



Mental health in primary health care: professionals' perceptions and patients' levels of depression, anxiety and stress

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Abstract

Background: The integration of mental health in primary health care, throughout its various functional units and with effective articulation between primary health care and mental health services, has been considered an essential objective of the legislative documents produced in the last three decades in Portugal, among them the National Health Plan 2011-2016.

Goals: This study aimed to inquire health professionals' perceptions about mental health care provided by public primary health care units, namely their perceptions about the mental health of their patients. It also intended to explore the difficulties perceived by the health professionals in their daily activity about the mental health problems of their patients and about the need of clinical psychologists' activity in the public primary health care.

Methods: This is an observational cross-sectional study with two non-probabilistic samples: health professionals (doctors, nurses and psychologists) and patients from two public health care units. Health professionals were interviewed (individual structured face-to-face interviews) about their perceptions of needs for improving their capacity to provide mental healthcare and about patients' mental health conditions. Patients responded (by self-administration) to the *Depression, Anxiety and Stress Scale* (DASS-21), providing a characterization of patients' stress, anxiety and symptoms of depression.

Results: Health professionals in their daily practice often identify in their patients symptoms of stress, anxiety and depression (most particularly in adults). Several issues were identified as problematic, such as: poor access of the referral system for psychiatric and clinical psychological specialized care, insufficient number of health professionals, particularly of psychologists, and lack of appropriate mental health care specialization. The results also revealed relevant levels of stress, anxiety and depression in primary health care patients (both genders), which seem to increase with age.

Discussion: Difficulties identified by health professionals may relate to the centralisation of resources, resistance to change from human resources management, lack of consensus among the various decision groups linked to mental health and, at institutional level, insufficient and inadequate funding. These factors may contribute to a failure in early diagnosis of symptoms of depression, anxiety and stress. It is expected that articulation between primary health services and differentiated health services will improve, with improvement in teamwork among professionals and increase of the quality of life of users, satisfaction with work, from health professionals, and reduction of health costs.

Keywords: Primary health care, Mental health, Health professionals, Psychologists

Introduction

Recent epidemiological studies have shown that mental health problems and psychiatric disorders have become the main cause of disability and one of the main causes of morbidity in current societies,

including Portugal (Ministério da Saúde [MS], 2008). In 2013, the prevalence of depression was estimated for the first time in Portugal, even though they refer to data collected in 2008/2009 (Almeida et al., 2010). The prevalence of clinical depression for the last 12 months is about 8% of the population, the third largest

in the European Union. The lifetime prevalence is over 18%. That is, one out of five adults in Portugal will suffer from depression in their lifespan (Ordem dos Psicólogos Portugueses [OPP], 2017).

Primary health care represents the closest health care context to people and the most appropriate for health education, as well as to meet patients' needs, physical well-being and psychological care in the context of other needs, namely through psychoeducational procedures (Costa & Lopez, 2010, as cited in OPP, 2013).

Thus, early detection of mental health problems or disease in the community and promotion of mental health are pertinent purposes in the context of primary health care. On the other hand, primary health care professionals (in particular doctors, nurses and psychologists) are confronted with the need to find strategies that better meet the objectives outlined by the institutions where they work, without neglecting the needs of their patients.

Recently, a report from a working group of the Ministry of Health (Administração Central do Sistema de Saúde, IP [ACSS], 2015) having as main aim to assess the situation of mental health care and mental health needs, provided as a background the distribution of health resources among the country. This report's results point to slight improvements in mental health care compared to 2014 in several regions of Portugal. Nevertheless, discrepancies between regions were found regarding the actual provision of mental health care compared to what is desirable (ACSS, 2015).

