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IMPACTS OF SOCIAL DETERMINANTS ON THE MENTAL HEALTH OF THE BRAZILIAN POPULATION: IMPLICATIONS FOR PUBLIC HEALTH

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ABSTRACT

Mental illness is a complex and multifactorial condition, directly influenced by the social determinants of health, which encompass political, economic, cultural, social, and regional aspects. This study is characterized as a narrative literature review, designed to gather, organize, and analyze updated knowledge on the social determinants of health and their impacts on the mental health of the population, as well as their implications within the field of public health. The study was conducted between March and April 2026, encompassing both national and international sources. For the bibliographic search, the following databases were selected: SciELO, PubMed/MEDLINE, Virtual Health Library (VHL), LILACS, and Google Scholar. Official reports from international organizations, such as the World Health Organization (WHO), as well as institutional technical documents related to mental health and public health, were also included. Regarding the study selection process, the application of the search strategy across the selected databases initially resulted in 1,441 records. The comparative analysis of the studies demonstrates that recent scientific production recognizes psychological distress as an expression of social inequalities that permeate the lives of populations, moving away from interpretations restricted to the isolated individual. Furthermore, this study underscores the importance of incorporating social determinants as a structural axis in the formulation of public policies in mental health, emphasizing the need for intersectoral actions that articulate different sectors, such as health, education, social assistance, and labor.

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INTRODUCTION

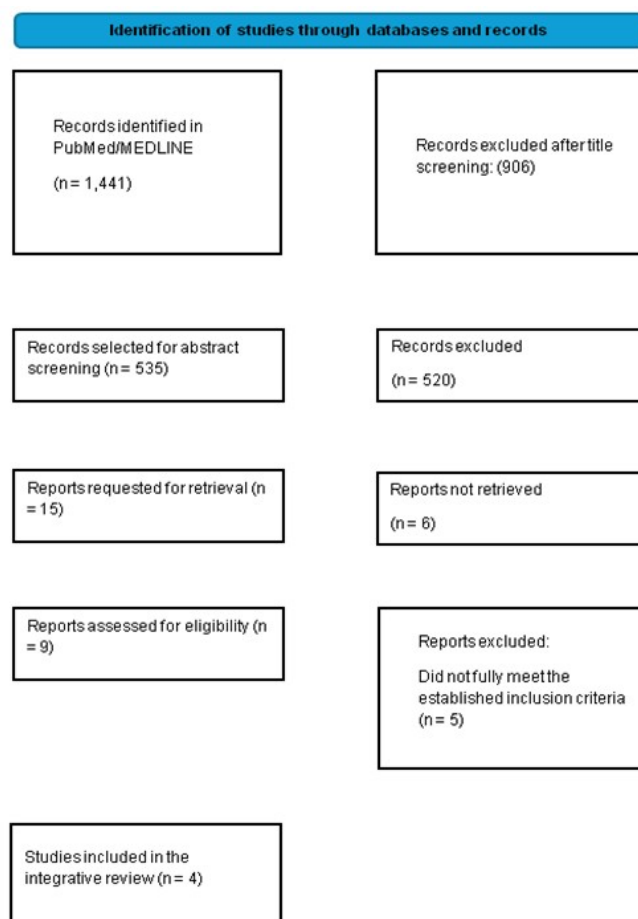
Mental illness is a complex and multifactorial condition, directly influenced by the social determinants of health, which encompass political, economic, cultural, social, and regional aspects¹. On a global scale, mental disorders represent a significant public health issue: it is estimated that approximately 970 million people were living with a mental disorder in 2019, with depression and anxiety being the most prevalent conditions. In addition, these conditions are among the leading causes of disability worldwide, highlighting their substantial impact on individuals' quality of life and functional capacity². In the Brazilian context, this scenario becomes even more relevant due to historically structured social inequalities. Brazil stands out for its high prevalence of mental disorders, particularly anxiety disorders, which affect approximately 9.3% of the population, corresponding to around 19 million people³. This panorama underscores the magnitude of the problem and its direct relationship with socioeconomic factors such as poverty, unemployment, low educational levels, and unequal access to health services⁴. In recent decades, there has been a significant increase in the identification and diagnosis of mental disorders, fostering advances in scientific knowledge regarding care, treatment, and follow-up of affected individuals⁵. In this sense, it is essential to consider the biopsychosocial profile of each individual, recognizing that social determinants play a central role in both the onset and progression of mental health conditions⁶. Factors such as social vulnerability, violence, exclusion, and inequality increase the risk of psychological distress and hinder access to adequate care^{1,2}.

