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Common Mental Disorders and the use of psychotropic drugs among workers in Primary Care in a medium-sized city in São Paulo state, Brazil

Transtornos Mentais Comuns e o uso de psicotrópicos entre trabalhadores da Atenção Básica em saúde em um município paulista de médio porte

Abstract

Objective: To identify the prevalence of Common Mental Disorders (CMD) and the use of psychotropics, as well as the characteristics associated with these outcomes among primary care workers in a medium-sized municipality in São Paulo state, Brazil. **Methods:** This is a cross-sectional study conducted with 158 primary care workers between August and November 2019. To identify CMD, the Self-Report Questionnaire (SRQ-20) was used, adopting a cutoff point of 6/7. The use of psychotropics was evaluated through a specific question and considered both current use and reported previous use. **Results:** The prevalence of CMD found was 34.8%, while the prevalence of current psychotropic use was 20.2%. Additionally, 17.1% of participants reported previous use. Variables related to CMD prevalence referred to different dimensions of worker satisfaction with the service they work in, including overall satisfaction with the service. Current psychotropic use was related to satisfaction with the worker's participation in the service they work in. **Conclusion:** How the studied professionals feel about the service they work in may be strongly related to the occurrence of CMD and the use of psychotropics.

Keywords: Primary Health Care; Mental Health; Occupational Health; Psychotropic Drugs.

Resumo

Objetivo: Identificar a prevalência de transtornos mentais comuns (TMC) e do uso de psicotrópicos, bem como as características associadas a esses desfechos entre trabalhadores da atenção básica (AB) de um município paulista de médio porte. **Métodos:** Trata-se de estudo transversal, conduzido entre agosto e novembro de 2019. Para identificação dos TMC, utilizou-se o *Self-Report Questionnaire* (SRQ-20) adotando-se como ponto de corte 6/7. A utilização de psicotrópicos foi autorreferida e considerou tanto o uso atual como relato de utilização prévia. Empregou-se teste qui-quadrado. **Resultados:** Participaram 158 trabalhadores, 86,7% do sexo feminino. A prevalência de TMC encontrada foi de 34,8%, enquanto a prevalência do uso atual de psicotrópicos de 20,2%. Adicionalmente, 17,1% dos participantes referiram uso prévio. As variáveis relacionadas com prevalência de TMC faziam alusão a diferentes dimensões da satisfação dos trabalhadores em relação ao serviço em que atuam, incluindo a satisfação geral com o serviço. Já o uso atual de psicotrópicos esteve relacionado à satisfação com a participação do trabalhador no serviço em que atua. **Conclusão:** A forma com que os profissionais estudados se sentem em relação ao serviço em que atuam pode estar fortemente relacionada à ocorrência de TMC e à utilização de psicotrópicos.

Palavras-chave: Atenção Primária à Saúde; Saúde Mental; Saúde do Trabalhador; Psicotrópicos.

Introduction

Primary Care (PC) is a central pillar in the organization of the health system in Brazil and plays the roles of coordinator of care and organizer of the care network[1]. In a country with more than 214 million inhabitants, where 71.5% of the population depends solely on the Brazilian Unified Health System (Sistema Único de Saúde [SUS]), primary care has occupied a prominent place, being the preferred point of care for 46.8% of people[2].

Despite their importance, the practice of these services is often crossed by a series of challenges that are seen as contributing factors to the emotional illness of their professionals[3]. Aspects such as the high workload and the overload of responsibilities, together with the lack of adequate material and human resources, contribute to creating a challenging environment in which to carry out their duties, making it difficult to provide quality care to users and generating frustration[4].

Moreover, problems in the organization of work, such as lack of autonomy in decision-making and precarious working conditions, added to the pressure for positive results and the need to meet targets, also contribute to the mental suffering of PC workers, as they lead to feelings of inadequacy and professional insecurity[5].

There are other studies[6,7] in both the national and international literature on the illness of PC workers. In general, these studies focus mainly on burnout and anxiety indicators. A predisposition to professional burnout, characterized by emotional exhaustion, depersonalization at work, and a lack of personal fulfillment, is said to be common among PC workers[8].

