

The Landscape of Child and Adolescent Psychiatry in Brazil

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Abstract

Background: There is limited information regarding the number of child and adolescent psychiatrists and their distribution across Brazilian states. **Objective:** To determine the number of Child and Adolescent Psychiatrists (CAP) in Brazil, their distribution by state, and whether there are enough professionals in this field. **Method:** A cross-sectional study using secondary data available online. Statistical analysis was performed with BioEstat 5.0 statistic software. **Results:** There are 871 CAPs in Brazil, which are unevenly distributed across the states. This number is insufficient, necessitating a 2840% increase to meet the demand. **Conclusion:** In addition to the inadequate number of professionals, their distribution is unequal, with significant concentrations in state capitals and a few states. The number of CAP in Brazil is far below the recommended level, with poor geographic distribution.

Keywords

Psychiatry, Child, Adolescent

1. Introduction

In the 2022 census, Brazil's total population was estimated to be 203,080,756 inhabitants [1]. According to World Bank data from 2021 [2] the country had 2.1 doctors per 1000 inhabitants (Austria had 5.5, Canada 2.5, Chile had 3.0, and Colombia had 2.4 doctors per inhabitants that same year).

According to the 2023 Medical Demography Data in Brazil [3], there were 13,888 psychiatrists in the country, which equates to one psychiatrist for every 14,622 inhabitants, or 6.83 per 100,000 people. In the United States, it is estimated that the demand for psychiatrists is 15.40 per 100,000 inhabitants [4].

In Brazil, child and adolescent psychiatry is a subspecialty of psychiatry [5] with a relatively recent history of development. It was only in the 1960s that the first

psychiatric hospital unit for children was established in the southern region of the country [6]. The Brazilian Association of Psychiatry was founded in 1966; however, the Department of Child and Adolescent Psychiatry was not established until the mid-1990s [7].

The total number of professionals working in this field remains uncertain, as many do not possess specific qualifications.

The objective of this study was to determine the total number of child and adolescent psychiatrists (CAP) in Brazil, their distribution across the country, and whether this number is sufficient to meet the demand.

2. Methods

This is a cross-sectional study utilizing secondary data from 2024, primarily sourced from the websites of the Brazilian Federal Council of Medicine (CFM) [8] and the Brazilian Institute of Geography and Statistics (IBGE) [9].

These sources include an official federal government agency (IBGE), and an autonomous regulatory body overseeing medical practice in the country (CFM). Therefore, they are among the most reliable sources for researching data comparable to those in our study.

Statistical analysis was conducted using BioEstat 5.0, a statistical software developed by the Mamirauá Institute, a Brazilian Social Organization overseen by the Ministry of Science, Technology, and Innovation, and is freely accessible [10].

The statistical tests applied were Student's t-test and correlation analysis.

3. Results

Based on information provided by the Brazilian Federal Council of Medicine [8], by the end of 2024, there were 871 child and adolescent psychiatrists (CAP) throughout Brazil, representing just over 6% of the total number of psychiatrists in the country.

Of these 871, about 58% are women ($p = 0.01$) and around 60% are in state capitals ($p = 0.02$), as shown in **Table 1**.

Considering the total number of Child and Adolescent Psychiatrist (CAP) for inhabitants aged zero to 19 years in each Brazilian state, the inequality in distribution is striking. While the Federal District and Rio Grande do Sul have one CAP for approximately 22,500 inhabitants in this age group, Amazon has one for about 720,000.

The distribution of the CAP can be analyzed in relation to the Gross Domestic Product (GDP) of each state. Data from 2021 [11], converted into US dollars based on exchange rate provided by the Central Bank of Brazil on December 31, 2021 [12] (1 USD = 5.58 Brazilian reais), is presented in **Table 1**. A significant correlation exists between GDP and the number of CAP ($r^2 = 0.94$), as illustrated in **Figure 1**. For instance, while São Paulo accounts for 30.18% of the GDP and possesses 26.64% of the CAP, Roraima contributes only 0.20% of the GDP and holds 0.11% of the CAP.

