The Role of Physicians in Approaching Mental Health Issues in Primary Care

O Papel dos Médicos na Abordagem de Problemas de Saúde Mental na Atenção Primária El Papel de los Médicos en el Abordaje de los Problemas de Salud Mental en la Atención Primaria Rafael de Lima **SANTOS**

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Abstract

Objectives: To analyze the importance of the medical perspective on mental health issues in primary care. Methodology: A scoping review was conducted using the Pubmed, Scielo, and Lilacs databases, with a combination of keywords such as "primary health care," "health professionals," "health promotion," and "mental health." Results: Six articles were included in the review, all 100% produced in Brazil. Regarding the methods employed, qualitative research was present in all articles in this study. The majority (33.3%) of articles were published in the year 2015. Concerning the listed categories, pertaining to studies related to the addressed topic, the peculiarities regarding the medical perspective on mental health issues in primary care were analyzed. Conclusion: The medical perspective on mental health issues in primary care plays a crucial role in improving mental health outcomes for the population. This approach allows for early diagnosis and treatment of mental disorders, the promotion of mental health, and appropriate referrals to specialized services.

Descriptors: Primary Health Care; Health Professionals; Health Promotion; Mental Health.

Resumo

Objetivos: Analisar a importância da perspectiva médica sobre questões de saúde mental na atenção primária. Metodologia: Foi realizada uma scoping review utilizando as bases de dados Pubmed, Scielo e Lilacs, com uma combinação de palavras-chave como "atenção primária à saúde", "profissionais de saúde", "promoção da saúde" e "saúde mental". Resultados: Foram incluídos seis artigos na revisão, todos 100% produzidos no Brasil. Quanto aos métodos empregados, a pesquisa qualitativa esteve presente em todos os artigos deste estudo. A maioria (33,3%) dos artigos foi publicada no ano de 2015. Em relação às categorias listadas, referentes a estudos relacionados ao tema abordado, foram analisadas as peculiaridades quanto à perspectiva médica sobre questões de saúde mental na atenção primária. Conclusão: A perspectiva médica sobre questões de saúde mental na atenção primária desempenha um papel crucial na melhoria dos resultados de saúde mental para a população. Essa abordagem permite o diagnóstico e tratamento precoces de transtornos mentais, a promoção da saúde mental e encaminhamentos adequados para serviços especializados.

Descritores: Atenção Primária à Saúde; Profissionais de Saúde; Promoção da Saúde. Saúde Mental. **Resumen**

Objetivos: Analizar la importancia de la perspectiva médica sobre cuestiones de salud mental en la atención primaria. Metodología: Se realizó una revisión exploratoria utilizando las bases de datos Pubmed, Scielo y Lilacs, con una combinación de palabras clave como "atención primaria de salud", "profesionales de la salud", "promoción de la salud" y "salud mental". Resultados: Se incluyeron seis artículos en la revisión, todos producidos en un 100% en Brasil. Con respecto a los métodos empleados, la investigación cualitativa estuvo presente en todos los artículos de este estudio. La mayoría (33,3%) de los artículos fueron publicados en el año 2015. En cuanto a las categorías enumeradas, pertenecientes a estudios relacionados con el tema abordado, se analizaron las peculiaridades de la perspectiva médica sobre cuestiones de salud mental en la atención primaria. Conclusión: La perspectiva médica sobre cuestiones de salud mental en la atención primaria. Conclusión de los resultados de salud mental para la población. Este enfoque permite el diagnóstico y tratamiento precoz de los trastornos mentales, la promoción de la salud mental y las derivaciones adecuadas a servicios especializados. **Descriptores:** Atención Primaria de Salud; Profesionales de la Salud; Promoción de la Salud; Salud Mental.

INTRODUCTION

Primary Health Care (PHC) is conceptualized by actions on an individual and collective level, aiming at the promotion and protection of health, diagnosis, prevention of diseases, rehabilitation, harm reduction, and the maintenance of population health by teams operating in the Family Health Strategy (FHS). Recognized by the World Health Organization (WHO), PHC refers to the function of bringing health care closer to the region where the population resides, ensuring access and creating spaces for reception and bonds between professionals and users, guaranteeing effective and efficient actions and services^{1,2}.