It is also worth considering that, at this level of care, therapeutic action does not end with diagnosis or treatment guidance; on the contrary, it presupposes attention to a range of health needs that are not always easy to deal with. The demands often include situations generated by poverty and social inequality, which not rarely lead professionals to experience feelings of incapacity that contribute to work-related stress[5,9].

Faced with this scenario, studies pointing to the physical and emotional stress of these workers have multiplied. Among the aspects studied are common mental disorders (CMD)[4,5,9,10], which are characterized by psychological and behavioral symptoms that cause suffering and affect people's daily functioning but generally do not constitute a nosological category subscribed to the International Classification of Diseases (ICD-10/11) or the Diagnostic and Statistical Manuals (DSM IV/V)[11].

Studies carried out between 2010 and 2017 revealed the prevalence of CMD among PC workers ranging from 16.0% to 42.6%[4,5,9,10], some of which were higher than those found in the general population (28.0%)[12]. However, while research on the occurrence of these types of disorders has been recurrent in the literature, studies on possibly related phenomena, such as the use of psychotropic drugs, are still scarce among PC workers, with a concentration of those evaluating this outcome in hospital-based health professionals[3].

With this in mind, the aim of this study was to identify the prevalence of CMD and the use of psychotropic drugs, as well as the characteristics associated with these outcomes among PC workers in a medium-sized city in São Paulo.

Methods

Type of study and design

This is a cross-sectional study conducted with primary care workers between August and November 2019 in a medium-sized city in São Paulo, located around 80 km from the state capital. According to the latest census estimate for 2019, the municipality in question had around 120,858 inhabitants. At the time of the study, the municipality had six traditional Basic Health Units and 13 Family Health Strategy Units, to which 19 teams were linked.

Selection of participants

All technical and higher education professionals working in the municipality's primary care services were invited to take part. The inclusion criteria for taking part in the study were: being 18 years old or over and being a nurse, nursing technician, doctor, or community health agent (CHA) linked to the permanent staff of the PC services in the municipality studied. The exclusion criteria were being away on vacation or sick leave. Considering these criteria, 178 professionals were eligible to take part in the study.

Data collection procedures

Data was collected using self-administered questionnaires, which were given to the workers after they had been introduced to the study and its objectives, the ethical principles adopted in conducting it and the right to opt out. After any clarifications, the participants were asked to sign the Informed Consent Form (ICF), which was read out loud and signed in two copies, one with the participant and one with the researcher.

Quality control and data entry

Data quality control was checked during the coding of the collection instruments, as well as during the review carried out by the supervisors when they received the questionnaires. The data was entered into the database using Stata 11.1 statistical software (Stata Corp., College Station, United States). Any inconsistencies in the data were analyzed and corrected when necessary.

Outcomes and their measures

The Self-Report Questionnaire (SRQ-20) was used to assess the presence of CMD. This instrument was proposed by the World Health Organization for the detection of minor psychiatric disorders, developed by Harding et al.[13] and validated for Brazil by Mari and Williams[14]. The instrument consists of 20 questions covering psycho-emotional disorders, including psychosomatic symptoms, which can be answered on a dichotomous scale (yes/no). To determine the cut-off point, we considered the study by Santos et al.[15], which found a sensitivity of 68.0% and specificity of 70.7% when applying a cut-off point of 6/7 for both men and women.

The prevalence of the use of psychotropic drugs was assessed using a question with the following wording: "Do you take psychotropic drugs/controlled medication for a nervous/emotional/psychic problem?". The answer options included the following alternatives: "yes, I currently take them", "no, but I have taken them", and "no, I have never taken them".

Independent variables

The independent variables included in the study were: gender (female and male); skin color (white, black, and brown); age (18 to 30 years, 31 to 40 years, 41 to 50 years, and 51 years or older); education (high school, college; specialization or post-graduation); *per capita* income (≤ one minimum wage, > one to two minimum wages, > two to three minimum wages, > three to four minimum wages, and > four minimum wages or more); profession (doctor, nurse, nursing technician, CHA); length of time working at the institution (≤ 12 months; > 12 months to three years; > three to five years; < five to 10 years; > 10 years); received training (yes, no); feeling that previous training prepared them for the job (yes, no); discussing cases with the team (yes, no); taking part in matrix support meetings (yes, no); satisfaction with the services offered to users (satisfied, dissatisfied); satisfaction with their participation in the service (satisfied, dissatisfied); satisfaction with working conditions (satisfied, dissatisfied); satisfaction with relationships in the service (satisfied, dissatisfied); general satisfaction with the service (satisfied, dissatisfied).