Table 1. Number of CAP and their distribution in the Brazilian territory.

State	CAP Men		% Women		% Capital		% Interior		CAP/100,000			GDP US\$1,000,000	% of GDP	% of CAP	
	Number	%	Number	%	Number	%	Number	%	STATE	INTERIOR	CAPITAL				
Acre	3	2	66.67	1	33.33	2	66.67	1	33.33	1.00	0.54	1.73	487410.57	0.24	0.34
Alagoas	5	3	60.00	2	40.00	4	80.00	1	20.00	0.52	0.14	1.52	170125.63	0.85	0.57
Amazonas	2	1	50.00	1	50.00	2	100.00	0	0.00	0.14	0.00	0.00	153690.50	1.46	0.23
Amapá	0	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00	0.00	104172.76	0.22	0.00
Bahia	27	7	25.93	20	74.07	18	66.67	9	33.33	0.69	0.27	3.24	98561.47	3.91	3.10
Ceará	25	10	40.00	15	60.00	20	80.00	5	20.00	1.02	0.27	3.26	76804.84	2.16	2.87
Distrito Federal	33	16	48.48	17	51.52	31	93.94	2	6.06	4.44	0.00	4.44	63193.19	3.18	3.79
Espírito Santo	22	8	36.36	14	63.64	17	77.27	5	22.73	2.21	0.54	23.62	51423.66	2.07	2.53
Goiás	34	15	44.12	19	55.88	24	70.59	10	29.41	1.75	0.63	6.79	48320.43	2.99	3.90
Maranhão	9	3	33.33	6	66.67	4	44.44	5	55.56	0.40	0.25	1.44	47115.59	1.39	1.03
Minas Gerais	120	62	51.67	58	48.33	66	55.00	54	45.00	2.37	0.54	3.34	41826.16	9.52	13.78
Mato Grosso	11	2	18.18	9	81.82	6	54.55	5	45.45	1.00	0.54	2.44	39572.40	2.59	1.26
Mato Grosso do Sul	9	5	55.56	4	44.44	6	66.67	3	33.33	1.12	1.18	13.36	34925.63	1.58	1.03
Pará	6	2	33.33	4	66.67	4	66.67	2	33.33	0.22	0.08	1.22	33393.73	2.92	0.69
Paraíba	12	6	50.00	6	50.00	7	58.33	5	41.67	1.07	0.55	3.20	25484.59	0.86	1.38
Pernambuco	18	7	38.89	11	61.11	15	83.33	3	16.67	0.70	0.98	10.41	23571.86	2.45	2.07
Piauí	8	4	50.00	4	50.00	5	62.50	3	37.50	0.85	0.14	4.18	22398.03	0.71	0.92
Paraná	66	26	39.39	40	60.61	41	62.12	25	37.88	2.23	0.42	2.15	14369.35	6.10	7.58
Rio de Janeiro	54	22	40.74	32	59.26	41	75.93	13	24.07	1.40	0.53	2.92	13883.51	10.53	6.20
Rio Grande do Norte	5	1	20.00	4	80.00	5	100.00	0	0.00	0.56	0.00	2.70	13667.74	0.89	0.57
Rio Grande do Sul	114	55	48.25	59	51.75	80	70.18	34	29.82	4.43	1.49	27.66	11474.55	6.45	13.09
Rondônia	3	2	66.67	1	33.33	2	66.67	1	33.33	0.64	0.30	1.43	10424.73	0.65	0.34
Roraima	1	0	0.00	1	100.00	1	100.00	0	0.00	0.41	0.00	0.69	9294.09	0.20	0.11
Santa Catarina	43	13	30.23	30	69.77	13	30.23	30	69.77	2.26	1.67	11.61	9279.75	4.76	4.94
São Paulo	232	91	39.22	141	60.78	100	43.10	132	56.90	2.14	1.62	3.74	3830.47	30.18	26.64
Sergipe	7	2	28.57	5	71.42	7	100.00	0	0.00	1.09	0.00	4.57	3602.15	0.58	0.80
Tocantins	2	1	50.00	1	50.00	2	100.00	0	0.00	0.42	0.00	2.16	3262.19	0.57	0.23