Furthermore, social determinants directly influence key processes such as social inclusion and deinstitutionalization, which are fundamental pillars of psychosocial care in Brazil⁷. The organization of care, particularly through community-based and territorially oriented models, highlights the need to strengthen psychosocial care networks. In this context, the Brazilian Psychiatric Reform represents a significant milestone, promoting a more humanized, comprehensive approach aligned with public health principles^{7,8}. Historically, the concept of health was limited to the absence of disease; however, in contemporary times, this understanding has expanded to incorporate a broader perspective aligned with global public health principles¹⁰. This shift has facilitated the development of more equitable health systems, based on health promotion and disease prevention strategies, enabling the creation of approaches that are more responsive to the population's social needs^{3,4}. Despite these advances, there remains a significant gap in scientific production regarding the integrated analysis of social determinants and their impacts on the mental health of the Brazilian population from a public health perspective². Many studies still address these factors in isolation or from a predominantly biomedical perspective, limiting a comprehensive understanding of the health-disease process and hindering the development of more effective and equitable interventions¹. Therefore, there is a need to deepen the understanding of the relationship between social determinants and mental illness, contributing to the strengthening of public policies, healthcare practices, and more comprehensive care strategies⁵. Moreover, this study seeks to support the work of health professionals, particularly within public health, promoting interventions that are more sensitive to social vulnerabilities and the real needs of the population. Thus, this study aims to analyze the impacts of social determinants on the mental health of the Brazilian population, highlighting their implications for public health.

METHODOLOGY

This study is characterized as a narrative literature review, designed to gather, organize, and analyze updated knowledge on the social determinants of health and their impacts on the mental health of the population, as well as their implications within the field of public health. This type of review allows for the construction of broad and interpretative syntheses of complex phenomena, enabling the integration of different theoretical perspectives and scientific

evidence available in the specialized literature. The study was conducted between March and April 2026, encompassing both national and international sources. For the bibliographic search, the following databases were selected: SciELO, PubMed/MEDLINE, Virtual Health Library (VHL), LILACS, and Google Scholar. Official reports from international organizations, such as the World Health Organization (WHO), as well as institutional technical documents related to mental health and public health, were also included. The search strategy used a combination of controlled and uncontrolled descriptors, aligned with DeCS/MeSH vocabularies, including: "social determinants of health," "mental health," "mental disorders," "public health," "social vulnerabilities," and "psychosocial impacts." Boolean operators AND and OR were applied to increase search sensitivity and retrieve studies relevant to the scope of the research. The inclusion criteria comprised publications from 2022 to 2026, in Portuguese, English, and Spanish, that directly or indirectly addressed social determinants of health and their relationship with mental illness, including epidemiological, social, and healthcare aspects. Original articles, systematic and narrative reviews, technical documents, and institutional reports were considered. Duplicate studies, materials lacking methodological rigor, texts with an exclusively biomedical focus without articulation with social determinants, as well as inconclusive studies or those with low relevance to the proposed objective, were excluded.



Source: Prepared by the authors based on the PRISMA model

Figure 1. Flowchart of the article selection process.

The study selection process was carried out in two stages: initially, a screening based on titles and abstracts was conducted to identify thematic relevance; subsequently, full-text reading of the selected studies was performed to confirm their suitability and contribution to the analysis. Data extraction considered information related to social determinants, socioeconomic context, vulnerability factors, prevalence of mental disorders, as well as implications for the organization of services and public health practices. The selection process followed the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA),