The satisfaction outcome was defined using the Satisfaction with Mental Health Services Scales (SATIS-BR). The scale consists of 32 items divided into four dimensions, which together make up an overall assessment. The answers are arranged on a five-point Likert scale, which is used to calculate the average for each dimension studied. Its validation for Brazil was carried out by Bandeira et al.[16], and high internal consistency was observed (α = 0.89). As in a previous study[17], averages above 3.51 were considered satisfaction.

Statistical analysis

The data was analyzed using the Stata 11.1 statistical package. Prevalence rates and respective 95% confidence intervals were calculated.

In the descriptive stage, the means of the numerical variables and their corresponding standard deviations were calculated, as well as the prevalence for each of the strata analyzed in relation to the outcomes in question. The calculations were made using only valid data, while missing data were removed from the analysis.

To test the hypotheses, the chi-squared test was used to identify whether there was an association between the independent variables and the outcome variables. The null hypothesis was that the variables were not associated, and the alternative hypothesis was that the variables were associated. A significance level of 5% was adopted.

Ethical considerations

The study was submitted to and approved by the Ethics Committee of the State University of Campinas (Unicamp), CAAE 00827918.8.0000.5404, opinion approval No. 3.065.312, issued on December 7, 2018, following the Brazilian regulatory standards and guidelines for research involving human beings (CNS Resolution No. 466/2012), in addition to the provisions of the Declaration of Helsinki. Ethical principles were ensured by guaranteeing the right not to participate in the research from the first contact, anonymity, and the adoption of the ICF.

Results

Of the 178 eligible workers, 20 refused to take part in the study. As a result, 158 were included in the study (88.8% of the total eligible). **Table 1** shows the sociodemographic profile of the participants in this study. The majority were female (86.7%, n= 137), predominantly white (66.4%, n= 105). The most common age group is between 31 and 40 years old (41.8%, n= 66). As for professional categories, CHA made up the majority (44.3%, n= 70), followed by nursing technicians (25.3%, n= 40). Regarding the length of service, almost a third of the workers had between five and 10 years' experience at the institution (28.5%, n= 45).

Table 1 Profile of primary health care workers included in the study (n= 158)

Variables	n	%
Sex		
Male	21	13.3
Female	137	86.7
Color		
White	105	66.4
Black	11	7.0
Brown	42	26.6

Continue

Continuation

Age		
18 to 30 years old	35	22.1
31 to 40 years old	66	41.8
41 to 50 years old	37	23.4
51 years or older	20	12.7
Education		
High school	66	47.8
Higher education	57	36.1
Specialization/Postgraduate	35	22.1
***Per capita* income**		
≤ 1 minimum wage	24	15.2
>1 to 2 minimum wages	69	43.7
> 2 to 3 minimum wages	16	10.1
> 3 to 4 minimum wages	28	17.7
> 4 minimum wages	21	13.3
Profession		
Doctor	20	12.7
Nurse	28	17.7
Nursing technician	40	25.3
Community health agent	70	44.3
Length of time working at the institution		
≤ 12 months	36	22.8
> 12 months to 3 years	34	21.5
> 3 to 5 years	23	14.5
> 5 to 10 years	45	28.5
> 10 years	20	12.7

The prevalence of CMD among the workers studied was 34.8% (95%CI: 27.8%-42.5%) (n= 55), while the prevalence of current psychotropic drug use was 20.2% (95%CI: 14.7%-27.1%) (n= 32). **Table 2** shows the prevalence of CMD and current use of psychotropic drugs among workers according to the strata of each variable included in the study. There were no statistically significant differences between the sociodemographic characteristics or professional category of the participants and the prevalence of CMD. However, it should be noted that the prevalence varied significantly between the groups, with 45.7% among CHA compared to 22.5% among nursing technicians and 25.0% among doctors.