To listen to professionals from different health areas in the context of primary health care is a justified aim, given the importance of identifying difficulties and constraints in the care and referral of patients who present mental health problems or psychological disturbance. Also, the lack of professionals in primary care, namely of psychologists, the lack of adequate specialization of technicians, limited teamwork with other health technicians, limitations of the referral system for specialized psychiatric or clinical psychological care, among other factors, may constitute barriers to timely and effective intervention. An effective strategy for integrating mental health in primary health care system would involve the increase of

health professionals, namely of psychologists, in primary health units. This would be an important contribution to raise the level of health promotion and disease prevention effectiveness, beyond the detection and referral of disease situations. This strategy would necessarily include a network intervention with the collaboration of professionals from different areas and different health systems, in order to respond to the needs of patients and to reduce the suffering and the costs with health. To achieve this purpose, it would be necessary to facilitate access to mental health care for all people by integrating this dimension of health care into the primary health care system.

Taking into account, on the one hand, the existence of an increasing prevalence of mental health problems (Direção-Geral da Saúde [DGS], 2015) and the importance of the context of actions from primary health care professionals and, on the other hand, the scarcity of studies in these areas in Portugal, it becomes pertinent to understand what health professionals think about working in mental health care within the primary health care (DGS, 2012). Thus, in this study health professionals (doctors, nurses and psychologists) from two primary health care units of the north region of Portugal were asked about (a) main obstacles for the provision of mental health care in primary health units, (b) main difficulties for an adequate exercise of their clinical activities, and (c) overall mental health status of their patients. In a second phase, symptoms of stress, anxiety and depression of patients were characterized for a sample of patients from the same health units.

Material and methods

Participants

In the present study, non-probabilistic samples of health professionals and of patients were selected. The health professionals sample was composed of 35 doctors, nurses and psychologists from two primary health units belonging to the Group of Douro I (Marão) and the Douro Norte Health Centers. The invitation to participate in the study was addressed to all professionals from each of this two local health units.

A second non-probabilistic sample, of patients was recruited. The patients were recruited from the same two functional health units, by the health professionals that were invited for the first phase of the study. Patients who participated had a previous medical schedule, and their participation was random on the days and at the time the questionnaires were made available.

Instruments and procedures

Health professionals responded to a sociodemographic characterization, namely regarding: age, gender, academic background, professional category (doctor, nurse or psychologist), functional unit where they work, the seniority in the profession and in the health institution where they currently work. The remaining script of the interview for professionals included the following topics: professionals' perceptions regarding their activity in the context of primary health care; professionals' perception of specific needs and training for improving mental health care; professionals' perceptions regarding the mental health status of their patients, in general terms.

A sociodemographic characterization was filled in by the sample of patients, as well as the Depression, Anxiety and Stress Scale (DASS-21), adapted for the Portuguese population by Vasconcelos-Raposo, Fernandes and Teixeira (2013). The DASS-21 consists of 21 items, corresponding to symptoms of depression, anxiety and stress, assessed by a Likert-type scale ranging from "0 = not applicable to me" to "3 = it applies a lot to me, or most of the time". Higher scores correspond to higher level of perceived symptomatology of stress, anxiety and depression.

Procedures

Data collection was carried out through individual face-to-face structured interviews to health professionals in the context of the medical and nursing offices of each functional health unit. The same physicians, nurses and psychologists were asked to randomly select patients at the moment of medical or psychological consultation or nursing service, and invite them to fill in a brief questionnaires. Due to the

occasional unavailability of some health professionals, some questionnaires were applied directly by one of the researchers in the context of waiting room.

Ethical issues

The authors of the original and Portuguese versions of the scales were asked to authorize their use in this study. Subsequently, the research protocol was sent to the Administração Regional de Saúde do Norte (ARS) Ethics Committee, in order to get the authorization for the study, namely for the recruitment of participants and administration of the research instruments to professionals and to patients from the two health units. After approval by this ARS Ethics Committee, the questionnaires were administered individually to participants at the medical or nursing office of each of the health units. All questionnaires contained an explanatory page, emphasizing voluntary collaboration and data confidentiality, as well as the objectives of the study. Only patients who agreed to participate in the study after reading and signing the informed consent document completed the questionnaire. The professionals working in the health units who agreed to participate in the study also signed the informed consent.

