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THE USE OF ANTIPSYCHOTICS IN THE MANAGEMENT OF SEVERE AND PERSISTENT CHRONIC MENTAL DISORDERS: A SCOPE REVIEW

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Abstract: Severe and persistent chronic mental disorders are a significant public health problem due to their high prevalence, prolonged evolution, significant functional impact, and continuous demand for care in health systems. In this scenario, antipsychotics are the main pharmacological class used in the clinical management of these conditions and are widely used in the treatment of schizophrenia, schizoaffective disorder, and severe forms of bipolar disorder, both in psychiatric hospitalization contexts and in community mental health services. The objective of this scoping review was to map and synthesize the scientific evidence produced in the last ten years on the use of antipsychotics in the management of these disorders. This is a qualitative, exploratory, and descriptive review, conducted according to the Arksey and O'Malley (2005) framework and the PRISMA-ScR guidelines, based on searches in national and international databases, covering studies published between 2015 and 2024. The results showed significant heterogeneity in terms of pharmacological classes and therapeutic regimens adopted, with a predominance of second-generation antipsychotics due to better tolerability, although concerns related to adverse metabolic effects persist. A high frequency of polypharmacy was also observed, especially in cases of greater clinical severity, as well as difficulties with adherence, insufficient monitoring, and weaknesses in coordination with psychosocial interventions. It is concluded that, despite being essential, antipsychotics require rational use and effective integration with psychosocial approaches, aiming at greater safety and quality of mental health care.

Keywords: Antipsychotics. Chronic Mental Disorders. Mental Health.

INTRODUCTION

Severe and persistent chronic mental disorders are one of the most complex contemporary challenges for health systems, due to their high prevalence, prolonged course, often early onset, and significant impact on the functionality, autonomy, and quality of life of affected individuals. Conditions such as schizophrenia, schizoaffective disorder, and severe forms of bipolar disorder are associated with high levels of disability, recurrent hospitalizations, social stigmatization, and substantial costs to public health systems, constituting a significant public health problem on a global scale (Rouquayrol; Gurgel, 2021; World Health Organization, 2022). In this context, mental health care requires continuous, integrated, and sustained therapeutic strategies over time, capable of coordinating pharmacological and psychosocial interventions and community care devices.

In the clinical management of these disorders, antipsychotics play a central and historically consolidated role. Since the introduction of first-generation antipsychotics to the development of second-generation antipsychotics, therapeutic possibilities have expanded, accompanied by persistent debates about the clinical efficacy, safety profile, tolerability, treatment adherence, and rational use of these drugs (Leucht et al., 2017; Kane; Correll, 2022). Although essential for controlling psychotic symptoms, preventing relapses, and reducing hospitalizations, prolonged use of antipsychotics is often associated with adverse metabolic, neurological, and cardiovascular effects, in addition to the controversial practice of polypharmacy, especially in contexts of greater clinical severity.

This study aims to map and synthesize the scientific evidence published in the last ten years on the use of antipsychotics in the management of severe and persistent chronic mental disorders, focusing on the contexts of psychiatric hospitalization, and community mental health services, especially Psychosocial Care Centers. The problem underlying the research stems from the observation that, despite the widespread and continuous use of these drugs, scientific production remains fragmented and heterogeneous in terms of indications, therapeutic regimens, selection criteria, and long-term monitoring strategies.

METHODS

This study is characterized as a scoping review, qualitative, exploratory, and descriptive in nature, whose objective was to map, systematize, and synthesize scientific production on the use of antipsychotics in the management of severe and persistent chronic mental disorders. The choice of this design is justified by the complexity and breadth of the topic, as well as by the heterogeneity of the existing literature, which covers different populations, care contexts, pharmacological classes, and research designs. The scope review is adequate to provide a comprehensive overview of the state of knowledge, identify gaps, and map investigative trends, without attempting to evaluate the effectiveness of interventions or perform quantitative syntheses.

