-	X	-	-	-
Muylaert et al. (2015) ⁷⁵	Literature review	-	-	X	-	-	-
Nogueira et al. (2014) ⁷⁶	Transversal	-	X	-	X	-	-

(continues)

Table 1 (continued)

Author (Year)	Method	Access	Primary care	Analytical categories			Equity
				Psychosocial care	Social determinants of health	Human rights	
Nunes et al. (2014) ⁷⁷	Essay	-	-	X	-	-	-
Oliveira et al. (2015) ⁷⁸	Cross-sectional	-	-	-	X	-	-
Pastor-Valero et al. (2014) ⁷⁹	Cross-sectional	-	-	-	X	-	-
Paula et al. (2014) ⁸⁰	Cross-sectional (survey)	X	-	-	X	-	X
Pereira et al. (2014) ⁸¹	Longitudinal	-	-	-	X	-	-
Perrone (2014) ⁸²	Essay	-	-	X	-	-	-
Pinto et al. (2014) ⁸³	Cross-sectional	-	-	-	X	-	-
Portugal et al. (2014) ⁸⁴	Cross-sectional	-	X	-	X	-	-
Quindere et al. (2014) ⁸⁵	Case study	-	-	X	-	-	-
Quintana et al. (2015) ⁸⁶	Cross-sectional (survey)	X	-	-	X	-	X
Ramos et al. (2014) ⁸⁷	Case study	X	-	X	-	-	-
Reichenheim et al. (2014) ⁸⁸	Cross-sectional (survey)	-	X	-	X	-	-
Ribeiro et al. (2015) ⁸⁹	Essay	-	-	-	X	X	X
Rios & Costa Andrada (2015) ⁹⁰	Ethnography	X	-	X	-	X	X
Rodrigues et al. (2014) ⁹¹	Cross-sectional	-	X	-	X	-	-
Romio et al. (2015) ⁹²	Literature review	X	-	-	X	-	X
Rotenberg et al. (2014) ⁹³	Cross-sectional	-	-	-	X	X	X
Salles & Matsukara (2015) ⁹⁴	Case study	-	-	X	-	X	-
Santos et al. (2014) ⁹⁵	Case study	-	-	X	-	X	-
Santos & Nunes (2014) ⁹⁶	Case study	-	X	X	-	-	-
Santos & Abdala (2014) ⁹⁷	Cross-sectional	-	X	-	X	-	-
Santos & Fernandez (2014) ⁹⁸	Case study	X	-	X	X	X	X
Saur & Loureiro (2015) ⁹⁹	Longitudinal (cohort)	-	-	-	X	-	-
Scivoletto et al. (2014) ²⁵	Descriptive	X	-	X	X	X	X
Silva et al. (2014) ¹⁰⁰	Participant observation	X	X	-	X	X	X
Silva Júnior & Fischer (2014) ¹⁰¹	Ecological	-	-	-	X	-	-

(continues)

Table 1 (continued)

Author (Year)	Method	Access	Primary care	Analytical categories			
				Psychosocial care	Social determinants of health	Human rights	Equity
Sobrinho et al. (2014) ¹⁰²	Cross-sectional	X	X	X	X	-	X
Souza et al. (2014) ¹⁰³	Literature review	-	-	X	-	-	-
Souza & Carvalho (2014) ¹⁰⁴	Case study	X	X	X	-	X	X
Stefanovics et al. (2014) ²³	Intervention	-	-	X	X	-	-
Surjus & Campos (2014) ¹⁰⁵	Literature review	X	-	X	X	X	X
Sweetland et al. (2014) ¹⁰⁶	Essay	X	-	-	X	X	X
Tavares et al. (2015) ¹⁰⁷	Literature review	X	-	X	X	-	-
Teixeira et al. (2015) ¹⁰⁸	Case study	X	X	X	-	-	-
Vedana & Miasso (2014) ¹⁰⁹	Case study	X	-	X	-	-	-
von Hohendorff et al. (2015) ¹¹⁰	Essay	X	-	X	-	X	-
Wetzel et al. (2014) ¹¹¹	Case study	X	X	X	X	-	-
Total		44	26	46	54	22	31

The main objective of cross-sectional observational studies is to characterize the prevalence of health problems and associated factors. Many of these studies aimed to measure the prevalence of mental disorders in different contexts and its relationship to social determinants of health. Among the prevalence studies, four articles integrated the *São Paulo Megacity Health Survey*, a population-based cross-sectional survey of psychiatric morbidity, assessing a probabilistic sample of household residents in the São Paulo Metropolitan Area, using diagnostic scales and structured psychiatric interviews. The research was part of a set of epidemiological studies with the same methodological approach conducted in 30 different countries, coordinated by the World Health Organization (WHO) in collaboration with Harvard University and the University of Michigan (United States). Besides producing information on the global burden of disease in different cultures, these studies serve as the basis for resource allocation in mental health according to the population's needs ^{19,20,21,22}.

