







Quality of life and mental health among professionals from Psychosocial Care Centers

Qualidade de vida e saúde mental dos profissionais de Centros de Atenção Psicossocial
Calidad de vida y salud mental de los profesionales de Centros de Atención Psicossocial

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Abstract

Objective: To critically synthesize the aspects exerting an influence on quality of life and mental health among professionals working in Psychosocial Care Centers. **Method:** An integrative review conducted by means of a systematized search and selection strategy. The studies selected were analyzed based on the COREQ and STROBE checklists and assessed according to the GRADE and GRADE-CERQual systems. **Results:** A total of 982 publications were retrieved, with nine of them meeting the eligibility criteria. This review identified that mental health and quality of life are inter-related factors that contribute to well-being in the work environment, although this relationship is not explicitly addressed in the articles analyzed. In the categorical analysis, factors influencing quality of life and mental health were identified in terms of physical infrastructure, work environment, professionals' commitment, care insecurity, stress or ability to manage it, hours worked and interpersonal relations. **Conclusion:** It was noticed that an increasing number of professionals show less interest in working in mental health services, and that those who already do so state their wish to leave the job, a situation related to the deficit in terms of institutional strategies targeted and promoting and maintaining these workers' quality of life and mental health.

Descriptors:

Mental health. Occupational health. Mental health services. Quality of life. Nursing.

Whats is already known on this?

The literature states that CAPS professionals face overload, stress and emotional wear out, with institutional support and self-care as factors that exert an influence on their quality of life and mental health.

What this study adds?

The study reveals that the absence of institutional strategies intensifies the CAPS professionals' wish to leave the job, reinforcing the need for dialog, support and interdisciplinary appreciation.

Resumo

Objetivo: Sintetizar criticamente os aspectos que influenciam a qualidade de vida e a saúde mental dos profissionais que atuam nos Centros de Atenção Psicossocial. **Método:** Revisão integrativa, realizada por meio de estratégia sistematizada de busca e seleção. Os estudos selecionados foram analisados com base nos checklists COREQ e STROBE e avaliados segundo os sistemas GRADE e GRADE-CERQual. **Resultados:** Foram recuperadas 982 publicações, das quais nove atenderam aos critérios de elegibilidade. Esta revisão identificou que saúde mental e qualidade de vida são fatores inter-relacionados que contribuem para o bem-estar no ambiente de trabalho, embora essa relação não seja explicitamente abordada nos artigos analisados. Na análise categórica, os fatores influenciadores da qualidade de vida e saúde mental foram identificados quanto ao ambiente físico e ao ambiente de trabalho, ao envolvimento profissional e à insegurança no cuidado, ao estresse ou à capacidade para gerenciá-lo, às horas trabalhadas e às relações interpessoais. **Conclusão:** Observou-se que um número crescente de profissionais demonstra menor interesse em atuar nos serviços de saúde mental, e aqueles já inseridos manifestam desejo de afastamento do trabalho, cenário relacionado ao déficit de estratégias institucionais voltadas à promoção e à manutenção da qualidade de vida e da saúde mental desses trabalhadores.

Descritores:

Saúde mental. Saúde ocupacional. Serviços de saúde mental. Qualidade de vida. Enfermagem.

Resumen

Objetivo: Sintetizar de forma crítica los aspectos que influyen en la calidad de vida y la salud mental de los profesionales que trabajan en los Centros de Atención Psicossocial. **Método:** Revisión integradora, realizada mediante una estrategia sistematizada de búsqueda y selección. Los estudios seleccionados se analizaron sobre la base de las listas de verificación COREQ y STROBE, y se evaluaron según los sistemas GRADE y GRADE-CERQual. **Resultados:** Se recuperaron 982 publicaciones, de las cuales nueve cumplían los criterios de elegibilidad. Esta revisión identificó que la salud mental y la calidad de vida son factores interrelacionados que contribuyen al bienestar en el entorno laboral, aunque esta relación no se aborda explícitamente en los artículos analizados. En el análisis categórico, se identificaron los factores que influyen en la calidad de vida y la salud mental en relación con el entorno físico y el entorno laboral, el compromiso profesional y la inseguridad en la atención, el estrés o la capacidad para gestionarlo, las horas trabajadas y las relaciones interpersonales. **Conclusión:** Se observó que un número creciente de profesionales muestra un menor interés en trabajar en los servicios de salud mental, y aquellos que ya forman parte de ellos manifiestan el deseo de alejarse del trabajo, un escenario relacionado con la falta de estrategias institucionales orientadas a la promoción y el mantenimiento de la calidad de vida y la salud mental de estos trabajadores.

