





Mental health of older adults, psychotropic use, and community intervention project in primary care: an experience report

Saúde mental dos idosos, uso de psicotrópicos e projeto de intervenção na comunidade pela atenção primária: relato de experiência

Salud mental de las personas mayores, uso de psicofármacos y proyecto de intervención comunitaria desde atención primaria: reporte de una experiencia

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Abstract

Problem: With the increase in life expectancy and the elderly population, there is a need to pay special attention to their health, since, after the COVID-19 pandemic, the incidence of mental disorders and, consequently, the greater use of psychotropic drugs increased. Thus, the experience addressed these issues and how primary care deals with them, together with the intervention project planned by medical students to help the local population. **Methods:** This is a descriptive study, of the experience report type, experienced by second-year medical students together with a professor of Public Health, in a federal university with a Basic Health Unit (UBS) in the state of Goiás. Photos, observational records, interviews and collective meetings by discussion circle were used. **Results:** Using these instruments and previously collected data, the best way to bring together a portion of the community was organized and, together with doctors, nurses, psychologists, nutritionists and community agents, to address what mental health is, the inappropriate use of medications, especially psychotropic drugs, and the importance of a healthy diet and physical activity. In the case of the elderly population, it is also emphasized that it is crucial to seek a break from routine to combat boredom and depression, taking into account their own physical limitations. Furthermore, the benefits of carrying out recreational and community activities to help in the process of escaping the usual and monotonous routine are emphasized. **Conclusion:** Therefore, it was possible to organize a moment to discuss a stigmatized subject, something relevant to deepen the knowledge of those present on the subject while demonstrating to the students what is necessary to hold this type of community meeting, explaining the crucial role that primary care plays.

Keywords: Primary health care; Psychotropic drugs; Community integration; Health of the elderly; Mental health.

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Resumo

Problema: Com o aumento da expectativa de vida e da população idosa, surge a necessidade de dar atenção especial à saúde dos idosos, visto que, após a pandemia de COVID-19, aumentaram a incidência de distúrbios mentais e, consequentemente, o uso de psicotrópicos. Assim, a experiência tratou dessas questões e de como a atenção primária lida com isso, juntamente com o projeto de intervenção planejado por estudantes de medicina em prol de ajudar a população local. **Métodos:** Trata-se de um estudo descritivo, do tipo relato de experiência, vivenciado por estudantes de medicina do segundo período e pelo docente da disciplina Saúde Coletiva, em conjunto com uma universidade federal e uma unidade básica de saúde (UBS) do estado de Goiás. Utilizaram-se fotos, registros observacionais, entrevistas e reuniões coletivas em formato de roda de conversa. **Resultados:** Com base nesses instrumentos e em dados coletados previamente, organizou-se a melhor forma de reunir uma parcela da comunidade e, juntamente com médicos, enfermeiros, psicólogos, nutricionistas e agentes comunitários, abordar o que é saúde mental, o uso inadequado de medicamentos, principalmente psicotrópicos, e a importância de uma dieta saudável e da prática de atividade física. Também, no caso da população idosa, reforçou-se que é crucial buscar a quebra de rotina para combater o tédio e a depressão, levando em conta as próprias limitações físicas. No mais, foram enfatizados os benefícios de realizar atividades lúdicas e comunitárias para auxiliar no processo de fuga da rotina habitual e monótona. **Conclusão:** A atividade gerou aprendizado positivo acerca da saúde dos idosos, do uso de psicotrópicos e do equilíbrio psíquico, além de ter mostrado a importância de reuniões comunitárias por parte dos profissionais envolvidos na atenção primária para a população da região.

Palavras-chave: Atenção primária à saúde; Psicotrópicos; Integração comunitária; Saúde do idoso; Saúde mental.