The methodological approach was based on the framework proposed by Arksey and O'Malley (2005), refined by the Joanna Briggs Institute, and strictly followed the recommendations of PRISMA-ScR, ensuring transparency, scientific rigor, and reproducibility of the process.

The guiding question was formulated based on the Population–Concept–Context (PCC) strategy, considering individuals with severe chronic mental disorders, the use of first- and/or second-generation antipsychotics, and the contexts of psychiatric hospitalization and community mental health services.

The literature search was conducted in the PubMed/MEDLINE, Virtual Health Library, Scopus, PsycINFO, Web of Science, and CAPES Journal Portal databases, supplemented by gray literature. Studies published between 2015 and 2024 were included. After applying the eligibility criteria, nine studies comprised the final sample, as shown in the PRISMA-ScR flowchart (Figure 1).

As this research is based exclusively on secondary data in the public domain, there was no need to submit it to the Research Ethics Committee, in accordance with the ethical standards in force for research of this nature.

RESULTS

Based on the application of the eligibility criteria and the selection process described in the methodology chapter, nine studies were included in the analytical *corpus* of this scoping review. The selected publications cover different methodological designs, including systematic reviews, observational studies, qualitative research, and doctoral theses, reflecting the heterogeneity characteristic of scientific production on the use of antipsychotics in the management of severe and persistent chronic mental disorders. The studies cover different care contexts, with an emphasis on both community mental health services and psychiatric hospitalization.

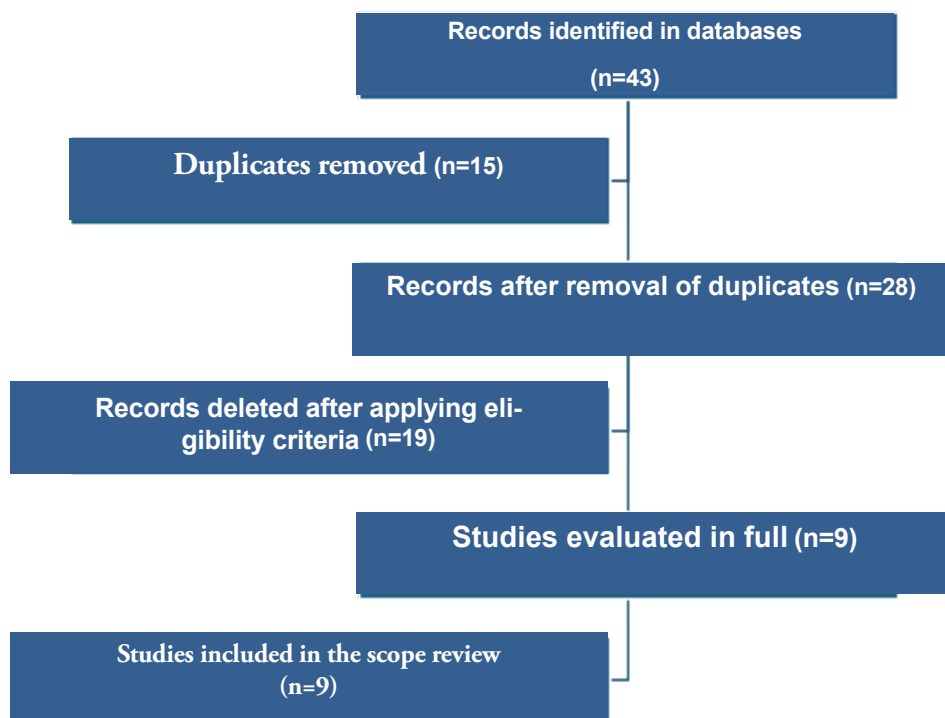


Figure 1 – PRISMA-ScR

Source: prepared by the student, 2026

Author/ Year	Type of study	Population	Classes of antipsychotics	Care setting	Main findings related to the objectives
Asher <i>et al.</i> (2017)	Systematic review and meta-analysis	People with schizophrenia in low- and middle-income countries	Typical and atypical antipsychotics (combined use with psychosocial interventions)	Community services	Evidence that community interventions combined with antipsychotic use improve adherence, functionality, and reduce relapses
Hager <i>et al.</i> (2019)	Qualitative study (Group Concept Mapping)	Adults with mental disorders using second-generation antipsychotics	Second-generation antipsychotics	Primary care integrated with community mental health	Inadequate clinical monitoring impacts metabolic safety; integration between levels of care improves outcomes