Descriptores:

Salud mental. Salud laboral. Servicios de salud mental. Calidad de vida. Enfermería.

INTRODUCTION

Quality of life can be understood as the way in which each person assesses their own place in the world, considering the cultural environment, the values that drive their life and the social conditions around them. This perception is developed from the relationship between what a person wishes, expects or considers important and the actual possibilities of achieving those goals throughout life.⁽¹⁻²⁾

Based on this concept, quality of life is a multidimensional construct involving psychological, socioenvironmental and physical aspects. In turn, mental health corresponds to a well-being state that depends on physical, social, individual, economic and environmental aspects, as well as on living

conditions. Consequently, attaining mental health consists in developing skills to deal with the challenges involved in each person's everyday life.⁽³⁾

The relationship between quality of life, work and mental health has been researched in different countries, including China. That country has been developing studies to understand how health workers' performance in psychiatric contexts influences their perception regarding the professional activity. This evidence expanded the debate on work-related quality of life and mental health and contributed to developing specific instruments to measure the so-called "mental quality of life".⁽⁴⁾

In another international context (such as the United States of America, USA), a social study assesses work-related quality of life and found that the psychopathological levels in health area professionals were already considerable before the COVID-19 pandemic public health emergency. After that period, the numbers were even more significant, as the demand, harassment and insecurity levels in relation to the risk of death increased the anxiety and stress rates within health services.⁽⁵⁾

Given this scenario, a mental health crisis was identified in American workers, culminating in a Law Bill targeted at implementing strategies to mitigate work-associated disorders among health professionals in mental health services.⁽⁶⁾

In the Brazilian scenario, the strategies targeted at promoting mental health in work environments were driven by public policies that started to include workers. Regulating Norm No. 17 establishes parameters to adapt the working conditions, aiming to offer comfort, safety and proper performance of activities. In this context, companies started to adopt strategies such as workplace gymnastics to promote physical and mental relaxation, contributing to improving quality of life at work.⁽⁷⁾

In addition to these regulatory initiatives, other measures have been undertaken to face the mental health crisis among health workers. Law No. 14,831 was passed in 2024, granting recognition to companies that implement criteria for the promotion and well-being of their employees.⁽⁶⁾ This mental health crisis related to health workers exerts direct impacts on their quality of life, as the work environment is in a central position in people's life and acts as a personality moderator, ceasing to be a mere subsistence means. In this sense, quality of life in the work environment aims at favoring relationships for personal and professional development, in addition to enabling recognition for health services.⁽³⁾

In the specific Mental Health field, there has been historical political and ideological tension around the Brazilian Psychiatric Reform. It was this process that instituted Psychosocial Care Centers (*Centros de Atenção Psicossocial*, CAPS) as core community-based devices for a substitutive model to the hospital-centered logic.⁽⁸⁻⁹⁾

In this context, it is noticed that many workers still lack adequate academic training to deal with the de-institutionalization demands and those referring to the consolidation of this new paradigm. This condition can contribute to deeper vulnerability regarding psychological distress and to undermine the efficacy of coping strategies.⁽⁸⁻⁹⁾

Another factor related to professionals working in CAPS is the dissatisfaction generated in the work environment, as working in substitutive services requires more dedication and involvement with the patients, which can trigger psychological exhaustion in the professionals and, consequently, interfere in their mental health.⁽⁸⁾

Although the discussions on health workers' quality of life and mental health is advancing in national and international contexts, the studies on CAPS workers are still fragmented and mostly concentrate on emergency situations.^(5,9) Consequently, there is scarcity of surveys targeted at the repercussions of work in the professionals' quality of life and mental health, as well as absence of studies critically synthesizing this phenomenon.

Given this scenario, understanding the quality of life and mental health aspects inherent to CAPS health workers may expand what is known about their performance in substitutive services, so as to inter-relate both concepts, which are sometimes presented as different in the literature when imbalance in one of them will possibly interfere in maintaining the other.

Consequently, the following research question was formulated: How does the work performed in CAPS affect quality of life and mental health among the professionals working in these services? Thus, the objective of the current study was to critically synthesize the aspects found in the literature available that exert an influence on quality of life and mental health among health professionals working in CAPS.