Resumen

Problema: Con el aumento de la esperanza de vida y de la población anciana, se hace necesario prestar especial atención a su salud, dado que, tras la pandemia de COVID-19, aumentó la incidencia de trastornos mentales y, en consecuencia, el mayor uso de psicofármacos. De esta forma, la experiencia abordó estas problemáticas y cómo la atención primaria las aborda, junto con el proyecto de intervención planificado por los estudiantes de medicina para ayudar a la población local. **Métodos:** Se trata de un estudio descriptivo, del tipo relato de experiencia, vivenciada por estudiantes de segundo año de medicina con un profesor de Salud Pública, en una universidad federal con Unidad Básica de Salud (UBS) en el estado de Goiás. Se utilizaron fotografías, registros de observación, entrevistas y encuentros colectivos por círculo de conversación. **Resultados:** A través de estos instrumentos y datos previamente recolectados, se organizó la mejor manera de reunir a una parte de la comunidad y, junto a médicos, enfermeras, psicólogos, nutricionistas y agentes comunitarios, abordar qué es la salud mental, el uso inadecuado de medicamentos, especialmente los psicofármacos, y la importancia de la alimentación saludable y la actividad física. Además, en el caso de la población mayor, es importante destacar que es crucial buscar un descanso de la rutina para combatir el aburrimiento y la depresión, teniendo en cuenta las propias limitaciones físicas. Además, se enfatizan los beneficios de realizar actividades recreativas y comunitarias para ayudar en el proceso de escapar de la rutina habitual y monótona. **Conclusión:** De esta forma, fue posible organizar un momento para discutir un tema estigmatizado, algo relevante para profundizar el conocimiento de los presentes sobre el tema y también demostrar a los estudiantes lo necesario para realizar este tipo de encuentro comunitario, explicando el papel crucial que tiene la atención primaria.

Palabras clave: Atención primaria de salud; Psicotrópicos; Integración a la comunidad; Salud del anciano; Salud mental.

INTRODUCTION

The increase in life expectancy over recent decades has led to a substantial growth in the aged population, accompanied by challenges related to mental health. During the pandemic, the mental health of older adults was affected by factors such as social isolation and emotional loss, with effects that persist to the present. In addition, conditions inherent to aging further exacerbate these issues.¹

Psychotropic drugs act on the central nervous system, modifying brain activity and influencing cognitive, emotional, and behavioral functions.² According to the World Health Organization (WHO) Mental Health Action Plan 2013–2020, an estimated 700 million individuals worldwide are affected by some form of mental or neurological disorder, highlighting the high prevalence of mental health diagnoses. In this context, the Brazilian Ministry of Health reported that, in 2016, at least 23 million Brazilians used, or would use, mental health services at least once. This reflects a trend toward increased prescription of such medications for the treatment of mental illness.³

However, knowledge remains limited regarding the conditions under which these medications are prescribed, and in many cases, they are administered arbitrarily or compulsorily, without adequate consideration of the patient's individual circumstances. This neglect contributes to prolonged use without appropriate monitoring.⁴ A prior diagnosis is required to confirm the clinical condition, along with an assessment of possible drug interactions and comorbidities.³

In this scenario, the growing number of patients undergoing psychotropic treatment is associated with the accessibility of these medications in pharmacies within the Unified Health System (*Sistema Único de Saúde* – SUS), which has contributed to their widespread use, despite the requirement for a medical prescription.³ Consequently, there has been a marked increase in the use of psychotropic medications among the elderly, often linked to insufficient clinical monitoring, overdoses, and inappropriate prescriptions. In Brazil, approximately 5.7 million older adults were diagnosed with depression in 2019, a figure considered high given the undiagnosed cases and the fact that it predates the COVID-19 pandemic.^{1,5}

For these reasons, in many cases, the risks associated with these medications outweigh the expected benefits for this age group. The most common risks include chemical dependency, excessive sedation, increased risk of falls, cognitive impairment, and adverse drug interactions.⁶⁻⁸

Family Health Strategy teams play a fundamental role in primary health care (PHC). They are essential for addressing critical public health challenges and are responsible for developing harm-reduction strategies, supporting patients experiencing psychological distress, promoting the rational use of medications, and preventing self-medication.