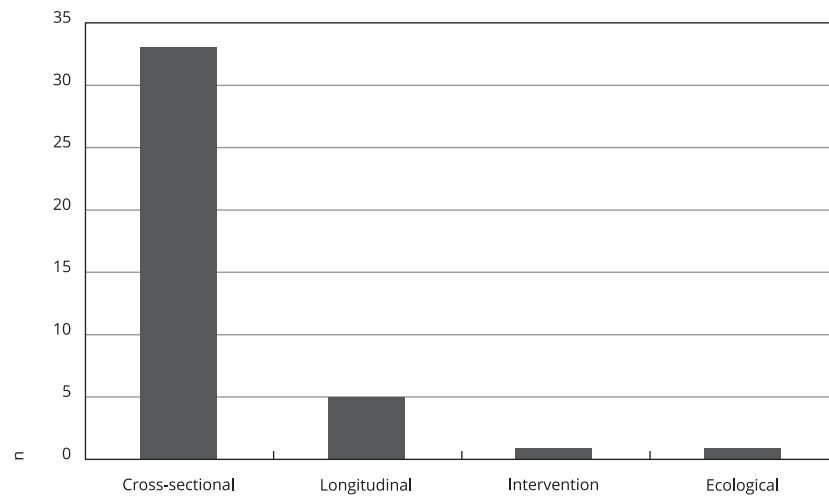
Longitudinal observational studies are costlier because they follow a population over time to investigate potential causal relations. In the longitudinal studies identified in this review, the focus varied from the biomedical approach to maternal-child health issues and the assessment of social determinants of health in pediatric populations.

The only ecological study found by the review analyzed variations in social security benefits for mental disorders and the relationship to work.

A single community-based intervention study was identified, *The Equilibrium Program*, which aims to promote family and social reintegration of vulnerable children and adolescents in the city of São Paulo, victims of trauma and negligence with impacts on their physical and mental health. The program's interdisciplinary approach includes health services, social services, legal aid, and education. The intervention's results were described in an article using quantitative and qualitative methods ²³, and the setting, proposed innovations, and principal challenges for its implementation were presented in two other descriptive articles using a qualitative approach ^{24,25}.

Figure 2

Studies with quantitative methods.



The qualitative studies identified in the review included 28 case studies, 6 literature reviews, 2 mapping studies, and one ethnographic study (Table 1; Figure 3). In more than half, the data collection relied on interviews, often associated to other techniques, which evinces a variety of methods to gather the empirical material.

The case studies featured themes related to practices and processes in community mental health services and primary care. Some case studies focused on the mental health of specific population groups like homeless people and children and adolescents.

Literature reviews were used in 6 studies with various themes in mental health, such as: research priorities; policy assessment; teaching; organization of the community mental health network; specific population groups; and integration of technologies with primary health care (tele-mental health).

The mapping studies addressed harm reduction, describing challenges for care based on support activities performed by teams at the Community Mental Health Services (CAPS), and evaluative studies on mental health services produced in Brazil from 2004 to 2013.

The only ethnographic study analyzed intersections between health and citizens' rights in the field of autism, describing controversies between parents' associations and mental health professionals in the SUS.