METHODS

An integrative review study that gathers diverse evidence from different methodologies and interprets, analyzes and critically synthesizes studies meeting the research objective. This process followed six stages, according to guidelines duly consolidated in the literature: 1) Defining the research question; 2) Systematically searching the previously established databases; 3) Assessing the quality of the studies selected; 4) Analyzing and synthesizing the data extracted from the studies selected; 5) Interpreting the findings; and 6) Disclosing the findings by publishing the study.⁽¹⁰⁾

This survey was conducted according to the Joanna Briggs Institute recommendations, registered and published on the *Open Science Framework* (OSF), with access available via the following identifier: DOI:10.17605/OSF.IO/HVYX4.⁽¹¹⁾

The research question was formulated as per the PICO acronym (Population, Interest, Context) recommended for qualitative and integrative reviews. This format contributes to organizing the question in an objective and focused way, favoring finding pertinent evidence.⁽¹²⁾ In this review "P" refers to health professionals working in CAPS, "I" represents the impact exerted by working conditions and by the care provided on their mental health and quality of life and "Co" corresponds to the CAPS context as mental health substitutive devices.

In an attempt to exhaust the analysis of the studies available, the following eligibility criteria were defined: original articles addressing quality of life or mental health among professionals working in CAPS and health professionals in general. The exclusion criterion included Grey Literature documents.

The articles were selected from the following databases: Embase, *Biblioteca Virtual em Saúde* (BVS), Web Of Science, SCOPUS and PUBMED; with *Emtree*, DeCS and free terms, respectively. AND and OR Boolean operators were used. The terms employed in each search were described as follows: 1) Embase (Elsevier): ('Quality of Life') OR ('Mental Health') AND ('Psychosocial Care Center'); 2) BVS: ("Saúde Mental") AND ("Pessoal de Saúde") OR Enfermeiro AND ("Centro de Atenção Psicossocial"); 3) Web Of Science: ("Quality of Life") OR ("Mental Health") AND (Nursing) AND ("Psychosocial Care Center") OR ("Mental Health Services"); 4) SCOPUS: ('Quality of Life') OR ('Mental Health') AND ('Psychosocial Care Center') OR ('Mental Health Services'); and 5) PUBMED: ("Quality of Life") OR ("Mental Health") AND ("Health Worker") AND ("Mental Health Services").

The following software programs were used for the process to group the articles selected: *Rayann* (Qatar Foundation, Qatar)⁽¹³⁾, to remove duplicates and blind the articles among peers, and *Zotero* to manage references and filing of articles.

The studies were screened in two different phases: the first one consisted in selecting the articles that would be analyzed regarding titles and abstracts (MEAS); in turn, the second one focused on reading the articles selected in full (KFF). The data extraction process was in charge of a third researcher (LSS). Any and all conflicts were solved by two researchers (KFF and ACMS).

The articles selected were organized into charts in *Word*, to record information from the studies and support data interpretation. The data extraction instrument was structured to organize the results and allow giving a more precise answer to the research question. In order to create Chart 1, diverse information about the general data pertaining to the articles was considered; in turn, Chart 2 details the characteristics of each study referring to mental health and quality of life among CAPS professionals. These charts contain the following: objective, period, geographical region where each study was conducted, CAPS modality, authors, study design, institution, funding, year when each study was developed, research extension in time, authors' considerations and/or approach toward the mental health or work-related quality of life scenario in CAPS.

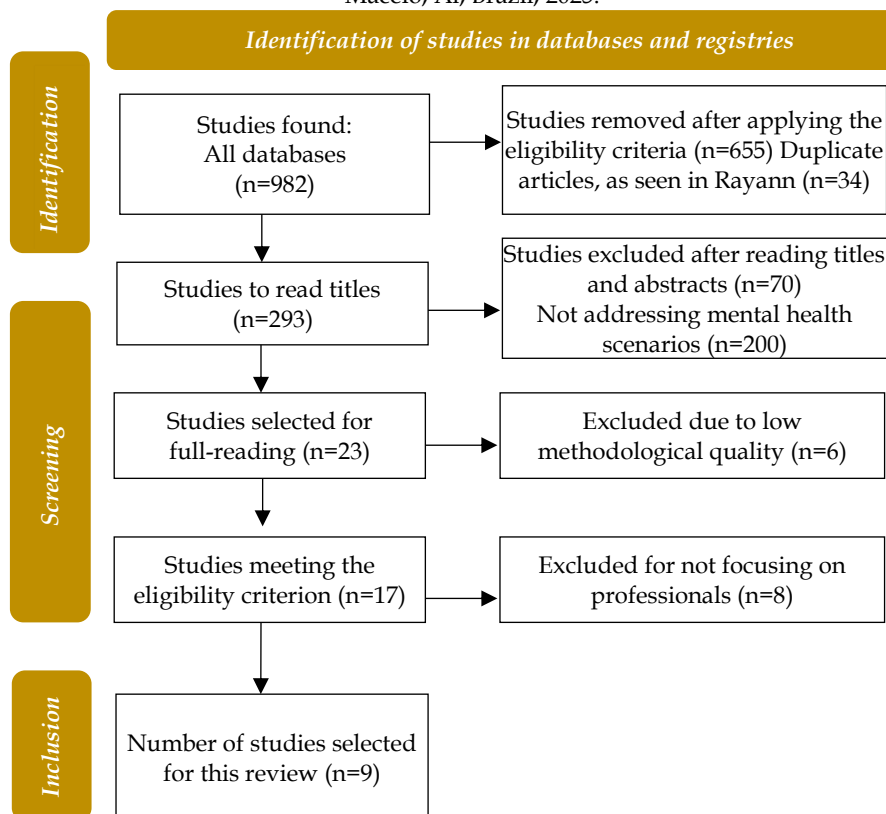
After extracting the data, the COREQ and STROBE checklists were used to assess the methodological quality of the sample with a classification criterion; thus, studies with low percentages (<50%) were considered for exclusion, whereas those with moderate values (between 50% and 75%) and high (>75%) percentages were considered "good".