In this context, basic health units (*unidades básicas de saúde* – UBS) play a key role in promoting the conscious use of psychotropic drugs and implementing non-pharmacological interventions. Mental health promotion requires an interdisciplinary approach, including regular physical activity and a balanced diet, which contribute to improving the quality of life of older adults. By adopting comprehensive care, UBSs serve as essential settings for health education and for preventing complications associated with the inappropriate use of psychotropic drugs.⁹

Thus, this study aimed to describe the development and implementation of an intervention project targeting the elderly population of a PHC unit in Senador Canedo, Goiás, with a focus on raising awareness about the rational use of psychotropic medications and promoting healthy practices. The initiative was designed to positively impact participants' mental health and to strengthen care practices aligned with the needs of the community.

METHODS

This descriptive, experience-report study was conducted by first-year medical students and faculty members of the Family Practice course, through an agreement between the medical school and a UBS in Senador Canedo. The experience involved multiple social and health professionals, including physicians, nurses, nursing technicians, psychologists, nutritionists, social workers, and community health agents. The study highlighted interdisciplinary work in family health and demonstrated how such integration facilitates the management of issues related to mental health and psychotropic medication use, particularly among the older adult population, which represents the majority in the region.

This study describes, through experiential reporting, the development and implementation of a community intervention project aimed at positively impacting the local population. Instruments used during field visits for the practical activities included field diaries, interviews with key informants (patients receiving

care at the unit), active observation, audiovisual equipment, and structured data collection conducted by the research team.

The issue addressed by this intervention was identified through a rapid participatory assessment conducted by the student group at the UBS under study. As the project's focus had been previously established, emphasis was placed on raising students' awareness of the situation being addressed, the target population, and the optimal implementation approach. The older adult population was prioritized because, based on data collected during the visits, their predominance in the region was evident — aligning with one of the UBS' main priorities.

The practical field activity was carried out over four days across a two-month period, with afternoon sessions lasting approximately 2 hours and 30 minutes each. Conducted during the second half of 2024, the intervention involved a multidisciplinary team composed of students, faculty members, and health professionals, including community health workers. Prior interaction between the team and the local community was crucial for implementing the planned actions, fostering a collaborative and interdisciplinary approach, an essential component for the effectiveness of PHC.¹⁰

The information obtained during the development of the project was analyzed qualitatively to describe the population and the topic of mental health, based on a prior theoretical framework. The study primarily considered data collected through interviews and other instruments (questionnaires and medical records), following the principles of classical anamnesis, but with a focus on lifestyle habits, medication use (including names, frequency, dosage, and duration), associated symptoms, and complaints related to mental disorders (signs and symptoms, psychological counseling).

In accordance with Resolution No. 510¹¹ of April 7, 2016, issued by the National Health Council, this study complies with item VIII of Article 1, exempting it from submission to the Research Ethics Committee and/or the National Research Ethics Commission. Additionally, the report preserves the anonymity of all information, and supplementary data are accessible through publicly available databases.

RESULTS AND DISCUSSION

Structuring the project promoted in practice

On the first day, students, under the supervision of a faculty member, presented the intervention proposal to the UBS professionals. The presentation emphasized the need to address mental health comprehensively, with a particular focus on reducing the indiscriminate use of psychotropic drugs. The target population, composed primarily of older adults, was selected due to the vulnerability of this age group, which has been exacerbated in the post-COVID-19 period, intensifying factors such as social isolation, anxiety, and depression.^{12,13} UBS professionals actively participated in the discussion, suggesting priority cases and strategies for implementing the intervention, thereby helping to guide subsequent steps.

Following the presentation, medical records were selected and analyzed on the second day to understand their structure and content, as well as the case studies of UBS health care users, with attention to the relevance of the topic, medications used, and medical treatments received. This review revealed that the vast majority of patients received superficial and brief care for conditions that required more attentive evaluation and referral to a psychologist or psychiatrist, highlighting significant gaps in

care.^{11,14} Additionally, a visit was conducted to the facility where the final intervention would take place, at a social assistance referral center, to assess whether the structure was suitable for the target population. On the final day, this location hosted approximately 60 participants to discuss various aspects related to the topic.¹⁵

