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POSTER ABSTRACT

Continuity Between Specialized Mental Health Care and Primary Care: Preliminary Findings from a Community-Based Study in Brazil

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Background: Integrated care for people with severe and persistent mental disorders (SPMD) requires strong coordination between specialized services and primary health care (PHC). In Brazil's community-based Psychosocial Care Network (RAPS), Psychosocial Care Centers (CAPS) play a central role in providing specialized care, yet maintaining continuous engagement with PHC remains a major challenge. Fragmentation between specialized and primary services limits comprehensive care, follow-up of physical health conditions, and social inclusion. Understanding the patterns of PHC use among users of specialized mental health services is essential to design strategies that promote continuity of care and strengthen the integrative function of community health systems.

Methods: This cross-sectional observational study was conducted in a medium-sized municipality, in Brazil, with 122,581 inhabitants and a mental health network comprising CAPS II, CAPS AD, and a specialized outpatient clinic. The sample included 358 users (out of a randomly selected 387 eligible participants) aged 18 years or older, all registered for at least one month in one of the specialized mental health services. Data were collected through structured interviews using a validated questionnaire applied by trained health professionals and students. Descriptive statistical analyses were performed using Stata 18 to determine the frequency of PHC use.

Results: The sample had a mean age of 44.8 years (SD=14.7), with a predominance of women (53.3%) and participants identifying as white (56.7%). Most lived with a partner (68.1%), had completed secondary education (43.3%), and only 36.8% had paid employment. Household income per capita was up to one minimum wage for 78.6% of participants, indicating socioeconomic vulnerability.

Regarding PHC attendance, 7.3% of users reported never visiting a PHC unit, 26.5% did so annually, 21.5% at least twice a year, 28.2% every three months, and 16.5% monthly. Although 44.7% maintained relatively frequent contact (quarterly or monthly), more than half of participants accessed PHC irregularly or rarely. This low level of engagement suggests a persistent

disconnection between specialized and primary care, despite the organizational intention of integration within RAPS.

Discussion: Preliminary findings indicate that a significant proportion of individuals receiving specialized mental health care have weak or inconsistent links with PHC services. This pattern may limit continuity of care and early detection of physical health issues, key goals of community-based integrated care. Ongoing analyses aim to explore factors associated with limited PHC use, including sociodemographic variables, perceptions of stigma, and service accessibility.

Implications: Strengthening the integration between PHC and specialized mental health services is vital to achieving equitable, person-centered, community-based care. Understanding users' care trajectories will inform strategies to foster re-engagement with PHC, supporting continuity, comprehensiveness, and improved population health outcomes.