In order to analyze the levels of evidence, GRADE and GRADE-CERQual were used for the quantitative and qualitative articles, respectively. Subsequently, a thematic category analysis of concepts about factors influencing mental health and quality of life was performed, based on concepts that are in consonance with those set forth by the Ministry of Health.⁽¹⁴⁻¹⁵⁾ The main findings were presented by means of the *Preferred Reporting Items for Systematic Reviewers and Meta-analysis* flowchart.⁽¹⁶⁾

RESULTS

The search yielded 982 documents, published between 2011 and 2024 and distributed across the Embase (n=127), BVS (n=41), Web Of Science (n=108), SCOPUS (n=557) and PUBMED (n=149) databases. After reading the titles and abstracts, 23 articles were selected for full-reading, with nine of them comprising the sample for this review, as illustrated in Figure 1.

Figure 1. Flowchart showing the process to select the articles, adapted from the study by Page MJ⁽¹³⁾. Maceió, AL, Brazil, 2025.



Source: Data from the article. Prepared by the authors (2025).

Descriptive characteristics

Once the inclusion process was over, it was identified that eight of the nine articles had been published in Brazilian journals and that the study designs were mostly of the qualitative type. The studies selected were subjected to a methodological quality assessment according to their design and grouped in Chart 1, with a synthesis of their main geographical and quality characteristics.

Chart 1. General information pertaining to the studies. Maceió, AL, Brazil, 2025.

Author(s) and year	Research origin	Linked institutions	Journal	COREQ/STROBE
Pinho, <i>et al.</i> (2011) ⁽¹⁷⁾	Brazil, Rio Grande do Sul. Portuguese.	Universidade Federal do Rio Grande do Sul and Universidade Federal de Pelotas	<i>Panamericana de Salud Pública</i>	53%
Willrich, <i>et al.</i> (2011) ⁽¹⁸⁾	Brazil, Rio Grande do Sul. Portuguese.	Universidade Federal de Pelotas	<i>Physis: Revista de Saúde coletiva</i>	62.5%
Glanzner, Olschowsky, Kantorski (2011) ⁽¹⁹⁾	Brazil, Paraná. Portuguese.	Universidade Federal do Rio Grande do Sul. Funded: CNPq	<i>Escola de enfermagem da USP</i>	62.5%
Lapischies, Jardim, Kantorski (2014) ⁽²⁰⁾	Brazil, regions from southern Brazil. English.	Universidade Federal de Pelotas	<i>Latino-Americana de Enfermagem</i>	90.9%
Moreira & Lucca (2020) ⁽²¹⁾	Brazil, inland São Paulo. Portuguese.	Universidade Estadual de Campinas	<i>Latino-Americana de Enfermagem</i>	86.37%

Oliveira, <i>et al.</i> (2020) ⁽²²⁾	Brazil, Gentileza, Amapá. Portuguese.	<i>Universidade Federal do Amapá</i>	<i>Ciência e saúde coletiva</i>	62.5%
Sousa, <i>et al.</i> (2021) ⁽²³⁾	Brazil, 3 cities from Paraíba. Portuguese.	<i>Universidade Federal do Rio Grande do Norte</i>	<i>Brasileira de Enfermagem</i>	75%
Zanatta & Lucca (2021) ⁽²⁴⁾	Brazil, a municipality from inland São Paulo. Portuguese.	<i>Universidade Estadual de Campinas</i>	<i>O mundo da saúde</i>	77.3%
Pinto, <i>et al.</i> (2024) ⁽²⁵⁾	Brazil, inland São Paulo. English.	São José do Rio Preto Municipal Health Department; and another 7 institutions	<i>Reports nursing</i>	95.5%

Source: Prepared by the authors (2025).