Grimminck <i>et al.</i> (2020)	Observational study	Patients with treatment-resistant schizophrenia	Clozapine associated with long-acting injectable antipsychotics	Specialized community and outpatient services	Combination therapy associated with reduced hospitalizations and better use of services
Nelson-Cooke (2020)	Thesis (Doctorate) – qualitative study	Users of community mental health services	Various antipsychotics in the context of ACT	Assertive Community Treatment (ACT)	Implementation of ACT promotes adherence, continuity of treatment, and reduction in hospitalizations
Rodrigues (2017)	Thesis (Doctorate) – quantitative study	Young people with early psychosis	Typical and atypical antipsychotics	Psychiatric hospitalization	Involuntary hospitalization associated with clinical severity, low adherence, and barriers in community care
Sacha <i>et al.</i> (2022)	Systematic review	Non-Western migrants in psychiatric treatment	Psychotropic drugs, including antipsychotics	Community and outpatient services	Cultural and linguistic barriers compromise adherence to drug treatment
Sfetcu <i>et al.</i> (2017)	Systematic review	Post-discharge psychiatric patients	Various antipsychotics	Hospitalization and community follow-up	Predictors of readmission include low adherence, adverse effects, and weakness of the community network
Tabo <i>et al.</i> (2017)	Longitudinal study	People with chronic schizophrenia	Continuous use of antipsychotics	Early community intervention	Longer duration of untreated psychosis compromises therapeutic response and clinical evolution
Vu (2020)	Thesis (Doctorate) – quantitative study	Mental health service users	Various antipsychotics	Primary care, emergency care, and mental health	Financing models influence prescription patterns and service use

Table 1 – Extraction and characterization of studies included in the scoping review

Source: prepared by the student, 2026

talizations, in addition to addressing central dimensions related to therapeutic efficacy, safety, treatment adherence, and challenges of prolonged use of these drugs (Table 1).

GENERAL CHARACTERISTICS OF THE STUDIES INCLUDED

The general characterization of the studies included in this scoping review allows us to outline the profile of recent scientific production on the use of antipsychotics in the management of severe and persistent chronic mental disorders. According to the PRISMA-ScR flowchart, the rigorous process of identification, screening, eligibility, and inclusion resulted in the selection of nine studies, a number consistent with the specificity of the topic and the analytical approach adopted, prioritizing interpretive depth over quantitative breadth.

The studies analyzed show significant methodological heterogeneity, a characteristic inherent to scope reviews. Systematic reviews, observational studies, administrative data analyses, qualitative investigations, and postgraduate academic productions were identified. This ex diversity reflects the complexity of antipsychotic use in real clinical contexts, in which pharmacological, institutional, social, and subjective dimensions are articulated. There is also complementarity between quantitative approaches, focused on outcomes such as adherence, readmissions, and prescribing patterns, and qualitative approaches, aimed at understanding the experiences and perceptions of users and professionals.

In terms of geographic distribution, studies conducted in high-income countries, especially Canada and the United States, predominated, in addition to interna-

tional investigations. In contrast, countries in Latin America, Africa, and Asia were underrepresented, which limits the generalizability of the findings and highlights the need to expand research in diverse socioeconomic contexts.

As for the populations investigated, most studies focused on individuals with schizophrenia and other chronic psychotic disorders, although specific segments were also included, such as first psychotic episodes, involuntary hospitalizations, and migrant populations. The care contexts included both community mental health services and hospital settings, highlighting the centrality of antipsychotics in continuity of care.

There was a predominance of studies focused on second-generation antipsychotics, without excluding analyses of polypharmacy, long-acting formulations, and first-generation antipsychotics. The outcomes analyzed went beyond symptomatic efficacy, incorporating adherence, safety, care organization, and subjective experiences, reinforcing the complexity of prolonged use of these drugs.