ensuring transparency and methodological traceability. The application of PRISMA guidelines involved the systematic organization of the stages of identification, screening, eligibility, and inclusion of studies, with explicit criteria defined for each phase. The flowchart developed allowed for the presentation of the number of records identified in the databases, the exclusions performed, and the final number of studies included in the review corpus, ensuring transparency in the selection process and methodological reproducibility, as recommended by⁹, as shown in Figure 1. This procedure enabled the construction of thematic axes, which are presented in the results section, articulating the different studies through critical analysis. The analysis of the studies was conducted through in-depth reading and thematic categorization, with the aim of identifying conceptual convergences, analytical divergences, and research gaps related to the social determinants of health and their impacts on mental health. The analytical process was not limited to the description of the findings but sought to understand how different authors articulate social determinants in explaining mental illness and in organizing mental health care within the context of public health. In this regard, the interpretation of the findings considered how social, economic, and structural factors are incorporated into the analyses of the studies, highlighting their influence both on the production of vulnerabilities and on access to and quality of mental health care. Furthermore, efforts were made to identify how these elements support the formulation of more comprehensive, equitable, and population-centered care strategies. As this study is based on secondary data and does not involve direct participation of human subjects, it is exempt from review by a Research Ethics Committee, in accordance with Resolution No. 510/2016 of the National Health Council. The entire methodological process was conducted based on principles of scientific rigor, academic integrity, and ethical responsibility in the use and interpretation of sources.

Regarding the study selection process, the application of the search strategy across the selected databases initially resulted in 1,441 records. Subsequently, filters were applied concerning the publication period (last five years), languages (Portuguese, English, and Spanish), and full-text availability, reducing the total to 535 studies eligible for the screening phase. In the next stage, titles and abstracts were reviewed, resulting in the exclusion of 520 studies. Of these, 260 did not present a direct relationship with the social determinants of health and their interface with mental health, while the remaining 260 addressed different public health contexts or did not consider aspects related to social vulnerabilities. After this stage, 15 studies were considered potentially relevant and selected for full-text review, as presented in Table 1. During the full-text analysis, six studies were excluded for not specifically addressing the relationship between social determinants and mental health, and five were excluded for not fully meeting the established inclusion criteria. Thus, the final sample consisted of four studies. The analysis of the included studies showed that factors such as poverty, social exclusion, food insecurity, low educational attainment, and precarious living conditions are directly associated with increased vulnerability to mental illness. These findings reinforce the need for approaches that integrate social and contextual dimensions into health care, moving beyond perspectives limited to the biomedical model. Table 1 presents a synthesis of the main studies identified in the scientific literature on social determinants and their impacts on mental health within the context of public health, including authors, year of publication, study themes, objectives, and key findings of the studies analyzed between 2022 and 2026. The comparative analysis of the studies demonstrates that recent scientific production recognizes psychological distress as an expression of social inequalities that permeate the lives of populations, moving away from interpretations restricted to the isolated individual.

Table 1. Identification of the selected articles

Authors/Year	Theme	Objectives	Results
Guerra, 2026 ⁹	Social determinants and access to mental health care in quilombola, Indigenous, and rural settlement populations: reflections on the extinction of NASF and the invisibility of territorial care	To analyze the relationship between social determinants of health, access to mental health care, and suicide mortality in quilombola, Indigenous, and rural settlement populations in Brazil	The data indicate a national average suicide rate by exogenous intoxication of 3.41 per 100,000 inhabitants in these municipalities, with significant regional disparities
Santos, 2026 ¹⁰	Between territories and inequalities in mental health care within Primary Health Care: integrative review of national studies (2021–2025)	To analyze how national scientific production published between 2020 and 2025 has articulated territory and inequalities in the organization of mental health care in Primary Health Care	Associations were identified between mental suffering and socioeconomic conditions, as well as weaknesses in work process organization and inequalities in case recognition
Lourenço, 2026 ¹³	Social inequalities and their impacts on health	To analyze the impacts of social inequalities on population health, highlighting their effects on access, quality of care, and health outcomes	Findings show that socially vulnerable populations have a higher prevalence of chronic and infectious diseases, as well as preventable conditions, in addition to barriers to timely and equitable access to health services. Determinants such as low income, limited education, inadequate housing, and lack of sanitation intensify health inequities and overload health systems
Justino, 2025 ⁸	Social determinants of health: impacts on the development of children and adolescents in risk situations	To evaluate how factors such as poverty, violence, food insecurity, poor housing conditions, and limited access to health and education services negatively influence physical, cognitive, emotional, and social development	Exposure to adverse environments is associated with increased risks of psychosocial disorders, learning difficulties, and chronic diseases, perpetuating inequalities and expanding vulnerabilities

Source: Prepared by the authors based on the PRISMA model.