Results

Twenty-one professionals aged between 28 and 64 years old participated in the study, with a mean of 45.5 years old (SD = 12.4); 71.4% of the professionals' sample was composed of women. With regard to educational qualifications, 71.4% of the professionals were bachelors and 28.6% have completed the master's degree. Regarding the professional situation, 57.1% of the participants were doctors, 33.3% nurses and 9.5% psychologists. When questioned about the years of activity, 14.3% of professionals answered that they worked already for 15 years; 9.5% worked for more than 21 and up to 36 years; 4.8% said they had worked for 39 years and the same percentage of professionals answered that they work for at least two years and up to a maximum of 12 years. Regarding the

years of activity in the health institution were data were collected, 23.8% answered that they have been working for nine years in the same institution; 19% answered that they have been in that institution for eight years; 14.3% said that they have been working for three years in the same health unit; 9.5% answered that they have been active in the health unit for at least one year and a maximum of five years and 4.8% said that they have been working in the unit for more than 10 years.

Regarding the sample of patients, 129 patients (85 women) participated, from two functional health units. All of them were Portuguese, 17 years old or more, with reading and writing skills. The mean age was 41.3 years old (SD = 14.4), with ages ranging from 17 to 71 years old.

When questioned about the importance of integrating mental health into primary health care, all the professionals answered affirmatively. Considering the professional practice at the institution, 57.1% of professionals affirmed that between 11% and 20% of the patients who access the health unit present symptoms of depression. About 33% of the professionals reported that, according to their perception, the presence of symptoms of depression occurs in between 21% and 50% of the patients, and 9.5% of the professionals affirmed that symptoms of depression are present in more than 50% of their patients. Also, 85.7% of professionals reported that it is frequent to recognize symptoms of depression in their patients (having at least one patient per week with symptoms of depression); 85.7% reported that this also happens for symptoms of anxiety, and 81% report to be the same for symptoms of depression. Concerning the development phase (patients' life cycle), in which they consider to exist a higher prevalence of this triad of symptoms (depression, anxiety and/or stress-related symptoms), 90.5% of professionals reported that it is in the adult stage and 9.5% answered that it is in the ageing adult stage. Finally, when questioned about the observation of recurrent episodes of mental health problems in their patients, 61.9% of professionals reported that it occurs frequently.

In spite of this perception of high prevalence of mental health problems among primary health patients,

when questioned about whether mental health is currently integrated into the level of primary health care, 76.2% of professionals said "no". And, when questioned about the use of any kind of protocol/record for diagnosing (or registering) symptoms of stress, anxiety or depression, 52.4% of the interviewed professionals affirmed that they do not follow any standardized protocol. Table 1 summarizes how patients are screened for mental health issues.

Table 1. Health professionals' (n =21): assessment and identification of mental health problems among their patients)

	Frequency	%
Direct observation / interview with the patient	10	47.6%
Direct observation / interview with the patient's relatives	4	19.0%
Throughout psychological testing	1	4.8%
Referral to psychiatry or clinical psychological service/unit (for an adequate psychological/psychiatric assessment)	5	23.8%

Overall, 61.9% of professionals reported several obstacles for providing adequate mental health care (Table 2). Professionals highlighted different issues that limit their capacities for providing an effective mental health care: the existence of an insufficient ratio of psychologists per patient, the need for improved networking, better articulation between primary

Table 2. Health professionals' (n=21) perceptions about difficulties and needs-to-be-satisfied at the primary mental health care

	Frequency (n)	%
Lack of mental health professionals	12	57.1
Lack of adequate specialization of health professionals	4	19%
Lack of networking with general health services	11	52.4
Limited team work with other health professionals	9	42.9
Inappropriate time schedules and shifts	1	4.8
Poor access of the referral system for specialized psychiatric or clinical psychological care	15	71.4

health care and differentiated care, the need to define community-level health care as a priority, the need for intensify training of mental health care, and the need to increase the time duration of consultation. It was

also mentioned the lack of care for family members of patients with mental health problems or mental illness.

From the application of the DASS-21 to the sample of patients and having the intermediate value of the scale and subscales as a reference, the following results were obtained for depression: 23.3% of the patients presented mean values of depression symptomatology above the intermediate value ($M = 6.67$, $SD = 5.71$). Regarding the anxiety dimension, 22.5% of the patients presented mean anxiety symptomatology values above the intermediate value ($M = 6.38$, $SD = 5.50$). Finally, regarding stress, 37.2% of the patients presented mean stress-related values above the intermediate value of the scale ($M = 10.65$, $SD = 9.11$). No differences were found between genders for the three dimensions (t-test).