Thus, the importance of addressing mental health (MH) in primary care is highlighted given the relationship between physical and mental health and the high prevalence of mental disorders. Despite this prevalence, few people receive adequate treatment³.

In the primary care setting, individuals have better access due to proximity to their places of residence and are also less discriminated against or stigmatized for their problems, reducing the chance of violating their human rights, as in the case of hospitalizations in psychiatric hospitals. Treatment carried out in primary care, with coordinated care with other points in the care network, has a higher chance of better outcomes³.

Therefore, the medical perspective on mental health demands is necessary and urgent, as professionals identify an increase in MH demands but emphasize not having instruments or strategies to quantify and organize this demand⁴.

Given the above, the aim of this study was to analyze the importance of the medical perspective on mental health issues in primary care, understanding how this approach can contribute to the promotion of mental health, early diagnosis of mental disorders, and appropriate referrals to specialized services.

MATERIAL AND METHOD

This is a scoping review aimed at synthesizing research on a topic systematically⁵. Conducted between July and August 2023, the steps included identifying the theme, inclusion and exclusion criteria, information extraction. categorization, interpretation of results, and synthesis of knowledge. The guiding question was "How is the medical perspective on mental health addressed in primary health care?". Articles with strong scientific evidence, published in Portuguese, English, or Spanish, in full, depicting the theme in the last ten years (2013 to 2023) were included. Collection took place in databases such as PUBMED, Scielo, and LILACS, using descriptors and their combinations: "primary health care"; "health professionals"; "health promotion"; and "mental health" in Portuguese and English, with the exact term and Health Sciences Descriptors (DECS) and in the Medical Subject Headings (MESH) Section, combined by the boolean AND and OR. The analysis occurred in four phases: recognition, selective reading, critical/reflexive, and interpretative. A data collection instrument was developed by the authors, based on the Joanna Briggs ⁶ Institute and the UTIP approach. The analysis used the PICO strategy: medical professionals (P), medical perspective (I), mental health (C), and primary care (O).

RESULTS

Six articles were included in this study according to the proposed research question, selected descriptors, and combinations among themselves and databases, according to Figure 1.

The method employed in the analyzed articles was 100% qualitative, descriptive, and

exploratory. Regarding the journals that published on the studied topic, we found articles in Revista Saúde e Sociedade, Cadernos de Saúde Coletiva, Revista Brasileira de Educação Médica, and Revista de Saúde Coletiva.

Most of the published articles are from the year 2015, with a similar distribution of publications in the other years. Concerning the listed categories, regarding studies related to the role of the physician in addressing mental health issues in primary care, we analyzed the peculiarities related to the medical perspective. After the analysis of the texts, we were able to categorize the selected articles, and the synthesis of the identified and included studies in this scoping review, along with their main results, can be viewed in Table 1.



Figure 1 - PRISMA Flowchart (adapted) of the study selection process.

Table 1. Selected	articles by	author,	year	of	publication,	type,
method, results, and	d conclusion	า				

Júnior e Am	Júnior e Amarante, 2015			
Study Type	Qualitative			
Sample	07			
Method	Semi-structured interviews were conducted with the medical professionals and the material collected was analyzed using the discourse analysis technique			
Result	The texts were read exhaustively and broken down into fragments that were grouped into two groups according to themes that coincided with the intentions and objectives of the study			
Conclusion	It was understood, among other things, that the relationship that doctors have with the assisted community in general is still very much tied to a clinical-institutional vision that does not privilege some issues of identity, culture and social movements in the communities			

Source: Own (2023)

Table 1	1	(continued).	Selected	articles	by	author,	year	of
publicati	on	, type, method	l, results, a	nd conclu	isior	1 IIII		