RESULTS AND DISCUSSION

The review of the selected studies indicates that recent scientific production has advanced in understanding mental health from a broader perspective, in which psychological distress is no longer interpreted solely as an individual manifestation but is instead understood in light of concrete living conditions and the social determinants of health. In this context, there is a growing theoretical and analytical movement recognizing the influence of social, economic, and structural inequalities on the onset and progression of mental disorders^{1,2}.

The studies converge in affirming that the social determinants of health constitute an essential foundation for understanding mental illness, particularly in contexts marked by precarious living conditions, weakened social ties, and limited access to effective public policies^{3,4,5}. However, while the centrality of social inequalities is widely acknowledged, an analytical fragmentation can still be observed across the studies. Social determinants, the organization of care, and mental health are not always addressed in an integrated manner. In some cases, social factors appear as secondary contextual elements; in others, health services are highlighted as strategic spaces, yet without a deeper exploration of how social conditions shape the effectiveness of care delivery. Thus, although there have been

advances in recognizing the role of inequalities, the challenge of more consistently integrating social determinants into mental health practices and policies remains^{10,11}. It is within this perspective that the contribution of the present study is situated. By bringing together and analyzing studies that address the interface between social determinants and mental health, it becomes possible to argue that these factors are not peripheral but rather structural in understanding the health-disease process. Recognizing this relationship implies acknowledging that the production of mental health care occurs within the social, economic, and cultural conditions that shape the lives of individuals and communities^{12,13}. In this sense, social determinants and the organization of mental health care constitute fundamental dimensions of both the illness and care processes. Social determination thus emerges as a key theoretical framework for analyzing health practices and policies, enabling a deeper understanding of how structural inequalities influence both the production of psychological distress and the possibilities for access to and effectiveness of health services. Based on the analysis of the selected studies, four main categories were identified that structure the contemporary debate: (1) social determinants and structural inequalities in the production of psychological distress; (2) social vulnerabilities as determinants of mental illness; (3) the organization of care and access dynamics to mental health services within the public health context; and (4) the incorporation of social determinants as a strategic axis for the development of more equitable and effective public policies.

Social Determinants and Structural Inequalities in the Production of Psychological Distress: The analysis of the studies reveals that psychological distress is deeply rooted in the structural inequalities that shape social organization. Factors such as poverty, unemployment, low educational attainment, precarious working conditions, and inadequate housing not only influence but actively structure the process of mental illness. These conditions limit access to essential material and symbolic resources necessary for maintaining health, contributing to continuous exposure to stress and vulnerability^{1,4}. This perspective reinforces the need to move beyond the traditional biomedical model, which tends to individualize suffering while disregarding the social contexts that produce it. Instead, the social determinants of health should be understood as central elements in analyzing the health-disease process, allowing for a broader and more critical interpretation of the conditions that contribute to the emergence and persistence of mental disorders. In this sense, psychological distress emerges as an expression of social inequities, reflecting historically constructed and perpetuated inequalities^{11,12,13}. Furthermore, these determinants do not act in isolation but rather in an interdependent manner, amplifying their effects on mental health. The combination of multiple adverse factors tends to intensify vulnerability, highlighting the complexity of the phenomenon and the need for integrated and intersectoral approaches⁵.

Social Vulnerabilities as Determinants of Mental Illness: The analyzed studies demonstrate that social vulnerabilities play a fundamental role as determinants of mental illness, particularly among populations exposed to contexts of exclusion and precarious living conditions. Situations such as food insecurity, urban violence, fragile family and social ties, and economic instability significantly contribute to the development and worsening of mental disorders^{6,7}. These vulnerabilities operate in a cumulative and synergistic way, intensifying their negative impact on mental health and reducing individuals' coping capacity. Prolonged exposure to adverse conditions favors the emergence of persistent psychological distress and hinders access to care strategies and social support systems^{10,11}. Additionally, certain population groups, such as individuals living in poverty, residents of marginalized communities, women, older adults, and people experiencing homelessness, are more susceptible to the effects of these vulnerabilities. This highlights the need to recognize social inequalities as central determinants of mental illness, requiring interventions that consider the specificities of each context^{4,5}. Therefore, understanding social vulnerabilities as determinants of mental illness implies recognizing that mental health care must extend

beyond the clinical domain, incorporating actions aimed at reducing inequalities and strengthening social support networks².