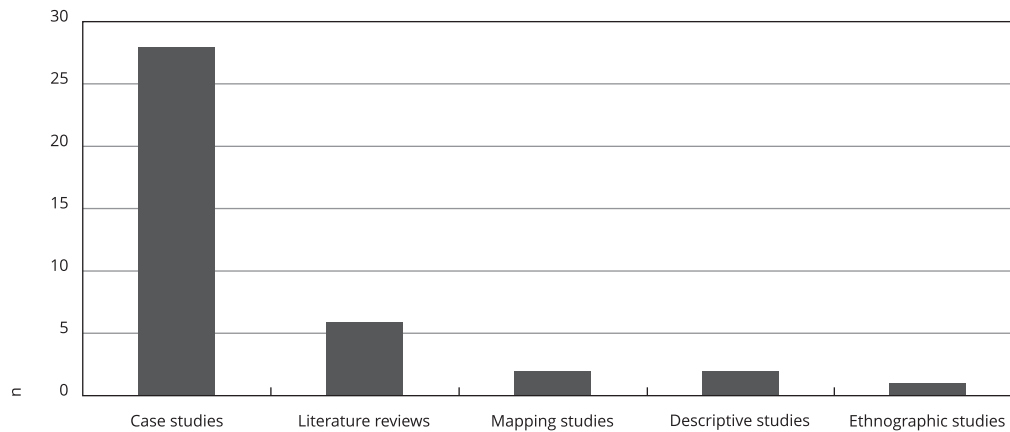
Finally, eight studies in essay format mainly addressed advocacy for patients' rights and implementation of mental health policies, most of which focused on children and adolescents.

Analytical categories

The 88 publications explored a broad range of subjects, such as: prevalence of mental disorders, entry and length of stay in services, development and implementation of policies and strategies to improve community-based mental health care; inter-sector practices and interface with primary health care, focusing especially on inter-consultation; assessment of mental health policies and practices; obstacles to access and quality of care, including questions pertaining to stigma as an index of vulnerability and an aggravating factor for social and health inequalities. The studies also investigated specific population groups, focusing on vulnerable groups with their characteristics and needs. As for the perspective addressed in the studies, many considered the points of view of health services or professionals and, less frequently, of patients or families attending the services.

Figure 3

Studies with qualitative methods.



Of the 88 studies, 54 alluded to the category social determinants of health, 46 mentioned community mental health, 44 approached access, 31 referred to equity, 26 focused on primary care, and 22 were related to human rights (Table 1).

Of the 54 articles corresponding to the category social determinants of health, 35 used quantitative methods, the majority of which were cross-sectional studies, in addition to 16 qualitative studies and 3 essays. The themes and target populations varied widely, with the discussions addressing issues such as income, occupation, gender, age, health conditions, access to health services, education, and justice.

As for the access category, the studies problematized policies that orient the supply of mental health services, the criteria and barriers to entry and length of stay in services, and intervening factors in the availability and quality of care.

As for the category community mental health, the search yielded articles on the specificity of work conducted at CAPS and how some populations relate to such services, highlighting access, as well as interfaces with other programs, reflecting such themes as inter-sector collaboration with a focus on primary care and deinstitutionalization.

In the category primary care, the emphasis was on support through inter-consultation, with some studies focusing on its educational dimension and others on the dimension of care, whether through the Family Health Support Team (NASF) or networking with the CAPS. While the studies highlighted the potential of inter-consultation in mental health and primary care, they also identified important challenges, including: unfair distribution of inter-consultation support between regions of Brazil, precarious work conditions, and difficulties in superseding the traditional mental health model.

Studies that discussed equity in mental health recommended that inequalities should be identified and the necessary adaptations should be made by mental health professionals, services, and administrators whenever planning mental health care in order to deal with such needs as detected. In general, the studies discussed such adaptations, correlating them with the other analytical categories.

On the theme of human rights, stigma emerged as an index of vulnerability and an aggravating factor for social inequalities, access, and inequity, leading to the discussion on advocacy for access and mental health as a human right.

Discussion

Periodicals and regions of Brazil

Brazil's research production in mental health is addressed mainly to Portuguese-language readers. Some Brazilian authors have endeavored to publish in English in order to reach non-Brazilian readers, although on a smaller scale. The research is also geographically concentrated in the Southeast of Brazil, which reflects and reinforces the country's regional inequalities^{15,26}.

Although not all the studies showed interaction between academia and mental health services, Brazil's public universities were clearly participating by producing the knowledge and sharing it through their scientific journals. The universities thus accounted for most of the publications, playing a key role in the development of mental health research.

Study designs and methods

The results suggest a balance in the use of quantitative and qualitative methods in mental health research in Brazil, based on the keywords used in our search. With the exception of the *Megacity* and *Equilibrium Program* studies, most of the studies were single initiatives, with little complementarity between studies.