On the third day, students and community health workers conducted home visits to the previously selected older adults — approximately five individuals — as the topic under discussion led most others to decline participation. During these visits, questionnaires were used to investigate psychotropic medication use, treatment adherence, perceived side effects, and existing family and community support. This stage enabled the identification of aggravating factors, such as lack of knowledge about alternative therapies, mobility limitations, and social isolation. The information gathered was essential for guiding adjustments to the intervention on the final day, with a focus on participant inclusion and empowerment.^{16,17}

On the fourth and final day, the concluding activity was held, attended by community residents, health professionals, and students, totaling approximately 60 participants (of whom around 25 were the older adults targeted by the intervention). The activities took place in a prearranged and designated space and included discussion groups led by a physician, a nurse, a psychologist, and a nutritionist, who addressed topics related to mental health and older adult health. Practical activities included physical exercises adapted for older adults, as well as educational workshops on healthy eating. During the discussion groups, professionals such as the psychologist and nutritionist answered questions and discussed self-care strategies, while some older adult participants shared how they manage daily challenges and life situations affecting mental health, in addition to highlighting both positive and negative aspects of the health system.

Additionally, the event fostered moments of integration, including prize draws, background music, and the distribution of healthy snacks, creating a welcoming environment that encouraged community participation and engagement.

Theoretical basis of the activity

Mental health is a fundamental pillar of a population's overall well-being, with its importance becoming particularly evident in contexts of vulnerability, such as aging. Among older adults, factors such as social isolation, anxiety, and depression are exacerbated by limited access to adequate care and challenges in seeking support, highlighting the need for effective community-based interventions. In this context, PHC represents a strategic approach to promoting comprehensive and preventive care, in alignment with the guidelines of Brazil's National Mental Health Policy, which underscores the importance of interdisciplinary and integrated strategies for the prevention and treatment of mental disorders, particularly within the community.¹⁰⁻¹³

PHC plays a crucial role in integrating psychosocial networks and promoting actions aimed at preventing mental disorders and managing chronic conditions. This integrated approach, involving professionals from diverse fields such as psychology, nutrition, and medicine, facilitates the delivery of more holistic care tailored to the needs of the local population. Such integration of knowledge is essential for the effectiveness of interventions and for expanding access to health care while respecting the specific needs of the individuals served. Community organization and the promotion of educational practices are key factors in reducing stigma associated with mental disorders and ensuring the social inclusion of patients.^{17,18}

At the international level, the WHO reinforces the importance of PHC as the preferred entry point for mental health services. It emphasizes that social inclusion, strengthening community support networks, and educational strategies are essential for expanding access to health care and reducing stigma associated with mental disorders. These recommendations are particularly relevant in the context of population aging, which has contributed to an increased prevalence of conditions such as depression and anxiety among older adults.^{12,13,19,20}

During the intervention, a key component involved the use of data collection instruments to examine adherence to psychotropic medication, perceptions of side effects, and knowledge of therapeutic alternatives. The administration of structured questionnaires during home visits enabled a detailed assessment of participants' socioeconomic and cultural backgrounds, facilitating critical reflection on medication prescribing practices. Analysis of clinical records helped identify patterns of overprescribing and underscored the need for more preventive and integrative strategies in mental health care.^{11,14,15}

Furthermore, discussion groups and active listening sessions played a crucial role in demystifying mental disorders, providing a safe space for participants to share their experiences and concerns. These groups not only reinforced community cohesion but also encouraged the adoption of self-care practices, including healthy eating and regular physical activity. Active listening and recognition of local knowledge are fundamental strategies for promoting active community participation in the care process, strengthening support networks, and increasing awareness of mental health.^{17,18}

Furthermore, holding discussion groups and active listening sessions played an essential role in demystifying mental disorders, creating a safe space for participants to share their experiences and concerns. These groups not only helped strengthen community cohesion but also encouraged the adoption of self-care practices, such as healthy eating and regular exercise. Active listening and valuing local knowledge are fundamental strategies for promoting active community participation in the care process, strengthening the support network and increasing mental health awareness.^{17,18}