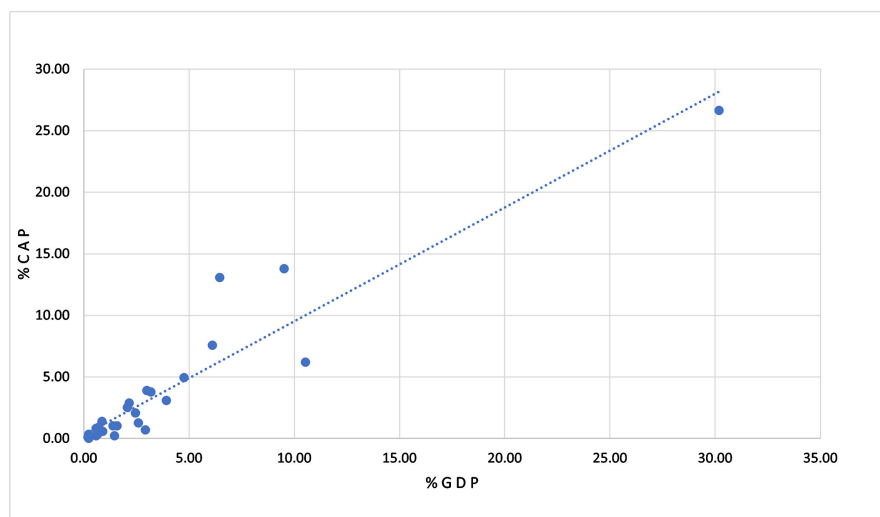


Figure 1. Percentage of CAP and GDP by Brazilian states.

Naturally, it is essential to determine whether the number of CAP is adequate to meet the needs of the population. **Table 2** presents the figures by Brazilian state, based on the necessary number of professionals as estimated by the American Academy of Child and Adolescent Psychiatry (AACAP), which recommends 47 PIA per 100,000 individuals aged zero to 19 years [13]. It is important to note that no state meets this requirement. Proportionally, the lowest demand is the Federal District and Rio Grande do Sul (central and southern regions), while the most significant shortages are found in Amazonas and Pará (northern region).

Table 2. Need for CAP to meet demand.

State	CAP	% NEEDED	NEEDED	DEFICIT	NEEDED MULTIPLE
Acre	3	2.13	141	-138	47
Alagoas	5	1.10	456	-451	91
Amazonas	2	0.29	678	-676	339
Amapá	0	0.00	125	-125	xxxx
Bahia	27	1.46	1848	-1821	68
Ceará	25	2.17	1152	-1127	46
Distrito Federal	33	9.45	349	-316	11
Espírito Santo	22	4.69	469	-447	21
Goiás	34	3.73	912	-878	27
Maranhão	9	0.85	1061	-1052	118
Minas Gerais	120	5.03	2384	-2264	20
Mato Grosso	11	2.13	517	-506	47
Mato Grosso do Sul	9	2.38	378	-369	42
Pará	6	0.47	1277	-1271	213
Paraíba	12	2.27	528	-516	44
Pernambuco	18	1.48	1213	-1195	67
Piauí	8	1.81	441	-433	55
Paraná	66	4.75	1389	-1323	21
Rio de Janeiro	54	2.97	1818	-1764	34
Rio Grande do Norte	5	1.18	422	-417	84
Rio Grande do Sul	114	9.42	1211	-1097	11
Rondônia	3	1.36	221	-218	74
Roraima	1	0.88	114	-113	114
Santa Catarina	43	4.81	895	-852	21
São Paulo	232	4.56	5091	-4859	22
Sergipe	7	2.32	302	-295	43
Tocantins	2	0.89	224	-222	112
TOTAL	871	3.40	25617	24745	29

Brazil is a country of continental proportions, with significant socioeconomic inequalities. The central and southern regions of the country have a higher Human Development Index (HDI) compared to the northern and northeastern regions [14]. This may help explain the higher concentration of child and adolescent psychiatrists in the central-southern region.