Although cross-sectional quantitative studies formed a large share of this review (except for one of the articles from the *Megacity* project²²), most did not assess the proportion of individuals with mental disorders currently in treatment or other measures of access to care in mental health, thus failing to engage in the debate on mental health gap, a vital issue for Global Mental Health.

Interestingly, only one publication reported on an intervention initiative^{23,24,25}. However, this study featured an innovative and interdisciplinary approach, including community participation in its planning, consistent with the proposal by Global Mental Health authors to value local community engagement²⁷.

The predominance of exploratory and descriptive methods and field research as a data source among the qualitative studies contributed to assessing and emphasizing local policies, practices, and work processes, considering both the perspective of health administrators and professionals and patients and their families^{28,29,30,31,32}. This mapping furnishes data on the sociocultural reality and the political and organizational impasses in the Brazilian mental health field. Further developments based on these data can orient the development of future academic and scientific studies and culturally sensitive approaches.

The studies in essay format allow investigating the current situation with the implementation of mental health policies and patients' rights advocacy, consistent with the discussion on human rights emphasized by Global Mental Health.

Analytical categories

Although the article searches with the key words were performed separately, many studies combined more than one category (most with up to three categories). The searches yielded 13 articles with 5 of the 6 categories, 9 articles with 4 categories, 16 articles with 3 categories, 22 with 2, and 28 with only 1 category. This multiplicity and overlapping of categories exemplify the diverse and multifaceted mental health debate in Brazil, signaling the theoretical multidimensionality of practices in this field and the complexity of building knowledge in mental health. However, many articles failed to specify the theoretical definition of the categories addressed by the authors, thus limiting the clarity of the knowledge produced by the studies.

The category access was frequently associated with primary care, community mental health, or both, reflecting the discussion on the use of services and patients' experiences in securing treatment. The publications showed a clear demand for better access to services and improvement in patient care. As in the field of Global Mental Health, the demand for access to care in mental health appeared as a central theme, although only a few Brazilian publications drew explicitly on the concept of the mental health gap, one of the key concepts in the Global Mental Health literature^{2,3,4,5,6,7,8}.

The fact that the category social determinants of health was mentioned by more than half of the articles (54 of 88) suggests a keen interest in the discussion of factors related to health status and mental health in Brazil. The social determinants of health category was featured in studies that problematized issues related to stigma, social exclusion, and violence and sought a broader understanding of the health-disease process, identifying a wide range of elements for analyzing health conditions and health care for the Brazilian population. The tendency identified in these articles suggested affinities with the Global Mental Health debate, which recognizes the importance of including social determinants of health in mental health research^{1,2,12}.

The category primary care appeared in numerous articles, reflecting the growing importance of this level of care for mental health in Brazil. The emphasis on inter-consultation reflects the importance of daily routines in services for the integration of mental health in primary care, similar to the “Collaborative Care” model, one of the principal Global Mental Health strategies for expanding access and improving quality of care¹². Meanwhile, difficulties reported by Brazilian experiences in developing this model and its effective integration illustrate the barriers to access to adequate mental health care.

The emergence of the category community mental health indicates the relevance of this modality of care in the SUS due to strides in deinstitutionalization³³, a situation that differs from other LMICs. The articles express both the specificity and the diversity of the Brazilian mental health context. However, although such studies are essential for illustrating the range of mental health practices in Brazil, they are mostly single publications and are limited in their development of health indicators and in the discussion of the system’s successes or shortcomings as whole^{15,26}.

As occurs in the literature on Global Mental Health³⁴, the issue of stigma was often associated in the Brazilian literature with human rights advocacy for persons with mental disorders. In the current review, stigma was also associated with vulnerability as an aggravating factor for social inequalities and limited access. As for equity, the studies indicated that when inequalities go undetected, they lead to imbalances in access to health, limiting the use of services by the population. This same logic appeared in the studies dealing with the categories of social determinants of health and human rights, indicating that more stigmatized or vulnerable populations (whose social disadvantage is maintained by the cycle of marginalization and mental illness) lack access to resources to meet their specific needs. According to Global Mental Health^{2,4,9}, planning interventions that address the specific needs of vulnerable groups to minimize the disparities and promote equity is a key priority when addressing the main challenges in mental health.