Table 2 Prevalence of common mental disorders (CMD) and current use of psychotropic drugs among primary health care workers included in the study (n= 158)

Variables	n	CMD		Psychotropic drugs	
		%	p	%	p
Sex					
Male	21	38.1	0.734	19.0	0.308
Female	137	34.3		28.6	
Color					
White	105	38.1	0.389	21.9	0.588
Black	11	36.4		9.1	
Brown	42	26.2		19.1	
Age					
18 to 30 years old	35	42.9	0.387	31.4	0.112
31 to 40 years old	66	34.8		15.1	
41 to 50 years old	37	24.3		13.5	
51 years or older	20	40.0		30.0	
Education					
High school	66	37.9	0.763	18.2	0.842
Higher education	57	31.6		21.1	
Specialization/Postgraduate	35	34.3		22.8	
***Per capita* income**					
≤ 1 minimum wage	24	41.7	0.334	8.3	0.123
>1 to 2 minimum wages	69	40.6		20.3	
> 2 to 3 minimum wages	16	25.0		31.2	
> 3 to 4 minimum wages	28	32.1		32.1	
> 4 minimum wages	21	19.1		9.5	
Profession					
Doctor	20	25.0	0.064	30.0	0.251
Nurse	28	32.1		21.4	
Nursing technician	40	22.5		10.0	
Community health agent	70	45.7		22.9	
Length of time working at the institution					
≤ 12 months	36	30.6	0.468	22.2	0.396
> 12 months to 3 years	34	26.5		14.7	
> 3 to 5 years	23	39.1		21.7	
> 5 to 10 years	45	35.6		15.6	
> 10 years	20	50.0		35.0	

Continue

Continuation

Received training					
Yes	110	32.7	0.405	20.0	0.905
No	48	39.6		20.8	
Feeling that previous training prepared them for the job					
Yes	111	31.6	0.170	16.7	0.071
No	44	43.2		29.5	
Discusses cases with the team					
Yes	126	32.5	0.235	18.2	0.215
No	32	43.7		28.1	
Taking part in matrix support meetings					
Yes	80	33.7	0.777	17.5	0.383
No	78	35.9		23.1	
Satisfaction with the services offered to users					
Satisfied	117	27.3	0.001**	18.8	0.444
Dissatisfied	41	56.1		24.4	
Satisfaction with their participation in the service					
Satisfied	92	26.1	0.007**	14.3	0.024*
Dissatisfied	66	47.0		28.8	
Satisfaction with working conditions					
Satisfied	102	29.4	0.050*	19.6	0.785
Dissatisfied	56	44.6		21.4	
Satisfaction with relationships in the service					
Satisfied	111	32.4	0.335	20.7	0.822
Dissatisfied	47	40.4		19.5	
Overall satisfaction with the service					
Satisfied	111	27.9	0.005**	18.9	0.521
Dissatisfied	47	51.1		23.4	

* p< 0.05 **p< 0.01. P-values derived from the chi-squared test.

Among the variables that showed statistically significant differences in the prevalence of CMD were aspects related to workers' satisfaction with the service they work in. The various dimensions of satisfaction that showed disparities include: satisfaction with the services provided to users (27.3% for those satisfied and 56.1% for those dissatisfied, p= 0.001), satisfaction with their participation in the service (26.1% for those satisfied and 47.0% for those dissatisfied, p= 0.007), working conditions (29.4% for the satisfied and 44.6% for the dissatisfied, p= 0.050),

and general satisfaction with the service (27.9% for the satisfied and 51.1% for the dissatisfied, p= 0.005). The results corroborated with the initial hypothesis that job dissatisfaction is correlated with CMD.

Similarly to what was observed in relation to CMD, there were no statistically significant differences between the sociodemographic characteristics or professional category of the participants in terms of the prevalence of current psychotropic drug use. The only variable for which there were statistically significant differences was satisfaction with participation in the service (14.3% for satisfied and 28.8% for dissatisfied p= 0.024). However, it is also worth noting the significant variation in the prevalence of current use of psychotropic drugs in relation to the feeling that previous training prepared professionals for their work in primary care. Among those who responded positively, the prevalence was 16.7%, while for those who responded negatively it was 29.5%.