The sample that comprised this review included two studies in English and seven in Brazilian Portuguese, with most of the studies conducted in the Southeast region of the country (77.78%, n=7) and the minority in the North and Northeast ones (11.11%, n=1; 11.11%, n=1). As for the methodologies employed in the articles, 33.34% (n=3) followed quantitative approaches and applied scales to verify satisfaction in the work environment and mental health among professionals working in CAPS; the other studies (66.67%, n=6) were of a qualitative nature and resorted to discourse or content methodological frameworks.

No article was excluded in the methodological assessment, five were considered “reasonable” (with percentage values varying between 53% and 75%) and four were categorized as “good” (between 77.3% and 95.5%). It was verified that five of the six studies analyzed according to COREQ did not properly detail the researchers' personal data, and only one mentioned the type of employment contract formalized with the participants.

In the domain referring to data collection, this absence of details impaired the methodological assessment, which was one of the criteria that contributed to classifying the studies as of reasonable quality. On the other hand, the studies with a quantitative approach reached scores above 77.3% for presenting higher methodological rigor according to the criteria established.

The descriptive characteristics were as follows: author(s), year, study design, CAPS modality and main results found. In all, 33.34% (n=3) of the articles included in the sample were published in 2011, 11.11% (n=1) in 2014, 22.22% (n=2) in 2020, 22.22% (n=2) in 2021 and 11.11% (n=1) in 2024. Their extension in time was not mentioned in 22.22% (n=2) of the studies; in turn, another 22.22% (n=2) did not report the modality of the CAPS under study, as shown in Chart 2.

Chart 2. Synthesis corresponding to extraction of the data collected from the articles chosen as sample for this study. Maceió, AL, Brazil, 2025.

Author(s) and year	Study design, extension in time, sample and CAPS modality	Main result
Pinho, <i>et al.</i> (2011) ⁽¹⁷⁾	Qualitative study Number of CAPS: n=1 Extension in time: not mentioned Sample: n=38 Modality: not mentioned	The inclusive care model is grounded on interdisciplinary practice.
Willrich, <i>et al.</i> (2011) ⁽¹⁸⁾	Qualitative study Number of CAPS: n=not mentioned Extension in time: 390 hours Sample: n=27 Modality: I and II	Fear when facing crises was detected among the professionals.
Glanzner, Olschowsky, Kantorski (2011) ⁽¹⁹⁾	Qualitative study Number of CAPS: n=1 Extension in time: November-December 2006 Sample: n=10 Modality: II	It was concluded that pleasure in the work environment is the result of how the service activities are approached.
Lapischies, Jardim, Kantorski (2014) ⁽²⁰⁾	Cross-sectional study Number of CAPS: n=40 Extension in time: August-December 2011 Sample: n=546 Modality: I, II and III	An association was noticed between satisfaction and how the working conditions are organized, as well as between satisfaction and democratization in the work environment.

Moreira & Lucca (2020) ⁽²¹⁾	Cross-sectional study Number of CAPS: n=1 Extension in time: January-February 2019 Sample: n=293 Modality: III	7% prevalence of burnout syndrome was identified among professionals aged over 45 years old.
Oliveira, <i>et al.</i> (2020) ⁽²²⁾	Qualitative study Number of CAPS: n=1 Extension in time: January-June 2017 Sample: n=7 Modality: not mentioned	The professionals from the CAPS analyzed experience low spirits and impotence when dealing with undefined organizational demands.
Sousa, <i>et al.</i> (2021) ⁽²³⁾	Qualitative study Number of CAPS: n=3 Extension in time: August-September 2016 Sample: n=49 Modality: III	Overload proved to be associated with work pace, structural organization and the demands related to managing the users' mental health.
Zanatta & Lucca (2021) ⁽²⁴⁾	Cross-sectional study Number of CAPS: n=11 Extension in time: not mentioned Sample: n=193 Modality: Adults and children	It was noticed that low or average job satisfaction emerged as a predictive factor, increasing the chance of burnout by approximately five times.
Pinto, <i>et al.</i> (2024) ⁽²⁵⁾	Cross-sectional study Number of CAPS: n=7 Extension in time: November-March 2022 Sample: n=57 Modality: II, III, AD III and children	Low job satisfaction associated with high workloads emerged as a predictive factor for developing psychopathological conditions connected to the work environment.

