

Work Management Policies in Mental Health: Advances, Contradictions, and Perspectives

Políticas de Gestão do Trabalho em Saúde Mental: Avanços, Contradições e Perspectivas
Políticas de Gestión del Trabajo en Salud Mental: Avances, Contradicciones y Perspectivas

RESUMO

O estudo objetivou analisar os principais desafios, avanços e contradições relacionados à gestão do trabalho em saúde mental no Brasil, a partir de uma revisão integrativa da literatura publicada entre 2015 e 2025. Os achados evidenciaram que, apesar da ampliação da rede substitutiva e da consolidação dos Centros de Atenção Psicossocial, persistem barreiras estruturais que comprometem a qualidade do cuidado psicossocial. Destacam-se a precarização das condições laborais, a sobrecarga assistencial, a insuficiência de políticas de valorização profissional e as desigualdades regionais na distribuição de recursos humanos. Além disso, identificou-se que os processos de terceirização e as reformas neoliberais intensificaram a vulnerabilidade dos trabalhadores, gerando sofrimento ético, burnout e impactos sobre a continuidade do cuidado. Conclui-se que é imprescindível fortalecer políticas públicas que assegurem gestão participativa, suporte institucional e estratégias intersectoriais que articulem saúde, educação e proteção social, para promover ambientes de trabalho mais saudáveis e qualificados.

DESCRIPTORIOS: Saúde Mental; Gestão em Saúde; Políticas Públicas; Trabalho; Serviços e Recursos Humanos em Instituições de Saúde.

ABSTRACT

The study aimed to analyze the main challenges, advances, and contradictions related to mental health work management in Brazil, based on an integrative review of the literature published between 2015 and 2025. The findings showed that, despite the expansion of the substitute network and the consolidation of Psychosocial Care Centers, structural barriers that compromise the quality of psychosocial care persist. Noteworthy are the precarious working conditions, the overload of care, the insufficiency of professional valorization policies, and regional inequalities in the distribution of human resources. In addition, it was identified that outsourcing processes and neoliberal reforms have intensified the vulnerability of workers, generating ethical suffering, burnout, and impacts on the continuity of care. It was concluded that it is essential to strengthen public policies that ensure participatory management, institutional support, and intersectoral strategies that articulate health, education, and social protection to promote healthier and more qualified work environments.

DESCRIPTORIOS: Mental Health; Health Management; Public Policy; Work; Services and Human Resources in Health Institutions.

RESUMEN

El estudio tuvo como objetivo analizar los principales desafíos, avances y contradicciones relacionados con la gestión del trabajo en salud mental en Brasil, a partir de una revisión integrativa de la literatura publicada entre 2015 y 2025. Los hallazgos evidenciaron que, a pesar de la ampliación de la red substitutiva y de la consolidación de los Centros de Atención Psicossocial, persisten barreras estructurales que comprometen la calidad de la atención psicossocial. Se destacan la precarización de las condiciones laborales, la sobrecarga asistencial, la insuficiencia de políticas de valorización profesional y las desigualdades regionales en la distribución de recursos humanos. Además, se identificó que los procesos de tercerización y las reformas neoliberales intensificaron la vulnerabilidad de los trabajadores, generando sufrimiento ético, burnout e impactos sobre la continuidad de la atención. Se concluye que es imprescindible fortalecer políticas públicas que aseguren gestión participativa, apoyo institucional y estrategias intersectoriales que articulen salud, educación y protección social, con el fin de promover ambientes de trabajo más saludables y calificados.

DESCRIPTORIOS: SALUD MENTAL; GESTIÓN EN SALUD; POLÍTICAS PÚBLICAS; TRABAJO; SERVICIOS Y RECURSOS HUMANOS EN INSTITUCIONES DE SALUD.

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INTRODUCTION

The management of mental health work in Brazil plays a strategic role in the implementation of humanized public policies based on the guarantee of rights. Since the enactment of the Psychiatric Reform and the institutionalization of Psychosocial Care Centers (CAPS), there has been a gradual shift from a hospital-centered model to a system based on territorial and community care, from a psychosocial perspective¹.

However, this transition faces significant obstacles. The lack of effective integration between the health, social assistance, education, and justice sectors, combined with a shortage of trained professionals and underfunding, results in fragile and unequal management of mental health services².

Recent statistics reinforce the seriousness of the situation. Approximately 1 in 8 people worldwide live with mental disorders³. In Brazil, 23% of the adult population shows symptoms of common mental disorders, while more than 40% of mental health professionals suffer from burnout, grief, and emotional overload⁴⁻⁵.