Pearson's correlation was used to test the correlation between the DASS-21 derived variables of depression, anxiety and stress, and age, taking into account that the normal distribution of the data allowed the use of parametric tests. Table 3 presents the Pearson correlation values between these variables. Significant correlation were found between age and the variables anxiety and depression, but not between age and stress. Correlations are positive, which means that increasing age is associated with higher scores for depression, anxiety and stress. The positive and relatively high values of the correlation between the three dimensions (anxiety, stress and depression) indicate that the likelihood of concomitant occurrence of the three situations is quite high.

Table 3. Pearson (*r*) correlation between depression, anxiety, stress and age of patients (*n*=129)

	Age	Depression	Anxiety
Depression	$r = .24^*$		
Anxiety	$r = .24^*$	$r = .89^*$	
Stress	n.s.	$r = .85^*$	$r = .79^*$

* $p \leq .001$; n.s.= not significant

Discussion

Considering the perspective of health professionals participating in this study, the integration of mental

health in primary health care is of undeniable importance. However, most professionals (76.2%) acknowledge that there is no effective integration of mental health at the level of primary health care, which is in line with data from previous studies and with an evaluation of the Entidade Reguladora da Saúde (ERS, 2015), indicating significant lags in relation to the implementation goals of the Portuguese National Health Plan 2007-2016 (MS, 2008).

According to the perception of the health professionals that participated in this study, at least 11% and up to 20% of the patients that attend their health units present symptoms of depression. In daily professional practice, most of the health professionals who participated in the study reported to frequently identify symptoms of depression, anxiety and stress in their patients, which is corroborated by national and international studies (ERS, 2015; OPP, 2011).

We also observed that more than 20% of the patients who participated in our study score above the intermediate value of the stress, anxiety and depression DASS-21 subscales. Values of this scale correlate positively with age, a finding that matches with evidence from different studies regarding increased anxiety and depression symptoms among ageing adult stages (World Health organization [WHO], 2010). Health professionals do not use, as a routine, protocols nor registration systems for mental health related diagnosis, according to the answers of about half of health professionals (52.4%). The main protocol followed by almost half of the interviewed professionals is direct observation/interview with the patient (47.6%). The application of psychological tests is performed rarely (reported by one health professional, in our sample). In turn, referral for psychological consultation or psychological counseling are procedures followed by a minority of professionals from local health units. These results are counterproductive with those resulting from the recurrent and continuous observation of mental health problems by the majority of health professionals (61.9%) in the daily care of the patients.

Health professionals identified as main barriers for their adequate interventions: poor access of the referral system for specialized psychiatric or clinical

psychological care, followed by insufficient number of health professionals, namely psychologists, insufficient networking with the general health services, limited teamwork with other health technicians and secondary health care, and lack of adequate mental health care expertise of health professionals. Professionals also reported to be necessary to provide continuous training to professionals in the field of mental health care. These results corroborate the results of previous national studies (DGS, 2002, Rodrigues, 2004).

As a measure of improvement for the future, health professionals suggest prioritizing care in the community, increasing consultation time duration and providing health care support to family members and patients with mental health problems or mental illness.

The percentage values obtained for the prevalence of symptoms of depression, anxiety and stress among the patients participating in the study here described are above the values found for the world population (15%), but they fit with the existent estimation of psychiatric disorders for the Portuguese population (22.9%) (Almeida et al., 2010; DGS, 2013, 2015; ERS, 2015).