Source: Research data, the authors (2025).

In the stage where the relevance of the studies selected was assessed, the GRADE-CERQual (qualitative) and GRADE (cross-sectional) systems for studies with primary designs were used, as detailed in charts 3 and 4, respectively.

Chart 3. GRADE-CERQual assessment regarding relevance in the review context. Maceió, AL, Brazil, 2025.

<i>Review question: How does the work performed in CAPS affect quality of life and mental health among the professionals working in these services?</i>			
Studies selected and numbered	1. Pinho, <i>et al.</i> ⁽¹⁷⁾ ; 2. Willrich, <i>et al.</i> ⁽¹⁸⁾ ; 3. Glanzner, Olschowsky, Kantorski ⁽¹⁹⁾ ; 4. Lapischies, Jardim, Kantorski ⁽²⁰⁾ ; 5. Moreira & Lucca ⁽²¹⁾ ; 6. Oliveira, <i>et al.</i> ⁽²²⁾ ; 7. Sousa, <i>et al.</i> ⁽²³⁾ ; 8. Zanatta & Lucca ⁽²⁴⁾ ; 9. Pinto, <i>et al.</i> ⁽²⁵⁾		
Dimensions about the context to be evaluated	Main finding sought:		
	<i>Direct relevance</i>	<i>Indirect relevance</i>	<i>Uncertain relevance</i>
Importance of the study in the 2025 context	1. Pinho, <i>et al.</i> ⁽¹⁷⁾ ; 2. Willrich, <i>et al.</i> ⁽¹⁸⁾ ; 3. Glanzner, Olschowsky, Kantorski ⁽¹⁹⁾ ; 4. Lapischies, Jardim, Kantorski ⁽²⁰⁾ ; 5. Moreira & Lucca ⁽²¹⁾ ; 6. Oliveira, <i>et al.</i> ⁽²²⁾ ; 7. Sousa, <i>et al.</i> ⁽²³⁾ ; 8. Zanatta & Lucca ⁽²⁴⁾ ; 9. Pinto, <i>et al.</i> ⁽²⁵⁾	No study corresponded to this relevance	No study corresponded to this relevance
For the country	7. Sousa, <i>et al.</i> ⁽²³⁾ ; 9. Pinto, <i>et al.</i> ⁽²⁵⁾	No study corresponded to this relevance	No study corresponded to this relevance
Phenomenon of interest: health professionals from CAPS centers	1. Pinho, <i>et al.</i> ⁽¹⁷⁾ ; 3. Glanzner, Olschowsky, Kantorski ⁽¹⁹⁾ ; 4. Lapischies, Jardim, Kantorski ⁽²⁰⁾ ; 5. Moreira & Lucca ⁽²¹⁾ ; 6. Oliveira, <i>et al.</i> ⁽²²⁾ ; 7. Sousa, <i>et al.</i> ⁽²³⁾ ; 8. Zanatta & Lucca ⁽²⁴⁾ ; 9. Pinto, <i>et al.</i> ⁽²⁵⁾	2. Willrich, <i>et al.</i> ⁽¹⁸⁾ ; Data collection follows a context marked by focusing on the environmental and behavioral perils faced by the patients, but with repercussions on the professionals' actions	No study corresponded to this relevance

Health professionals' points of view	1. Pinho, <i>et al.</i> ⁽¹⁷⁾ ; 2. Willrich, <i>et al.</i> ⁽¹⁸⁾ ; 3. Glanzner, Olschowsky, Kantorski ⁽¹⁹⁾ ; 6. Oliveira, <i>et al.</i> ⁽²²⁾ ; 7. Sousa, <i>et al.</i> ⁽²³⁾ ; 9. Pinto, <i>et al.</i> ⁽²⁵⁾	No study corresponded to this relevance	4. Lapischies, Jardim, Kantorski ⁽²⁰⁾ ; 5. Moreira & Lucca ⁽²¹⁾ ; 8. Zanatta & Lucca ⁽²⁴⁾ ; Studies with a quantitative approach
CERQual assessment regarding the relevance of the studies analyzed	The studies analyzed as with direct and indirect relevance were related to the research question formulated in this study and the authors comprehension parameters suffice to assert that they are confident regarding the designs developed, in the context of primary research with CAPS health professionals. Consequently, no concern regarding relevance can be considered.		