The review thus identified a parallel between the topics emerging from the categories in the studies analyzed in the Brazilian context and those approached in Global Mental Health. Despite this parallel, the review revealed some differences between Brazil’s mental health research and global mental health. The main difference was the importance of the category community mental health (atenção psicossocial) in the Brazilian literature. Other differences related to the way the arguments were conducted in the studies, which can be attributed to the outcomes of Brazilian Health and Psychiatric Reform movements, the geographic concentration of studies (which both reproduces and perpetuates the inequalities), and limitations in the principal methods used in mental health research in the country.

Implications of the results for mental health research and practice

Brazilian research in mental health, based on the descriptors and the target period, showed a rich body of studies that was diversified and balanced in its use of quantitative and qualitative approaches. While the majority of the quantitative studies focused on the prevalence of mental illness, considering the social determinants of health, the qualitative studies concentrated on describing specificities in the local experiences. These findings suggest a strong commitment to understanding the local context, unlike Global Mental Health studies that focus less attention on social conditions^{10,11,13}.

While the contextual scenario attracted studies with various methodologies, the shortage of more comprehensive epidemiological studies limits the ability to develop indicators that could be combined with other evidence from the existing qualitative studies in Brazil in order to support better

planning of mental health initiative within primary care and community mental health ^{16,35} and the respective resource allocations.

The *Equilibrium Program* was an example of the wealth of complementary and mixed methods and the feasibility of incorporating community participation in the planning, a methodology that has been increasingly recommended ¹⁶ as well for the participatory elaboration of assessment indicators in mental health services, reinforcing the role of other stakeholders such as patients and health care professionals in this process ^{17,26}. Such an approach is consistent with the vision of Global Mental Health authors ^{11,27,34} when they recommend the development of interventions that prioritize actual contextual experiences as opposed to those transposed from other realities.

Despite the wealth of studies and the balance between qualitative and quantitative methods, the review showed a low level of systematization in the studies, characterized by the description of multiple local realities with little dialogue between the studies, geographic concentration, little linkage, integration, and/or continuity between studies developed in Brazil's various regions, and finally, short study timeframes.

The dearth of policies to induce large-scale and long-term studies, combined with the lack of guidelines, which could otherwise support mental health research collaboration and priorities with the necessary methodological plurality ^{3,15,26}, apparently explains the studies' low systematization. Although Brazil has a universal health system with a solid history in mental health care ^{14,15} (distinguishing it from many other LMICs), obstacles within the SUS itself hinder collaboration between studies and the flow and integration of information between health services, administrators, professionals, and researchers. The reasons for these obstacles include the limited ability of the SUS to foment research ¹⁵, plus the decentralization and municipalization of services ³⁶ and the limited interaction between services and academia.

In order to overcome such obstacles and improve the development and systematization of mental health research in Brazil and guarantee consistent growth in the field's expertise, a number of initiatives are needed, negotiated in public forums with representatives from multiple associations and institutions from the mental health field ¹⁶. Brazilian researchers also need to respond to the challenges ^{15,29} with greater methodological diversity, including approaches that allow assessing interventions and their impacts on the availability and quality of care ^{15,16,17,26}. A pluralistic body of evidence would certainly enrich mental health care in Brazil, contributing in turn to the debate in Global Mental Health.

Strengths and weaknesses

One of the review's limitations was the short timeframe. Settling the differences of opinion between the authors increased the time spent in the analytical stage. The use of the same literature search strategy in different languages may have introduced a selection bias. In order to ensure that the studies actually referred to the Brazilian reality, the term "Brazil" was added to all the searches, including those in Portuguese, and it is possible that a few Brazilian studies that did not explicitly refer to "Brazil" (in the title, abstract, or keywords) were not located. The overlapping of analytical categories meant a loss of clarity in the data analysis, although it reflected the field's epistemic and methodological complexity. Despite these limitations, the review highlighted the amount and variety of articles and the diversity of methods. The analysis of articles in both Portuguese and English is another merit of this review. Another strength was the unprecedented comparison of Brazilian research production with research in global mental health, a discipline that has still received relatively little attention in Brazil.

Final remarks

Based on the key categories emphasized in Global Mental Health, this review examined how these categories appear in recent mental health research in Brazil and identified parallels between the Brazilian research production and that of Global Mental Health.

According to the review's results, in order for LMICs like Brazil to participate actively in the field of Global Mental Health, they must be capable of setting their own research agendas and mental

health practices, in keeping with the population's needs and the local context, alongside the establishment of partnerships with international groups and organizations.