In summary, the analysis of the general characterization of the included studies reveals a plural body of evidence, methodologically diverse and distributed across multiple care contexts, which reinforces both the complexity of the topic and the need for integrative approaches. These initial findings provide the empirical basis on which the subsequent analyses of this scoping review are structured, allowing us to advance in the identification of patterns, convergences, and specificities related to the use of antipsychotics in the management of severe and persistent chronic mental disorders.

IDENTIFIED CLASSES OF ANTIPSYCHOTICS

The analysis of the studies included in this scoping review shows that the use of antipsychotics in the management of severe and persistent chronic mental disorders is a widespread practice, but one marked by significant diversity in terms of the pharmacological classes used, prescribing strategies, and forms of administration, reflecting the heterogeneity of care contexts and the populations served (Asher; Patel; Silva, 2017; Sfetcu et al., 2017; Sacha et al., 2022). In general, second-generation antipsychotics predominate, although first-generation antipsychotics and combined therapeutic regimens remain present in specific clinical settings, especially those characterized by greater severity, chronicity, and therapeutic resistance (Rodrigues, 2017; Grimminck et al., 2020).

Second-generation antipsychotics are the most frequently described class in the studies analyzed, being widely used in community mental health services and specialized outpatient settings. These drugs are presented as central components of therapeutic regimens for maintenance, relapse prevention, and clinical stabilization of people with chronic schizophrenia, resistant psychosis, and other persistent severe mental disorders (Tabo et al., 2017; Sfetcu et al., 2017). In community settings, their use is strongly associated with longitudinal care models and coordination with structured psychosocial interventions (Hager et al., 2019; Nelson-Cooke, 2020).

Although less frequent in recent literature, first-generation antipsychotics remain described in studies addressing psychiatric admissions, involuntary hospitalizations, and acute exacerbation situations, in which

rapid symptom control is a clinical priority (Rodrigues, 2017; Vu, 2020). In addition, combination regimens and the increasing use of long-acting injectable formulations, especially among second-generation antipsychotics, have been identified as strategies to address difficulties in adhering to oral treatment (Grimminck et al., 2020; Sacha et al., 2022).

CARE CONTEXTS FOR THE USE OF ANTIPSYCHOTICS

The studies included in this scoping review demonstrate that the use of antipsychotics in the management of severe and persistent chronic mental disorders occurs in multiple care contexts, reflecting the complexity of the therapeutic pathways of these populations and the centrality of drug treatment in the organization of mental health care (Asher; Patel; Silva, 2017; Sfetcu et al., 2017). The results indicate that these drugs are used in both hospital settings and community services, including intensive follow-up programs, primary care, and territorialized care devices (Hager et al., 2019; Nelson-Cooke, 2020; Vu, 2020).

In hospital settings, especially during psychiatric hospitalizations, antipsychotics are described as central elements in the management of acute conditions and symptomatic exacerbations. Studies addressing hospitalizations, including involuntary ones, indicate that prescriptions occur predominantly in situations marked by mental disorganization, risk to the integrity of the individual or others, and impaired critical judgment, with immediate clinical stabilization being the main therapeutic goal (Rodrigues, 2017; Sfetcu et al., 2017). Furthermore, the continued use of these drugs after hospital discharge is described as a recurring

practice, with a view to preventing relapses and reducing the risk of readmissions (Sfetcu et al., 2017).

In community mental health services, antipsychotics play a structural role in longitudinal follow-up. Studies on community interventions show that pharmacological treatment is integrated with psychosocial strategies, social support, and psychosocial rehabilitation actions, promoting clinical stability and the user's permanence in their territory (Asher; Patel; Silva, 2017; Tabo et al., 2017; Nelson-Cooke, 2020). The literature also points to their use in the interface with primary care and emergency services, reinforcing the cross-cutting nature of these drugs in the mental health care network (Hager et al., 2019; Vu, 2020).