These data not only call for expanded healthcare coverage, but also point to broader social, political, and educational consequences. Precarious working conditions compromise the quality of care provided and exacerbate health risks for workers in the psychosocial network⁶.

In such a challenging context, the following question arises: how can we establish mental health work management that promotes qualified, equitable, and sustainable psychosocial care in the face of contemporary complexity? Answering this question is essential to guide the formulation of more effective policies committed to collective well-being in relation to mental health. Objective: This study aimed to identify and discuss the available scientific evidence on the challenges, strategies, and perspectives related to public policies, working conditions, and management practices in the field of mental health services in Brazil.

METHOD

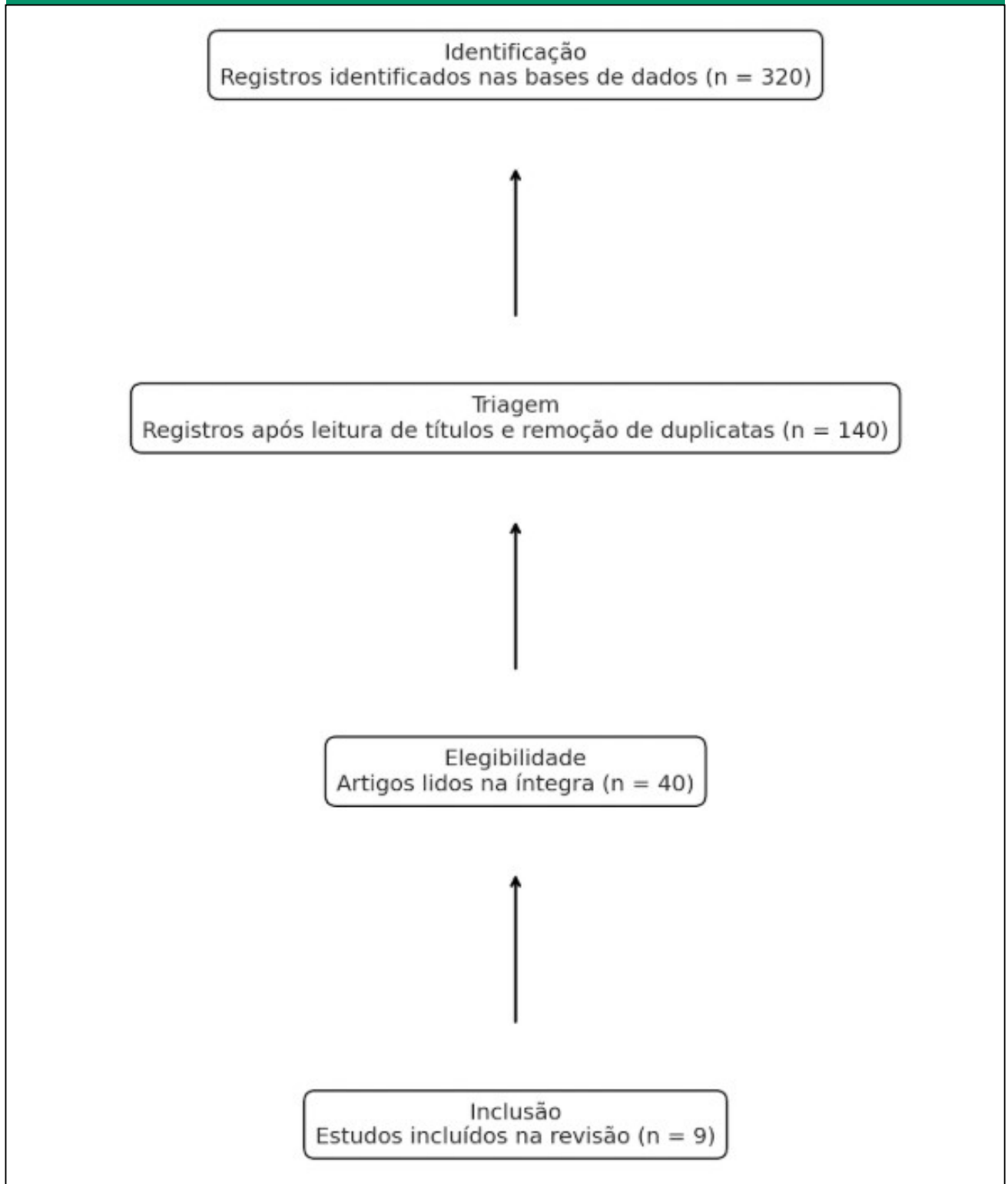
This is an integrative literature review, a methodology that allows the results of studies with different designs to be gathered and synthesized in order to broaden the understanding of mental health work management. The review was developed in stages: definition of the guiding question, establishment of eligibility criteria, identification of information sources, selection and extraction of data, critical evaluation of the included studies, and synthesis of the findings.