Organization of Care and Access Dynamics to Mental Health Services: The organization of mental health care within the public health context shows important progress but still faces significant challenges regarding access, comprehensiveness, and continuity of care. The studies indicate that, despite the existence of policies and structures aimed at psychosocial care, barriers persist that hinder the provision of effective and equitable care^{8,10}. Among the main obstacles identified are the stigma associated with mental disorders, insufficient availability of specialized services, unequal distribution of resources, and weak coordination across different levels of care. These factors contribute to discontinuity of care and the exclusion of more vulnerable groups from access to mental health services^{11,12}. Moreover, the organization of services does not always effectively incorporate the social determinants of health, limiting their capacity to respond to the population's complex needs. The lack of integrated approaches compromises the development of care strategies that adequately consider individuals' social contexts³. In this scenario, it is essential to strengthen care models that promote service integration, territorialized approaches, and expanded access, particularly for vulnerable populations. The development of practices that are more responsive to social realities is a key element in improving the quality of mental health care⁷.

Social Determinants as a Strategic Axis for Public Policies in Mental Health: The findings of this study reinforce the need to incorporate social determinants as a structural axis in the formulation and implementation of mental health public policies. Understanding mental illness as a socially determined phenomenon requires the development of strategies that go beyond the health sector, promoting intersectoral collaboration among areas such as education, social assistance, housing, and employment^{7,8,9}. The effectiveness of public policies depends on the capacity to address social inequalities that directly impact the population's mental health. In this regard, actions aimed at reducing poverty, expanding access to education, improving living conditions, and strengthening social support networks are essential for promoting mental well-being. Furthermore, incorporating social determinants into health policies contributes to the development of more equitable care models, centered on the real needs of the population and guided by the principles of comprehensiveness and social justice. This approach enables progress toward building more responsive health systems that are sensitive to inequalities^{10,12}. Finally, strengthening intersectoral policies and expanding the understanding of social determinants represent essential pathways for consolidating a more comprehensive and effective approach to mental health within the public health context^{4,5}.

CONCLUSION

This study demonstrated that the social determinants of health constitute central elements in understanding mental illness in the Brazilian population, showing that psychological distress is intrinsically related to the social, economic, and structural conditions that shape individuals' lives. Factors such as social inequality, poverty, unemployment, low educational attainment, and precarious living conditions emerge as significant determinants in both the onset and persistence of mental disorders, reinforcing the need to move beyond approaches limited to the biomedical model. The findings indicate that social vulnerabilities operate cumulatively, increasing exposure to risk factors and hindering access to mental health care, particularly among populations in situations of greater social fragility. In this context, the organization of health services still faces important challenges related to equity, comprehensiveness, and continuity of care, highlighting the need to strengthen strategies that incorporate social determinants as an integral part of healthcare practices. Furthermore, this study underscores the importance of incorporating social determinants as a structural axis in the formulation of public policies in mental health, emphasizing the need for intersectoral actions that articulate different sectors, such as health, education,

social assistance, and labor. The development of more effective policies requires addressing structural inequalities, aiming to promote more dignified living conditions and expand access to social rights. As limitations, it is important to note that this study is characterized as a narrative review, which may involve greater subjectivity in the selection and interpretation of data. Additionally, the limited number of studies included in the final analysis may restrict the generalizability of the findings, while the methodological heterogeneity of the analyzed studies may hinder more in-depth comparisons. Therefore, future research should adopt more rigorous methodological designs, such as systematic reviews and longitudinal studies, as well as empirical investigations exploring different social and territorial contexts. It is also recommended to develop studies focused on evaluating public policies and interventions that integrate social determinants into mental health promotion, contributing to the development of more equitable and effective strategies.

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