EVIDENCE ON THE EFFICACY AND SAFETY OF ANTIPSYCHOTIC USE

The studies included in this scoping review present consistent evidence on the clinical efficacy and safety of antipsychotics in the treatment of severe and persistent chronic mental disorders, especially schizophrenia and other psychotic disorders. Overall, the results indicate that these drugs remain the main pharmacological strategy for controlling positive psychotic symptoms and preventing relapses and recurrent hospitalizations (Sfetcu et al., 2017; Hager et al., 2019).

With regard to therapeutic efficacy, studies converge in demonstrating that continuous use of antipsychotics is associated with a significant reduction in delusions, hallucinations, and disorganized thinking, especially when compared to discontinuation of treatment or the absence of drug therapy (Sfetcu et al., 2017). Both first- and

second-generation antipsychotics have proven efficacy in clinical stabilization, albeit with different response and tolerability profiles (Rodrigues, 2017). Second-generation antipsychotics tend to have better subjective tolerability and a slight advantage in the management of negative and affective symptoms, although these benefits are not consistent in the literature (Sfetcu et al., 2017).

However, studies indicate that symptomatic control does not necessarily translate into overall improvement in social functioning or quality of life, with relevant limitations persisting in occupational functioning, interpersonal relationships, and individual autonomy (Asher; Patel; Silva, 2017). With regard to safety, first-generation antipsychotics are more associated with extrapyramidal effects, while second-generation antipsychotics present a higher risk of metabolic and cardiovascular effects, such as weight gain, dyslipidemia, and QT interval prolongation, reinforcing the need for continuous clinical monitoring and careful risk-benefit assessment (Hager et al., 2019; Vu, 2020).

ASPECTS RELATED TO ADHERENCE TO ANTIPSYCHOTIC TREATMENT

The studies included in this scoping review show that adherence to antipsychotic treatment is one of the main challenges in the management of severe and persistent chronic mental disorders, constituting a central variable for clinical and care outcomes. Consistently, inadequate levels of adherence are associated with increased rates of relapse, psychiatric readmission, symptomatic worsening, and greater use of emergency services (Sfetcu et al., 2017; Vu, 2020).

The literature reviewed indicates that adherence to pharmacological treatment is a multidimensional phenomenon influenced by clinical, subjective, social, and organizational factors. Systematic reviews indicate that patients with psychotic disorders have recurrent difficulties in maintaining continuous use of antipsychotics, especially in prolonged treatments, in which the perceived benefits tend to be outweighed by the experience of adverse effects, such as excessive sedation, weight gain, metabolic changes, and extrapyramidal symptoms (Rodrigues, 2017; Hager et al., 2019; Sacha et al., 2022).

Subjectively, the degree of insight into the disorder and the stigma associated with the use of psychiatric medications have a significant influence on treatment continuity, especially after periods of symptomatic remission (Sfetcu et al., 2017; Sacha et al., 2022). Furthermore, studies conducted in community services show better levels of adherence when care is structured based on integrated psychosocial models and longitudinal follow-up (Asher; Patel; Silva, 2017). It is also noteworthy that the use of long-acting injectable antipsychotics may promote adherence in patients with a history of treatment discontinuation (Grimminck et al., 2020), reinforcing the need for user-centered approaches and quality of care.

GAPS AND TRENDS IDENTIFIED IN THE LITERATURE

The integrated analysis of the studies included in this scoping review reveals a field of research marked by important conceptual advances, but also by persistent gaps that limit the consolidation of robust evidence on the use of antipsychotics in the management of severe and persistent chronic mental disorders. One of the main

weaknesses identified refers to the fragmentation of the knowledge produced, since many studies address isolated dimensions of treatment—such as efficacy, adherence, or use of services—without integrating them in a systemic and longitudinal manner (Sfetcu et al., 2017; Sacha et al., 2022).