Source: Based on the CERQual hypothetical example (2019).⁽²⁶⁾

The studies analyzed in the light of the GRADE-CERQual system showed direct relevance with the research object because they addressed aspects that exerted an influence on mental health and quality of life among CAPS workers. However, a limitation was noticed as for clarity when addressing the subjective dimensions involved, a core aspect of the current research, as shown in Chart 4.

Chart 4. Assessment regarding quality of the evidence according to the GRADE system criteria. Maceió, AL, Brazil, 2025.

Level of evidence	Study	Information source
High	4. Lapischies, Jardim, Kantorski ⁽²⁰⁾	Observational and cross-sectional
Moderate	5. Moreira & Lucca ⁽²¹⁾ ; 8. Zanatta & Lucca ⁽²⁴⁾	
GRADE assessment	The studies classified as of moderate quality are methodologically and thematically relevant; however and given social and behavioral transformations and those in the health field, the effect estimates related to CPAS workers' mental health may change throughout time. No studies identified as of low or very low quality were identified in this review.	

Source: Research data. Prepared by the authors, based on the GRADE hypothetical example (2014).⁽²⁷⁾

DISCUSSION

According to the studies that comprised this review, mental health and quality of life are factors influenced by various issues in the work environment, from interpersonal relations to workplace physical organization.

This result evidences that there are risks involving workers' mental health and quality of life, both in substitutive services and in others. Although these concepts are related, the studies tend to address them separately. To ease understanding, the findings were organized by thematic categories listed as factors influencing mental health and quality of life in the work environment.⁽¹³⁻¹⁴⁻¹⁵⁾

Factors influencing quality of life

Physical infrastructure and working conditions

Physical structure precarization contributes to health workers' physical and psychological wear out, especially among Nursing professionals.^(8,24,28) The periods during which works or reforms are undertaken to improve infrastructure in CAPS generate distress, increase irritability and promote behavioral changes, evidenced in the form of signs and symptoms such as nervousness, headaches, hypertension peaks, dermatological diseases and depression or anxiety symptoms. This context can turn into a predictive factor of a work-related mental disorder, such as emotional exhaustion.^(8,19,24)

When associated with the routine of the professionals working in mental health services, emotional exhaustion is driven by a stimulus to subjectivity in getting involved with each patient's specific requirements. In this scenario, work leaves and presenteeism are the result of installed psychological distress. This intensifies the reduction in the number of professionals working in CAPS and, consequently, generates overload of work activities for those attending the workplace, resulting in demotivation.⁽²⁴⁾

In this context, workers' constant adaptation to the demands imposed by mental health services is considered a predictor of reduced quality of life and intensifies demotivation in the work environment.^(22-23,28)

Professionals' involvement and care insecurity

The "care in freedom" prerogative still represents a challenge for substitutive services, especially due to health professionals' fear of managing exacerbation of the users' clinical conditions. This insecurity can result in higher emotional burden and favor the onset of psychological distress.^(18,22) In addition to that, the perception of dangerousness associated with psychiatric disorders is sometimes intensified by social media coverage, frequently highlighting isolated cases involving people in mental distress.⁽²²⁾

Although there is the possibility of suffering a violent act at destabilization moments, this does not happen on purpose. Even so, this aspect makes professionals feel less comfortable or safe during the assistance provided, which leads them to demand better safety conditions in the work environment from their bosses.^(18,22)

These professionals' dissatisfaction level is classified as bad or as the worst possible, for not feeling valued whether because managers fail to meet their needs or for having to work while sick. This scenario has led many of them to consider the possibility of abandoning substitutive services, as they feel subjected to emotional exhaustion and at risk of developing behavioral disorders.^(19,21,24)

Factors influencing mental health

Stress and/or ability to manage it

In order to intervene in workers' psychological distress cases, an institution needs to have managers capable of understanding and perceiving changes in individual workers or in teams, in addition to handling wear out situations. This is justified because these professionals' activity is targeted at committing to the users and at ideological transformation, requiring complicity between teams and patients to devise interventions along with society.^(19,24)

This characteristic inherent to services demands from professionals more than mere knowledge acquired in training courses, as it requires expanding insights related to health, to culture and to knowledge about the world. In addition to that, they have to work in various scenarios, such as mediating conflicts between professionals and patients, studying public policies and handling exacerbation situations, which can create conflicts among the professionals themselves, especially in Nursing.^(17,24)