Study Type	Qualitative
Sample	17
Method	The research sought to understand the senses and meanings about infant mental health (IMH) of PHC medical professionals through their discourses, and a script
Result	As a result of the analysis process, five nuclei of meaning emerged, indicating: (1) limitations with regard to involvement in the treatment of conditions involving SMI problems; (2) the "broken family" as a fundamental determinant of the psychological suffering of the child who lives there; (3) the mother as the main person responsible for her child's mental health; (4) transcribing prescriptions and checking returns to specialists as central conducts in cases of SMI problems, and (5) the fragmentation of care actions due to the segmentation of responsibilities in the treatment of SMI problems.
Conclusion	It is essential to listen to the needs of families and mothers and/or guardians of children facing mental health problems, as well as to concentrate efforts on building intersectoral actions and continuing training in MCH.
Pereira e Anc	lrade, 2018
Study Type	Qualitative
Sample	26
Method	Data triangulation methodology, collected through a literature review, questionnaires and focus groups Many family doctors felt unprepared to deal with mental
Result	health demands and identified significant shortcomings in their training during medical school
Conclusion	The tools used in this study to identify health learning needs proved useful in designing continuing education programs for primary care professionals.
Rocha et al., 2	2023
Study Type	Qualitative
Sample	05
Method	Interviews with doctors working in PHC in a municipality in the northeast of Brazil produced data, the corpus of which was treated using thematic content analysis.
Result	Medical training in mental health is still linked to a biomedical vision, in which the hospital setting is valued as a space for practice and PHC is underutilized in the development of professional competencies and skills, producing gaps that affect medical practice in the context of mental health care in PHC.
Conclusion	Medical training in mental health must come closer to the reality of the general practitioner's work, in order to prepare them for the demands they will face in their daily lives in PHC
Vieira e Delg	ado. 2021
Study Type	Qualitative
Sample	08
Method	We used the methodological resource of participant observation and a class given by a psychiatrist to primary care doctors in a matrix support activity.
Result	Stigmas in the skills of doctors with potentially negative consequences for user care, with generalizations, reductionism, hopelessness and other negative feelings associated with barriers to access to care being identified.
	The analysis of the signs of stigma in concepts and skills seems to converge on elements that are part of the attitudinal component (feeling and being), related to cultural competence, leading us to believe that strategies for dealing with stigma should propose methods that achieve this competence.
Fernandes et	seems to converge on elements that are part of the attitudinal component (feeling and being), related to cultural competence, leading us to believe that strategies for dealing with stigma should propose methods that achieve this competence.
Fernandes et Study Type	seems to converge on elements that are part of the attitudinal component (feeling and being), related to cultural competence, leading us to believe that strategies for dealing with stigma should propose methods that achieve this competence.
<i>Fernandes et</i> Study Type Sample	seems to converge on elements that are part of the attitudinal component (feeling and being), related to cultural competence, leading us to believe that strategies for dealing with stigma should propose methods that achieve this competence. al., 2017 Qualitative 10
Conclusion Fernandes et Study Type Sample Method Result	seems to converge on elements that are part of the attitudinal component (feeling and being), related to cultural competence, leading us to believe that strategies for dealing with stigma should propose methods that achieve this competence.

Gomes et al.⁷ conducted a study on childhood mental health, aiming to understand how

primary care physicians approach Child Mental Health (CMH) through qualitative interviews. The results revealed five cores of meaning: (1) limitations in treating CMH problems; (2) the "dysfunctional family" as a fundamental factor in the child's psychic suffering; (3) the mother as the main responsible for the child's mental health; (4) the centrality of medical prescription and follow-up in CMH cases; and (5) fragmentation of care actions due to the division of responsibilities in treating CMH problems.

Júnior and Amarante⁸ conducted a study on mental health care practices in Primary Care, aiming to understand the approaches adopted by physicians in response to mental health demands in these health units. The research focused on the practice of medical professionals attending users of the Family Health Strategy, addressing the relationship with mental health issues, a holistic view of the assisted community, and the use of psychopharmacological medications. Three analytical categories guiding the study were identified: the relationship between doctors and the community, attached to the clinical-institutional view, neglecting aspects of identity, culture, and social movements; and the lack of practices that empower individuals regarding their lives, health, and subjectivity.