It should be noted that, in addition to the workers who were currently using psychotropic drugs, 17.1% (95%CI: 12.0; 23.7%) (n= 27) of the participants reported having used psychotropic drugs in the past, resulting in a proportion of 37.3% (95%CI: 30.2; 45.1%) (n= 59) workers with a history of using this type of medication. The characterization of psychotropic drug use among the workers who took part in the study, which includes the 59 workers who reported using or having used this type of medication in the past, can be seen in **Table 3**.

Table 3 Characteristics related to the use of psychotropic medication among primary health care workers (n= 59)

Variables	n	%
Type of medicine*		
Anxiolytic	22	37.3
Antidepressant	41	69.5
Antipsychotic	2	3.4
Time of use		
≤ 6 months	26	44.1
> 6 months to 1 year	16	27.1
> 1 to 2 years	8	13.5
> 2 years	9	15.2
Start of use		
Before working in the service	20	33.9
After working in the service	39	66.1
Who prescribed		
Decided on their own	6	10.2
A primary care doctor	21	35.6
A doctor from a specialized public service	11	18.6
A private doctor	21	35.6
Where they get their medication		
In a free SUS pharmacy	31	52.5
In a private pharmacy	22	37.3
Part in a free SUS pharmacy, part in a private pharmacy	6	10.2

* There were workers who used more than one class of medication concomitantly.
SUS: the Brazilian Unified Health System.

The class of medication most used by the participants was antidepressants (69.5%), followed by anxiolytics (34.3%), most of which have been or are being used for six months (44.1%) or up to a year (27.1%). As for when they started using them, 66.1% said that they started using them at the same time as they worked in the service, and most of them were prescribed by a private doctor (35.6%) or by the primary care doctor (35.6%). As for where they obtained the medication(s), most of them reported getting the medication from a free SUS pharmacy (52.5%).

Discussion

It was possible to observe a high prevalence of CMD and current use of psychotropic drugs among the workers studied, both when compared to the general population and when compared to similar populations. Population studies using the SRQ-20 to identify CMD in the Southeast and South regions of Brazil have indicated prevalence rates of 19.7%[18] and 30.2%[19], respectively. As for the use of psychotropic drugs, data from the National Survey on Access, Use and Promotion of Rational Use of Medicines (PNAUM/2013-2014) in Brazil indicate a prevalence in the general population of 8.7%[20].

About screening for CMD among PC professionals, a study of 4,749 professionals in the South and Northeast of the country, using the same instrument used in this study, found a prevalence of 16.0%[4]. Another study of 762 PC workers in Feira de Santana, Bahia, found a prevalence of CMD of 22.9%[21].

As for the use of psychotropic drugs, it is important to point out that studies conducted with PC professionals are scarce; however, it was possible to locate a study conducted with 290 PC workers in Diamantina-MG which identified a prevalence of 10.7%[3] for this outcome. This prevalence is close to that estimated by review studies on the consumption of psychotropic drugs among health professionals. The study by Caixeta et al.[22] indicates that this prevalence varies between 10.0% and 15.0%.

In Iran, working in PC is considered stressful and the illness of workers is considered a challenge for health systems, since 52.9% of the teams showed signs of a high level of burnout[6]. In Brazil, a study carried out in Aracaju indicated that 54.1% of senior professionals in primary care had a high to moderate risk of developing burnout syndrome[7].

Although the results found in this study do not corroborate previous findings on the relationship between CMD among PC workers and characteristics such as gender, length of service, and professional category[4,5], it is worth noting that, regarding the latter, there is also a higher prevalence of CMD among CHA. Among the factors attributed to this finding in the literature are aspects such as low autonomy at work, professional devaluation, an inappropriate management model, multiple tasks, a high degree of responsibility, insufficient training, greater work stress, and low pay[4,5].