The question that guided the process was: What evidence is available on mental health work management in Brazil between 2015 and 2025? The search was conducted

in July 2025 in the SciELO, PubMed/MEDLINE, LILACS, Virtual Health Library, and Google Scholar databases. Health Sciences descriptors and Medical Subject Headings were used, combined with Boolean operators, with the following search strategies: “Mental Health” AND “Health Management,” “Health Work” AND “Public Policies,” “Mental Health Services” AND “Human Resources.” Original articles, reviews, dissertations, and technical documents available in full, published in Portuguese, English, or Spanish, that addressed mental health work management in Brazil between 2015 and 2025 were included.

Editorials, letters to the editor, comments, event summaries, and materials without methodological support were excluded, as well as studies whose main focus did not include aspects related to management and public policies in the area. The selection took place in three stages: reading titles and abstracts, reading eligible texts in full, and applying inclusion and exclusion criteria. Data extraction was performed using a standardized form containing information on authors, year of publication, objective, method, main results, and limitations. The analysis and synthesis were performed independently by two reviewers, with any disagreements resolved by consensus. Finally, the presentation of the results followed the PRISMA model guidelines to ensure transparency and methodological reproducibility, as shown below.

FIGURA 1 – Fluxograma PRISMA referente a busca e seleção dos estudos:



Fonte: Dados da pesquisa, 2025.

RESULTS AND DISCUSSION

The analysis of the included studies highlighted the complexity of mental health work management in Brazil,

marked by structural contradictions that reflect both institutional advances and persistent inequalities. The findings indicate that the progressive adoption of the psychosocial model has not been

accompanied by adequate working conditions and investments compatible with the growing demand for services⁷⁻⁸

TABLE 1 – Description of data and characteristics of selected articles:

| Authors / Year / Journal | Objective | Method | Main Results | Limitations |
|---|--|---|---|--|
| Pinto RM et al., 2022. <i>Critical Public Health</i> ⁷ | Exploring the impacts of neoliberal reforms on mental health work management in Brazil | Qualitative study with interviews and document analysis | Identified precariousness and intensification of work in the SUS, with negative effects on care | Local focus and small sample size |
| Diniz Neto A et al., 2024. <i>Culture, Medicine and Psychiatry</i> ⁸ | Analyze the experiences of mental health workers during the COVID-19 pandemic | Ethnography and interviews in community services | Evidenced ethical distress, emotional overload, and institutional conflicts | Focus on specific pandemic context |
| Costa D et al., 2021. <i>BMC Public Health</i> ⁹ | Assess factors associated with burnout among mental health professionals | Cross-sectional study with survey in 5 regions | High prevalence of burnout; workload and lack of institutional support as associated factors | Cross-sectional, non-causal design |
| Rotenberg L et al., 2021. <i>American Journal of Industrial Medicine</i> ¹⁰ | Analyze working conditions and mental health of CAPS professionals | Cross-sectional study with standardized questionnaire | High prevalence of insomnia, stress, and depressive symptoms | Self-report and possibility of bias |
| Kulikov A, 2023. <i>Consortium Psychiatricum</i> ¹¹ | Discuss public policies for human resource management in mental health | Literature review | Reinforces the importance of intersectorality and continuing education | Limitations of available literature |
| Dias LC et al., 2023. <i>The Lancet Regional Health Americas</i> ¹² | Assess regional inequalities in the availability of mental health professionals | Ecological study with secondary data | Marked inequality in the distribution of human resources in Brazil | Aggregate data and absence of individual variables |
| Silva P et al., 2025. <i>Social Science & Medicine</i> ¹³ | Exploring workers' experiences with outsourcing in mental health | Qualitative study with thematic analysis | Outsourcing associated with precariousness, insecurity, and discontinuity of care | Sample restricted to specific services |
| Medeiros AC et al., 2023. <i>International Journal of Mental Health Systems</i> ¹⁴ | Investigating user-centered care practices in work management | Multiple case study | User-centered practices are limited by overload and bureaucracy | Limited generalization |

Source: Research data, 2025.