Despite efforts to generate knowledge, the barriers to the expansion and deepening of methodological approaches may be limiting Brazil's participation in the international debate on Global Mental Health.

Contributors

A. L. A. Menezes contributed to the article's conception, data analysis and interpretation, drafting of the methodology and access category, consolidation and revision of the text, critical revision, and approval of the final version. M. R. Muller contributed to the data analysis and interpretation, drafting of the introduction and the categories social determinants of health, human rights, and equity, revision of the text, critical revision, and approval of the final version. T. R. A. Soares contributed to the data analysis and interpretation, drafting of the methodology, analysis of the study types, and approval of the final version. A. P. Figueiredo contributed to the data analysis and interpretation, drafting of the category psychosocial care, revision of the text, and approval of the final version. C. R. M. Correia contributed to the data analysis and interpretation, drafting of the category primary care and analysis of the study types, and approval of the final version. L. M. Corrêa contributed to the data analysis and interpretation, partial drafting on the authors and publications, and approval of the final version. F. Ortega contributed to the article's conception, data analysis and interpretation, drafting of the category social determinants of health, critical revision, and approval of the final version.

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Resumo

A Saúde Mental Global é um campo de ensino, pesquisa e prática, cuja prioridade é melhorar o acesso e assegurar a equidade no cuidado em saúde mental para todas as pessoas do mundo, propondo ações especialmente em países de média e baixa renda, como o Brasil. Diante desse panorama mundial e considerando o avanço local dos processos das reformas sanitária e psiquiátrica, torna-se importante investigar o estado atual da literatura brasileira e sua relação com a Saúde Mental Global, descrevendo como a produção nacional aborda assuntos enfatizados nesse campo. Assim, adotando abordagem qualitativa e perspectiva descritiva, foi realizada revisão integrativa da literatura do período de 2014-2015, por meio de pesquisa bibliográfica em português e inglês, utilizando os termos saúde mental e Brasil combinados a palavras-chave correspondentes aos principais tópicos discutidos por autores da Saúde Mental Global. Foram encontrados 88 artigos apreciados segundo sua autoria, periódicos e regiões de publicação, metodologia e de acordo com as categorias de análise e acesso; atenção primária; atenção psicossocial; determinantes sociais da saúde; direitos humanos; e equidade. Constatou-se haver na produção científica nacional um conjunto de estudos muito rico e diversificado com paralelos com a literatura da Saúde Mental Global, mas apresenta um baixo índice de sistematização. Esses achados revelam, portanto, que, apesar dos esforços para a geração de conhecimento local, existem barreiras que, possivelmente, comprometem a participação brasileira no debate internacional.

Determinantes Sociais da Saúde; Saúde Mental; Saúde Global; Revisão

Resumen

La Salud Mental Global es un campo de enseñanza, investigación y práctica, cuya prioridad es mejorar el acceso y asegurar la equidad en el cuidado en salud mental para todas las personas del mundo, proponiendo acciones especialmente en países de renta media y baja, como Brasil. Ante el actual panorama mundial, y considerando el avance local de los procesos de reforma sanitaria y psiquiátrica, es importante investigar el estado actual de la literatura brasileña y su relación con la Salud Mental Global, describiendo de qué forma la producción nacional aborda asuntos centrados en este campo. De este modo, adoptando un enfoque cualitativo y una perspectiva descriptiva, se realizó una revisión integradora de la literatura existente durante el período de 2014-2015, mediante una investigación bibliográfica en portugués e inglés, utilizando los términos salud mental y Brasil, combinados con palabras-clave correspondientes a los principales temas discutidos por parte de autores sobre Salud Mental Global. Se encontraron 88 artículos evaluados según su autoría, periódicos, regiones de publicación y metodología, de acuerdo con las categorías de análisis y acceso: atención primaria, atención psicossocial, determinantes sociales de la salud, derechos humanos y equidad. Se constató que existe en la producción científica nacional un conjunto de estudios muy rico y diversificado, con paralelismos con la literatura de la Salud Mental Global, pero que presenta un bajo índice de sistematización. Estos hallazgos revelan, por tanto, que, a pesar de los esfuerzos para la generación de conocimiento local, existen barreras que, posiblemente, comprometen la participación brasileña en el debate internacional sobre esta cuestión.

Determinantes Sociales de la Salud; Salud Mental; Salud Global; Revisión

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