It is worth noting that other studies have found worrying data regarding the illness of this professional category. In a study carried out in the municipality of São Paulo with 141 CHA, it was found that the prevalence of CMD was 43.3% and that 24.1% of the participants met the criteria for burnout syndrome[23]. A study carried out in Uberlândia-MG with 116 CHA found a prevalence of 17.24% for severe anxiety and 75.0% for moderate anxiety[24]. It is noteworthy that females predominated in this professional category in both studies, with 92.2% and 88.79%, respectively. This leads to discussion of gender as a risk factor associated with occupational risk, considering the persistent inequality in the distribution of social and domestic work. Women are the ones who continue to take responsibility for the demands of domestic life, which results in overload and lack of time for leisure and rest[23].

It should be noted that Brazil began to address the issue of the health of healthcare workers at a late stage. However, although there are no studies that significantly deepen the relationship between the health and illness of workers who are on the front line of health care, the existing studies provide important data. These data show how working conditions in healthcare facilities cause illness among this class of workers, offering clues as to the magnitude of the development of CMD and the factors that may be associated with this incidence[5].

In this study, there was a statistically significant association between job dissatisfaction and CMD. This finding corroborates Dilélio et al.[4] and Carvalho et al.[5], who found an association between job dissatisfaction and positive screening for CMD. Studies carried out in Iran[6], China[25], and South Africa[26] also point to a significant association between the illness of PC professionals and job dissatisfaction.

The participants in this study showed dissatisfaction, especially in the following areas: services provided to users, participation in services, and working conditions. It is important to point out that, according to Carvalho et al.[5], dissatisfaction has been striking among health professionals, signaling the difficulties they face when trying to perform such a complex, challenging, and highly responsible job amid a scenario of precariousness. This dissatisfaction is evident in the scarcity of resources for work, the type of employment relationship, the devaluation of the worker, and the lack of career planning, resulting in a loss of job satisfaction and a lack of prospects for professional development and advancement.

According to Oliveira and Araújo[10], the inadequate working conditions associated with the high demands, the lack of recognition and the specific nature of care in health work create a situation of imbalance between the effort made and the rewards received. According to the authors, this mismatch has repercussions on worker motivation and satisfaction and can cause mental and physical illness.

In this continuum, we cannot ignore the fact that job insecurity is also related to insufficient investment in social policies and issues such as the privatization of public services. With the rationalization of spending, PC cannot develop to its maximum quality. The flexibilization of working relationships, the loss of stability in the forms of contracting and the multiplicity of workers' employment relationships, often due to low salaries, all add up to the weakening of working conditions in PC[27].

Still about precariousness, Linhart states that it can have a dual nature: subjective, when workers experience great demands in their work and feel unable to respond to them; and objective, in terms of physical resources and a shortage of professionals[28]. A management arrangement that seeks to guarantee maximum productivity with minimum investment promotes a scenario where objective precariousness is added to subjective precariousness, favoring worker exhaustion and potentially generating significant consequences for the worker and the care offered[29].

It is noteworthy that, in this study, dissatisfaction with participation in the service was also related to the current use of psychotropic drugs, thus adding to other factors previously documented in studies conducted with PC professionals, namely: older age and working overtime[3]. Among other health professionals, studies also point to high levels of work stress and high workload as factors associated with this outcome[30].

There are studies in the literature[31,32] that seek to better understand the risk factors associated with PC workers falling ill. Although they consider the importance of the biological risks to which these professionals are exposed, they point out that the main risk to which they are subjected is psychosocial.

Among the psychosocial risk factors are: mental overload, activity overload, rigid time control, the way the sector is organized, social demands, violence, and pressure from users themselves. The latter would be related to the search for curative models and the lack of understanding of the new PC models, with a preventive focus[31].

Studies show that a good relationship between the professionals who make up the work team is an important protective factor against PC workers becoming ill[33]. It is interesting to note that, in this study, satisfaction with relationships in the service was the only dimension in the category of questions about satisfaction that was not associated with workers becoming ill.

Teamwork is one of the pillars of PC. It favors both care, from the perspective of comprehensiveness, and the organization of the work process, promoting cooperation in activities and the division of tasks[34]. Studies indicate that when there is high social support in working relationships, the proportion of CMD cases is lower compared to situations of low social support[9].