Although depression and anxiety are distinct mental health phenomena, they often overlap and covariate (Apóstolo, Mendes & Azeredo, 2006; Clark, Assenheimer, Weber, Strauss & McCormick, 1995). The concomitant occurrence of these symptoms (stress, anxiety and depression) were expected for adults, the so called "*sandwich age*", also associated with the burden that result from the role played in caring for parents and children, along with the stress resulting from work or unemployment. Women in our sample did not present higher values of depression, anxiety and stress than men, contrary to data from national and international studies (ARS, 2014; WHO & World Organization of Family Doctors [WONCA], 2008). Disparities in sample size between gender in the present study may explain the lack of significant differences between men and women. Indeed, data obtained in this study depends, of course, of the specificities of this non-probabilistic sample: an ageing population

resident in the northern interior region of the country, with poor scholar abilities.

Conclusions

This study revealed that health professionals recognize the high frequency and recurrence of episodes of mental health problems in patients who attend primary health care, namely the presence of depression, anxiety and stress symptoms. A relevant percentage of health professionals fail to use diagnostic and follow up procedures, namely referral to psychiatric or clinical psychological services, namely for psychological counseling or even psychotherapy. One of the factors that may justify the scarcity of mental health assessment instruments and also the referral to other services by health professionals is the duration of consultations, along with the high number of patients. There are, of course, other factors that may justify the difficulties faced by health professionals in referral for differentiated care, namely: lack of adequate training in mental health and mental health care, stigma associated with mental health problems, false conceptions about the origin of mental health problems, and overvaluation of physical symptoms (sometimes masking the signs of psychological disturbance), leading to (sometimes inadequate) medical (over)prescription.

Although health professionals consider the integration of mental health care in primary health care an important issue, such integration does not happen as it should, a criticism in line with data released by the Portuguese National Mental Health Program (DGS, 2015). Some of the main reasons for this are; resource centralization, resistance to change by health professionals, lack of consensus among the various mental health decision groups, and insufficient and inadequate institutional funds.

Future research is mandatory to better understand the reasons for the delay in the implementation of the World Health Organization guidelines and the measures contained in the successive Portuguese National Health Plans for mental health, that call for greater equity and access to primary health care through the provision of a greater number and variety

of professionals, including psychologists and physicians and nurses with continuing education in the area of mental health. Only through the capacitation of primary health care units with an adequate ratio of mental health professionals per patients is expectable to achieve effective articulation with the differentiated health services. And only with effective integration and improvement of health professionals' team work is possible to increase the quality of life of patients and the reduction of costs with health services.

Data from the present study described the presence of prevalent symptoms of mental health disturbance at primary health care. One of the reasons for the high percentage of patients suffering from symptoms of anxiety and depression may be the insufficient response from the primary health care services. With an adequate level of responses at primary health care, mental health disruption situations would potentially be diagnosed earlier, avoiding aggravation of severity for several cases, and promoting a sharp decline in health costs.

According to several studies, the overall prevalence of mental and behavioral disorders does not appear to be different between men and women (DGS, 2015). There are, however, vulnerability factors that contribute to the development of differentiated disorders between women and men. There is therefore an urgent need to train primary health services with the resources needed to identify risk factors, to diagnose, and to intervene for mental health in both gender.

Despite the evident need for mental health care coverage to face the existing high prevalence rates of anxiety and depression symptoms, evidence shows a huge deficit in the provision of mental health care to primary health care attendants (MS & Alto Comissariado da Saúde [ACS], 2010). It is therefore relevant to question the efficiency of the system, namely because a holistic intervention would tend to reduce resources consumed in medical assistance related to the physical health of individuals. There is also an issue of equity that only a more holistic intervention can overcome: mental disease and impaired psychological wellbeing do not have access to the specific care they

need in the same way as patients with physical (chronic or not) diseases, as revealed by Alonso et al. (2007) in a comparative study between diabetics and people with mental illness.

The present study presents as a limitation the sample size of patients, which is not representative of the population of the primary health units under study, and mainly composed of women. Similar studies with bigger sample sizes are important to confirm our preliminary results.

According to the recommendations of the World Health Organization and according to the guidelines for the Mental Health section of the Portuguese National Health Plan 2007-2016, it will be useful to develop an early, local and community intervention strategy for the promotion of mental health and prevention of mental diseases, with positive implications for economy and for the improvement in health and well-being of the population.

Declaration of conflicting interests

We declare that there is no conflict of interest. We also declare that this research did not benefit from any funding.

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