There is also a strong concentration of research in high-income countries, which limits the generalization of findings to low- and middle-income country contexts. Although studies such as that by Asher, Patel, and Silva (2017) broaden the view to community interventions in settings with limited resources, there remains a scarcity of research that systematically evaluates the effectiveness and feasibility of antipsychotic use in these contexts. Another relevant gap concerns the insufficient discussion of the adverse metabolic, cardiovascular, and neurological effects associated with prolonged use, which are often treated as secondary issues in the literature (Hager et al., 2019; Grimminck et al., 2020).

In terms of trends, there is a growing appreciation of community models, integrated care, and coordination between mental health and primary care (Nelson-Cooke, 2020; Tabo et al., 2017). However, the scarce incorporation of the users' perspective stands out, indicating the need for greater investment in qualitative approaches and longitudinally designed research, sensitive to sociocultural contexts and subjective experiences in the prolonged use of antipsychotics.

DISCUSSION

This scoping review allowed us to map and critically analyze the scientific evidence produced over the last ten years on the

use of antipsychotics in the management of severe and persistent chronic mental disorders, especially in contexts of psychiatric hospitalization and community mental health services. The findings confirm the centrality of these drugs as a structuring axis of treatment, especially in reducing psychotic relapses and psychiatric readmissions, in line with evidence previously described in the literature (Sfetcu et al., 2017; Grimminck et al., 2020). However, this clinical efficacy coexists with significant concerns related to the safety of prolonged use, adverse metabolic, neurological, and cardiovascular effects, as well as the practice of polypharmacy, especially in cases of greater clinical severity (Hager et al., 2019; Vu, 2020). These findings reinforce the need for individualized prescribing, continuous risk-benefit assessment, and rigorous clinical monitoring, especially in community services, where use tends to be prolonged.

The analysis also shows that care contexts decisively shape patterns of use and meanings attributed to antipsychotics. In hospital settings, particularly in involuntary admissions, these drugs tend to be used as instruments of clinical stabilization and acute crisis containment, often associated with experiences of coercion and loss of autonomy (Rodrigues, 2017; Vu, 2020). In contrast, in community mental health services and assertive community treatment programs, antipsychotics are integrated into longitudinal care strategies, linked to psychosocial interventions, multidisciplinary follow-up, and active user participation in therapeutic decisions (Asher; Patel; Silva, 2017; Nelson-Cooke, 2020). The predominance of second-generation antipsychotics reflects contemporary clinical guidelines, although their overall benefits are rela-

tized by the occurrence of relevant metabolic effects (Sfetcu et al., 2017; Hager et al., 2019). Furthermore, adherence to treatment emerges as a multifactorial phenomenon, conditioned by clinical, subjective, and organizational factors, reinforcing that the effectiveness of the use of these drugs depends on the quality of care provided and the articulation with sustained psychosocial practices (Sacha et al., 2022; Tabo et al., 2017).

CONCLUSION

This scoping review achieved its overall objective by mapping and critically synthesizing the scientific literature on the use of antipsychotics in the management of severe and persistent chronic mental disorders, highlighting patterns of use, care contexts, therapeutic benefits, and associated challenges. The results demonstrate the predominance of second-generation antipsychotics, especially in community services, without excluding the continued use of first-generation antipsychotics and combination regimens in specific contexts, such as psychiatric hospitalizations and situations of greater clinical severity. The analysis of care contexts revealed that the use of these drugs cuts across the different levels of care, taking on different meanings according to the organizational logic of the services and the principles that guide care.

It is concluded that, although antipsychotics remain indispensable therapeutic tools for clinical stabilization and relapse prevention, their use must be understood in an integrated, contextualized, and critical manner. The effectiveness of treatment is not restricted to symptom control but depends on the articulation between effica-

cy, safety, adherence, and quality of mental health services. Significant gaps remain in the literature, especially the scarcity of longitudinal studies, the underrepresentation of low- and middle-income countries, and the limited incorporation of the users' perspective. It is therefore recommended that future research integrate quantitative and qualitative approaches, value community contexts, and consider the experiences of individuals, contributing to more sustainable and humanized clinical practices and public policies that are aligned with the principles of psychosocial care.

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