Another factor pointed out as being protective of workers' mental health is adequate training, since professional qualifications can provide important resources for dealing with the complexity of the job[35]. In our study, there was an association between the prevalence of current psychotropic drug use and the feeling that previous training did not prepare professionals for their work in primary care. A study carried out in China also found that workers with lower levels of education had a higher risk of mental illness[25].

Health training often disregards the specificities of health work, and training models are often based on privatized liberal clinical care, failing to consider the practice and complexity of working in primary care and failing to prepare for its challenges[36]. In this way, the training of workers has not kept up with the demands of the current health care model of interdisciplinary action, producing situations of suffering in health professionals, especially CHA[5].

In a qualitative study dealing specifically with mental health in primary care, professionals considered their training inadequate to understand and deal with subjectivity and psychological suffering and, according to the authors, demonstrated vulnerability due to the lack of theoretical and technical resources for their daily work[37].

Regarding the use of psychotropic drugs, it was found that, as in other studies conducted with health professionals[30,38], the most commonly used classes of drugs were antidepressants followed by anxiolytics. However, it should be noted that in this study there was a mismatch between the prevalence of CMD and the use of psychotropic drugs in terms of income and professional category. The CHA had a significant prevalence of CMD (45.7%), but only 22.9% used psychotropic drugs, while the participating doctors had 25% CMD and 30% psychotropic drug use.

Lima et al.[39], when conducting a population-based study in the municipality of Botucatu-SP, observed a similar phenomenon regarding income: the use of benzodiazepines and antidepressants was higher in the social segments with higher incomes, while those with incomes of less than one minimum wage, although they had a higher prevalence of CMD, had a lower prevalence of the use of psychotropic drugs.

Considering that CHA are the professional category studied with the lowest income, it is possible to draw a parallel to this situation, in which, for the aforementioned authors, this finding would reveal the existence of inequities in access to care. Alternatively, it should be considered that, in some cases, the outcomes analyzed may compete and end up skewing the results found, since the symptoms that would lead to a score indicating the presence of CMD may be suppressed by the use of psychotropic drugs.

In our study, due to the lack of validated job satisfaction scales for the PC context, we chose to use SATIS-BR. This was because only two of the 32 questions in the scale directly refer to mental health work, so that the results generated can offer relevant indications about the reality of work among PC workers. However, it is important to highlight the limitation inherent in the lack of validation of this scale for this population.

In addition, another limitation of the study was the failure to differentiate between the effects of work in PC for participants who had the Brazilian Consolidation of Labor Laws (CLT) employment relationships and those who were civil servants, since this variable could point to a distinction for CMD or the use of psychotropic drugs impacted by precarious employment relationships.

Finally, it is important to note that this study adopts a cross-sectional design, in which exposure and outcome are assessed simultaneously. For this reason, when interpreting the results, it is necessary to consider the possibility of reverse causality as a limitation of the study. In addition, it is worth noting that professionals who were on leave from work during the period of data collection were excluded from the sample. This exclusion criterion should also be considered a limitation, as these individuals may have taken time off work due to mental health problems, which would introduce selection bias. There was also a lack of analysis to assess estimates of the effect of independent variables on the outcomes investigated, duly controlled for possible confounding factors. It is recommended that future studies consider this approach for a more robust analysis of the results.

Conclusion

The study revealed a high prevalence of CMD and psychotropic drug use among the workers assessed. The variables related to the prevalence of CMD were associated with different dimensions of workers' satisfaction with the service in which they work, including general satisfaction with the service. In addition, the current use of psychotropic drugs was related to satisfaction with the worker's participation in the service. In this sense, the study showed that the way professionals feel about the services and the impact they have on their lives play a fundamental role in the mental health of health professionals, having a significant impact on their quality of life and well-being.

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Data availability: The entire data set supporting the results of this study is available on request from the corresponding author, due to the sensitive nature of the data involved. Although the data has been anonymized, there is still a risk that by combining different pieces of information it may be possible to identify specific individuals or groups. Therefore, to guarantee the protection of privacy and compliance with research ethics standards, access to the complete data set will only be granted upon justified request, allowing for adequate control over the use of this information.

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