Encouraging physical activity, together with a healthy diet, was also essential to the success of the intervention. Scientific evidence indicates that regular exercise can reduce symptoms of depression and anxiety, while a balanced diet rich in nutrients such as omega-3 fatty acids, fiber, and antioxidants positively influences mental health. Educational workshops on nutrition were among the strategies employed to guide participants in improving mental health through informed dietary choices. Conversely, consumption of ultra-processed foods is directly associated with an increased risk of mental disorders, underscoring the importance of promoting healthy eating habits as part of comprehensive care.^{16,21}

Finally, the intervention was structured around actions tailored to the specific needs of the community. The integration of theory and practice allowed the activities to have a positive impact, contributing to changes in participants' mental health habits and reinforcing the role of PHC as a central component for promoting mental health in community settings.^{16,22}

Action contributions

The community intervention yielded benefits at both the individual and community levels. Establishing a welcoming and open space for dialogue was essential for participants to share their experiences and recognize the importance of self-care practices. A primary outcome was increased awareness of the rational use of psychotropic medications, alongside the adoption of non-pharmacological strategies such as physical activity and a healthy diet. Many participants reported improved understanding of the benefits

of these practices, which have been shown to reduce symptoms of mental disorders such as anxiety and depression and to strengthen functional autonomy, particularly among older adults.^{16,21}

The socialization facilitated by the discussion groups played a central role in reducing social isolation, a factor often associated with the worsening of mental disorders. During these interactions, participants had the opportunity to develop mutual support networks and to clarify concepts related to the use of psychotropic medications, increasing their confidence in seeking therapeutic alternatives, such as psychological counseling.^{17,18} These dialogue sessions also enabled the exchange of knowledge between health professionals and older adult participants, expanding the adoption of self-care practices and promoting greater community engagement in mental health care.

Among health professionals, the experience reinforced the importance of interdisciplinary and humanized approaches in comprehensive care. Collaboration across fields such as psychology, nutrition, and social work was essential for identifying the specific needs of the community and for proposing effective, culturally adapted solutions for the population served.^{22,23}

For the students involved, the project provided an opportunity for hands-on learning and immersion in the community context. Participation in all stages of the intervention enabled the development of essential skills such as teamwork, active listening, and empathy, while also deepening understanding of the social determinants of health. Analysis of medical records and administration of structured questionnaires offered practical experience that prepared students for future challenges in PHC, reinforcing the application of ethical, critical, and evidence-based professional practice.²⁴

Despite its positive contributions, the project encountered several limitations that should be considered in future initiatives. Limited time for completing the phases hindered a more in-depth analysis of long-term impacts, particularly regarding the consolidation of behavioral changes among participants.¹⁴ Additionally, mobility limitations experienced by some older adults constrained their participation in activities, underscoring the need for strategies to increase accessibility, such as community transportation or an expanded focus on home visits.²⁵ Similarly, analysis of medical records revealed a lack of standardization, which complicated the collection of complete and systematized information and limited the planning and evaluation of interventions. The implementation of electronic health record systems in PHC is recommended as a viable solution to overcome these barriers and enhance the efficiency of clinical follow-up.^{21,26}

The study concluded that the community intervention, which implemented previously planned actions to promote mental health and the rational use of psychotropic medications, was effective. All participants reported a positive experience, particularly the older adults, who valued the welcoming and relaxed atmosphere, and the community health workers, who appreciated that the project addressed the health sector and recognized their crucial, often undervalued, role. The creation of spaces for dialogue and engagement, combined with educational activities and the promotion of healthy habits such as a balanced diet and physical activity, proved effective in increasing participants' awareness of self-care and in reducing stigma associated with mental disorders. Moreover, the intervention highlighted the importance of an interdisciplinary and humanized approach to comprehensive care, demonstrating that PHC, when adapted to local needs, can transform care practices, promote greater equity in access to services, and improve the quality of life of the populations served.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

FRR: Conceptualization, Writing – Original Draft, Methodology, Writing – Review & Editing. VSB: Conceptualization, Writing – Original Draft. MRSVF: Conceptualization, Writing – Original Draft. MFFL: Conceptualization, Writing – Original Draft. EMP: Writing – Original Draft, Writing – Review & Editing.

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