

Trends

in Psychiatry and Psychotherapy

JOURNAL ARTICLE PRE-PROOF **(as accepted)**

Letter to the Editors

Chronic mental health vulnerability: urgent need of transdiagnostic evidence-based interventions

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<http://doi.org/10.47626/2237-6089-2023-0783>

Original submitted Date: 19-Dec-2023

Accepted Date: 09-Jan-2024

This is a preliminary, unedited version of a manuscript that has been accepted for publication in Trends in Psychiatry. As a service to our readers, we are providing this early version of the manuscript. The manuscript will still undergo copyediting, typesetting, and review of the resulting proof before it is published in final form on the SciELO database (www.scielo.br/trends). The final version may present slight differences in relation to the present version.

Chronic mental health vulnerability: urgent need of transdiagnostic evidence-based interventions

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The recent study on the incidence of suicidal ideation among the ELSA-Brasil cohort participants [1] illuminates the profound impacts of the COVID-19 pandemic on mental health. The findings indicate a heightened likelihood of suicidal ideation in individuals with a history of adverse childhood experiences and common mental disorders. This alarming trend, in conjunction with the theoretical understanding of suicidal behavior [2], points to a significant segment of the population developing chronic mental health vulnerabilities. In stressful environments or situations, these individuals are predisposed to significant behavioral dysfunctions. This revelation underscores the urgent necessity for the mental health professional community to adapt and broadly apply evidence-based clinical interventions. Further, there is also an imperative to upscale training for public health professionals, equipping them with the skills to comprehend and implement these interventions effectively.

The challenge lies in translating evidence-based practices into widely accessible interventions while ensuring continuous monitoring of their effectiveness. Mental health professionals must collaboratively strive to modify clinical interventions for large-scale implementation through Brazil's Unified Health System (SUS). These interventions should be customized to address the diverse needs of the population, recognizing the complex nature of mental health

issues stemming from varied socioeconomic backgrounds and personal histories. Cognitive-behavioral interventions, such as synchronous online CBT treatments and mobile mental health applications featuring psychoeducation and self-monitoring tools [3-5], show promise in bridging the accessibility gap and are also effective in a transdiagnostic perspective. They enable broader reach and real-time efficacy monitoring.

Highlighting the necessity for comprehensive training of mental health public servants is paramount. Training programs should incorporate philosophical elements of CBT and evidence-based practice [6] and emphasize understanding the psychosocial context of mental health [7]. Establishing a robust framework for the continuous education of mental health professionals is essential to maintain their expertise in evidence-based practices.

Despite consistent advances in psychiatric reform, the structure of mental health care services in Brazil still exhibits significant gaps. The limited number of Specialized Multiprofessional Outpatient Clinics (AMENT) in Brazil is a case in point [8]. Consequently, a large segment of the population remains without access to mental health care, as they neither benefit from ongoing primary care mental health services - basic health units (UBSs), as nor meet the non-standard criteria for admission to high-complexity care services - like Psychosocial Care Centers (CAPS). Many of these individuals, as indicated by the ELSA-Brasil cohort, carry risk factors associated with an increased risk of suicide [1].

While political efforts in recent decades have emphasized the recognition of mental health care as a fundamental human right, numerous barriers still impede access to effective treatment. Future strategies should focus on adapting and validating treatment protocols for common mental disorders in a transdiagnostic perspective within the Brazilian context. Expanding and training secondary care services could alleviate the issues associated with chronic mental health vulnerability.

Keywords: Cognitive behavior therapy*, mental health*, suicide ideation*, mental health services*, covid-19*, health services accessibility.

JOURNAL PRE-PROOF

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