In various contexts, the precariousness of labor relations and the intensification of daily activities have been observed, factors that contribute to ethical suffering, emotional overload, and exhaustion among professionals⁷⁻⁹. This situation is aggravated by neoliberal reforms and outsourcing policies that weaken employment ties and hinder the consolidation of stable multidisciplinary teams, compromising continuity of care¹³.

Studies also highlight that regional inequalities in the distribution of human resources are a persistent obstacle, evidencing historical asymmetries between different regions of the country. This disparity reveals that management strategies still lack instruments that guarantee

equity and consider territorial specificities.

The work overload associated with work environments marked by excessive bureaucracy and low professional autonomy directly impacts the effectiveness of user-centered practices, which remain restricted and often rendered unfeasible by the productivist logic present in many services¹⁴. In addition, the lack of continuing education and institutional supervision processes reinforces the feeling of isolation and technical insecurity among workers⁸⁻¹¹.

It is observed that the psychological distress of professionals, often naturalized, ends up being invisible to management practices and traditional performance indicators, which prioritize quantitative goals and ignore subjective

and relational dimensions of care⁹⁻¹⁰. The literature analyzed suggests that public policies guided solely by economic rationalities are not sufficient to produce healthy work environments and, consequently, quality care⁷⁻¹³.

Given this scenario, it is essential to recognize mental health work management as a structural axis of care policies, which presupposes investments in continuing education, institutional support networks, participatory management practices, and intersectoral strategies that articulate health, education, and social protection¹¹⁻¹⁴. Only by valuing workers and rebuilding bonds of solidarity will it be possible to strengthen the psychosocial model of care and address the inequalities that permeate the field of mental health in Brazil.

“ Additionally, the results indicate that the neoliberal reforms of recent decades have deepened processes of flexibilization and outsourcing in mental health work, making employment relationships more precarious and increasing staff turnover⁷⁻¹³. ”

This instability compromises the development of unique therapeutic projects and the continuity of longitudinal care, pillars of the psychosocial model that should guide substitute services⁷⁻¹⁴.

Another recurring aspect in the studies is the tension between institutional demands and the ethical-political principles of Psychiatric Reform. The imposition of productivity targets and bureaucratic overload, combined with a shortage of human resources, hinder the implementation of practices guided by qualified listening and therapeutic bonding⁸⁻¹⁴. This paradox shows that a commitment to comprehensive care cannot be sustained solely by normative discourse, but requires material and institutional conditions that effectively support clinical and community work⁹⁻¹⁰.

Studies also show that the ethical suffering experienced by professionals results not only from structural deficiencies, but also from constant conflicts between institutional values, care demands, and the subjective limits of each worker⁸⁻¹¹. In this sense, the absence of spaces for supervision and psychosocial support contributes to the worsening of conditions such as burnout, depression, and anxiety⁹.

With regard to regional inequalities, it has been observed that the predominance of specialized professionals in urban and economically developed areas creates gaps in care in peripheral and rural regions, perpetuating historical barriers to access to care¹². This unequal distribution reveals a contradiction with the principles of equity and universality advocated by the Unified Health System¹².

Finally, studies suggest that the consolidation of user-centered practices and the promotion of autonomy require investments in continuing education and the valorization of collective work¹¹⁻¹⁴. It is also essential that public policies recognize the impact of working conditions on the quality of care and commit to participatory management models

capable of fostering belonging, co-responsibility, and ethical commitment to users and territories.

FINAL CONSIDERATIONS

The considerations presented in this integrative review show that the management of mental health work in Brazil remains a field permeated by historical tensions and contemporary challenges. Although the implementation of the Psychiatric Reform and the expansion of substitute services have represented significant advances in overcoming the hospital-centered model, it is clear that these transformations have not been accompanied by structural policies that guarantee decent working conditions and continuous support for workers.

The studies analyzed indicate that job insecurity, care overload, and a lack of specialized human resources compromise the quality of psychosocial care and directly affect the mental health of the professionals themselves. Regional inequality in the distribution of services and intersectoral fragmentation still pose significant obstacles to the consolidation of effective and humanized practices.

In this sense, it is essential that public policies advance in strengthening participatory management and valuing mental health work, recognizing that a commitment to comprehensiveness and equity will only be possible through sustained investments in training, institutional support, and the democratization of decision-making spaces.

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