Fernandes et al.9 conducted a study to explore the difficulties faced by family physicians (FP) in dealing with patients with mental disorders (MD) and identify proposals to improve mental health care (MHC). Through semi-structured and audio-recorded interviews with 10 FPs, a content analysis was performed, resulting in eight thematic categories: perceptions of working conditions; health education; therapeutic approaches used to treat MD; mental health instruments used in consultations; approach to MD in primary care (PC) and referrals for hospital care; patient reaction to referral; integration of primary care with psychiatry; and proposals to improve MHC in PC. A deficiency in articulation with mental health services was evident due to lack of accessibility, unidirectional communication, and delayed responses. То MHC. improve FPs proposed creating multidisciplinary consultancies, teams, and that facilitate platforms bidirectional communication, emphasizing continuous learning through case discussion. The FP plays a crucial role in MHC, requiring collaboration between teams, including community and hospital elements. Mental health services should be organized as learning systems, promoting gradual improvement of professionals and enhancing interactions between them.

Pereira and Andrade¹⁰ address the guiding question through the Educational Strategy in Mental Health for Primary Care Physicians, where most family physicians felt unprepared to deal with mental health demands and identified significant gaps in their training during medical school. According to them, topics related to mental health were insufficiently addressed, with a predominantly hospital focus, geared towards curative treatments and detached from the context of community care. In some cases, training had a negative influence, reinforcina stiamas and taboos regarding psychiatric care, creating obstacles that hindered these physicians' interest and willingness to care for patients with mental disorders. The educational strategy resulting from this study provides health teams and institutions training healthcare professionals with conceptual, practical, and methodological guidance to develop mental health training programs, especially in the context of primary health care.

Vieira and Delgado¹¹ conducted a study on "Stigma and mental health in primary care: can gaps in medical education interfere with health access?" concluding that the stigma marks identified in the competencies of the participating doctors were based on: generalizations, minimizations, reductionisms, hopelessness about recovery, and negative feelings - ideas known to be associated with mental disorders and reported in consulted studies on the stigmatization exercised by health professionals¹².

Finally, Rocha et al.¹³ report in their work that the results of the study indicate that medical education in mental health is still linked to a biomedical view, where the hospital setting is valued as a space for practices, and primary care is underutilized in developing professional skills and competencies, producing gaps that affect medical performance in the context of mental health care in primary care. The reports also highlight deficiencies in training related to the appreciation of issues related to medicalization and the difficulty in granting autonomy in mental health care ¹⁴.

In summary, the analysis of the results from these studies reinforces the complexity of the medical approach to mental health in primary care, emphasizing the importance of practices sensitive to cultural diversity, continuous training, integration with the family, and overcoming stigma. The contributions of these research studies are essential to guide policies and practices that promote a more effective and patient-centered approach to mental health in primary care. CONCLUSION

The results highlighted limitations in the treatment of mental health problems, emphasizing the fragmentation of care actions with centralized medical prescription and follow-up. Additionally, it was identified that the majority of family physicians feel unprepared to address mental health demands,

indicating significant gaps in their training, often focused on hospital-based approaches and detached from community care.

A crucial aspect observed in the studies is the presence of stigmas in medical practice, with generalizations, minimizations, and hopelessness regarding patient recovery. This phenomenon can negatively impact users' access to mental health services, underscoring the need for strategies to combat stigma in medical education.

The results also emphasize the importance of integration between mental health services and primary care. Proposals such as creating consultancies, multidisciplinary teams, and platforms to facilitate bidirectional communication emerged as solutions to enhance mental health care in primary care.

Additionally, the analysis indicated that medical education is still linked to a biomedical view, prioritizing the hospital setting over primary care. This approach creates gaps that affect medical practice in the context of mental health care in primary care.

In light of these conclusions, the urgent need to improve medical education, promote integration between mental health services and primary care, combat stigmas in medical practice, and adopt more comprehensive and intersectoral approaches to address mental health issues in primary care is highlighted. These recommendations are essential for building a more effective and patient-centered mental health system.

Limitations: Despite the effort to cover a decade of research, this study has temporal limitations, focusing only on articles from the last ten years. Additionally, the restriction to the Portuguese, English, and Spanish languages may have excluded valuable perspectives and relevant studies in other languages or sources.

Despite these limitations, the study provides a comprehensive synthesis of medical practices in approaching mental health in primary care. By identifying patterns and trends, it underscores the need for improvements in medical education and provides practical guidance to enhance mental health care in primary care. These conclusions can guide future interventions, benefiting healthcare professionals and managers.

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CONFLICT OF INTERESTS

The authors declare no conflict of interest.

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