Nursing teams face severe problems due to shortage of professionals and to low quality of specialized workforce in the area.^(23,25) When associated with management failures, with mandatory and quick self-control when facing adverse situations and with feelings of impotence, especially among younger professionals whether for lack of experience or of specific training, these factors cause psychological burdens that contribute to stress in the work environment and impair professional performance. In addition to that, fewer strategies to manage problems are observed, hindering organization and preventing effective coping.^(9,19,23-24-25)

Coping is related to the strategies adopted by a person, be them cognitive or behavioral. In the health professionals' context, it can be seen that such strategies are frequently targeted at immediately solving a given problem and at handling the emotions present, which can disfavor care plans and the assistance provided in services that require longitudinal follow-up.⁽⁹⁾

Hours worked and/or work demand

After the legal consolidation of the Psychiatric Reform in Brazil, substitutive care services started to evidence that mental distress is not restricted to an individual phenomenon, as it involves family, social, political and health dimensions. This care model requires professionals to work in a multifaceted way, capable of reaching subjects in their various dimensions.^(19,26)

The impact exerted by job demands on workers should be considered on a case by case basis. However, some aspects related to mental health and to job demands are analyzed collectively, which may not properly contemplate the needs of this population group when using parameters targeted at mental health professionals. Despite the potentially stressful conditions, CAPS workers acknowledge a pleasurable role in the service, which can be strengthened by feedback from managers and patients on the activities developed.^(19,26)

In this scenario, mental health workers want to be recognized, as non-recognition has shown to exert impacts on mental health, on satisfaction and on quality of life in the work environment.^(9,29,25)

Another aspect that can influence job satisfaction refers to the type of employment contract, the role performed and the sociodemographic factors. In a cross-sectional study conducted with 546 participants, it was verified that nearly 79% of the professionals do not feel overloaded when tasks are well distributed and when work is developed in an interdisciplinary way. In addition to that, satisfaction was identified in 86% of the workers with higher level training, especially among those with fewer responsibilities.^(20,28)

Interpersonal relations

Interaction among workers is an element that contributes to satisfaction and to preserving mental health in work environments.^(21,23) On the other hand, interpersonal conflicts fragment the assistance provided and demotivate lines of care, even affecting the patients. These conflicts trigger imbalance in how activities (oftentimes carried out in groups) are performed. Another factor predicting conflicts between peers is low input funding, be it related to materials or to personnel.^(23,25)

A study conducted during the COVID-19 public health emergency period noted that inadequate working conditions are predictors of psychological distress. However, it also pointed out that professional performance improves when the activities are developed by a cohesive, devoted and committed team. Given this, it becomes necessary to evaluate how to promote better integration across teams in CAPS services.^(25,29)

Investments are required to create an integrated work environment, considering that working in CAPS represents the first interdisciplinary work experience for some professionals.^(20,28) This is because courses in the health area still privilege uniprofessional teaching models, with multiprofessional meetings restricted to internship fields. This training modality can cause difficulties in services that require interaction among peers and articulation of various knowledge areas to solve demands.^(17,24)

In this context, the main limitation of this study consisted in having analyzed the findings from the perspective of quality of life in the work environment, as it is not the authors' central expertise theme. Even so, it was possible to identify an inter-relation among the concepts discussed, evidencing the need to address them in an integrated way.

Consequently, the importance is noted of future publications connecting quality of life and mental health, as well as of encouraging the development of research studies in the North and Northeast regions of the country, including surveys that present strategies to improve quality of life with repercussions in the mental health of professionals working in CAPS.

CONCLUSION

The studies indicate a progressive reduction in the professionals' interest in working in mental health areas. Driven by professional dissatisfaction, certain wish to leave the job is also noticed among those already active in the labor market. This scenario is influenced by a deficit of strategies targeted at preserving quality of life and mental health, at bridging insufficiency of investments and at correcting weaknesses in the communication between managers and workers.

In this context, it becomes fundamental to understand and mitigate the stressors affecting CAPS professionals, so as to strengthen the relationship between workers and managers. In addition to that, it is essential to encourage developmental options for teams to consolidate interdisciplinarity as a strategic axis for these services to evolve from the technical point of view.

CONTRIBUTIONS

Contributed to the conception or design of the study/research: Santos MEA, Farias KF. Contributed to data collection: Santos MEA, Silva PPAC. Contributed to the analysis and/or interpretation of data: Santos MEA, Silva PPAC, Silva LS, Santos ACM, Farias KF. Contributed to article writing or critical review: Santos MEA, Silva PPAC, Silva LS, Figueiredo EVMS, Santos ACM, Farias KF. Final approval of the version to be published: Santos MEA, Silva, PPAC, Silva, LS, Figueiredo, EVMS, Santos, ACM, Farias, KF.

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