4. Discussion

What do these numbers represent?

Out of a total population of 203,080,756 Brazilians, 54,505,203 individuals are between the ages 0 and 19, while 148,575,553 are 20 years old or older. Among the 13,888 psychiatrists in Brazil, after accounting for the 871 who work in CAP, there are 13,017 psychiatrists available to serve the adult population (20 years or older). This results in each psychiatrist attending to approximately 11,414 individuals, which equates to 8.76 per 100,000 people. For the CAP, there is one specialist for every 62,577 children or adolescents, or 1.59 per 100,000. In comparison, the United States has 9.75 PIA per 100,000 people, which is six times more than in Brazil [15].

The 871 existing CAPs in Brazil represent only 3.4% of the estimated need. To meet the demand, an additional 25,617 professionals would be required, which implies an increase of approximately 2840% over the current number, necessitating an additional 24,746 specialists.

The lack of CAP is a global phenomenon, not limited to Brazil [16]. This issue is also well recognized in the United States [17].

Women constitute 58% of CAP, indicating a significant shift that has taken place in Brazil over the past few years, with a greater number of female doctors than male doctors [18].

Almost 60% of Child and Adolescent Psychiatry (CAP) services are located in capital cities, where the resident population aged 0 to 19 years constitutes only 21% of the total population. This indicates a clear disparity in the geographical distribution of CAP services, with a significant concentration in capital cities. A similar trend is observed in the United States [13] [15], where there is a higher concentration of CAP services in metropolitan areas.

Brazilian states with higher GDP exhibit a greater concentration of Certified Accounting Professionals (CAP), indicating a stronger presence of these professionals in wealthier regions. A similar trend is observed in the United States [15]. The state of São Paulo accounts for nearly one-third of Brazil's GDP and houses more than a quarter of the country's CAP. Conversely, states in the northern and northeastern regions of Brazil, which have lower GDP, have a limited number of CAP professionals.

With the estimate that half of psychiatric disorders begin before the age of 14 [16], adequately addressing mental health needs in the early stages of life should be a global health priority. Unfortunately, investments in this area are limited [19].

It should be noted that in Brazil, psychiatric training lasts three years following

six years of medical school. To become a child and adolescent psychiatrist, an additional year of specialized training is required [20]. Many professionals may choose not to pursue this additional year. Furthermore, there are few institutions offering specialization in the care of children and adolescents.

Another aspect to consider is that health insurance plans provide the same reimbursement for consultations with both general psychiatrists and child and adolescent psychiatrists. Therefore, theoretically, there is no economic incentive to pursue specialized training.

Certainly, this complex situation has no easy solutions. In the short term, it has already been suggested to offer a three-year residency program (instead of four, as in the case of Brazil), adjust reimbursements to better align with the complexity of the specialty, and utilize telehealth technology to expand the provision of care [21].

In the long term, it is the responsibility of the country's health authorities to reassess the strategies for training child and adolescent psychiatrists, increasing the number of available positions and establishing more training centers with an adequate distribution across the national territory.

5. Conclusions

In Brazil, there is a significant shortage of Child and Adolescent Psychiatrists (CAP). Furthermore, the existing professionals are unevenly distributed across the country.

It is challenging to devise strategies capable of resolving this situation, even in the medium term, by increasing the number of Child and Adolescent Psychiatrists (CAP) in the country by 2840%. Nevertheless, the authors hope that the data presented will serve as a foundation for health policies aimed at addressing this issue.

Author Contribution

Reichert C: conceptualization, methodology, writing, formal analysis

Assumpção FB: conceptualization, supervision, review

Azevedo P: review, editing

Mageste AC: review

All authors have read and approved the final version submitted and take public responsibility for all aspects of the work.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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