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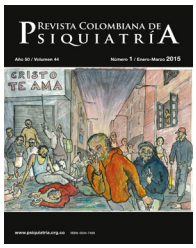

Original Article

Issues Faced by General Practitioners in Managing Mental Health Disorders in Basic Health Units: a Cross-Sectional Study

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ABSTRACT

Objectives: This study aimed to investigate the main issues faced by general practitioners when managing mental health disorders in the primary care setting and evaluate their interest in continued medical training on mental health.
Methods: We carried out a cross-sectional survey which included general practitioners (n=94) working in primary care in São Bernardo do Campo, SP, Brazil.
Results: Participants reported challenging issues to be as follows: psychiatric emergency (44.7%), alcohol and drug use disorders (35.1%), psychopharmacology (29.9%), and suicide risk assessment (27.6%). About a third of the sample reported a lack of knowledge on criteria regarding referral to psychiatric services. Almost the entire sample reported the need for better interaction between general practitioners and psychiatrists and interest in continued medical training.
Conclusions: Our findings support the evidence that a network between general practitioners and psychiatrists is needed as well as the improvement of continued medical training on mental health.

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Problemas de los Médicos Generales en el Tratamiento de los Trastornos de Salud Mental en las Unidades Básicas de Salud: Una Encuesta Transveral

Palabras clave:
Atención primaria de salud
Médicos generales
Formación médica continuada

R E S U M E N

Objetivos: Este estudio tiene como objetivo investigar los principales problemas que presentan los médicos generales en el tratamiento de los trastornos de salud mental en el ámbito de la atención primaria y evaluar su interés en la formación médica continuada en salud mental.

Métodos: Se realizó una encuesta transversal que incluyó a médicos generales (n = 94) que trabajan en atención primaria en São Bernardo do Campo, SP, Brasil.

Resultados: Los participantes informaron de problemas desafiantes como los siguientes: emergencia psiquiátrica (44,7%), trastornos por consumo de alcohol y drogas (35,1%), psicofarmacología (29,9%) y evaluación del riesgo de suicidio (27,6%). Aproximadamente un tercio de la muestra informó de falta de conocimiento sobre los criterios de derivación a los servicios psiquiátricos. Casi toda la muestra informó de la necesidad de una mejor interacción entre los médicos generales y los psiquiatras y el interés en la formación médica continuada.

Conclusiones: Nuestros hallazgos respaldan la evidencia de que se necesita una red entre médicos generales y psiquiatras, así como la mejora de una formación médica continuada sobre salud mental.

Introduction

Over the years, the percentage of people living with mental disorders has increased to 25% worldwide, with 450 million people being affected by mental and behavioral disorders.[1] In the primary care setting, the prevalence rate of mental disorders or psychiatric symptoms may reach 51.1%:[2–4] this suggests the need for proper training and specific support among general practitioners in order to manage mentally ill patients.

Given the need to redirect the mental health care model in Brazil, which was based in psychiatric hospitals and in order to protect and guarantee the rights of people with mental disorders, Law No. 10,216 from 2001 was instituted, the so-called "Psychiatric Reform Law", which motivated the institutionalization of Psychosocial Care Centers (CAPS), whose purpose is to prioritize care for patients with moderate to severe mental disorders without their hospitalization. Mild mental health disorders are referred to the primary care setting composed of basic health units, whereas severe mental disorders are treated at mental health services.[5]

During their educational course as general practitioners, medical students are trained in each field of medicine, including psychiatry. In addition, according to the Epidemiologic Catchment Area Study (ECA)[6] in the United States, 40 to 60% of mental health disorders are regularly managed by general practitioners.

In Brazil, medical students' curricula are poorly based on mental health/psychiatry, and most of the information is theoretical, with no proper practical internships.[7] Consequently, medical doctors working in primary care may not have adequate training to manage mental health disorders.[7]

The issues that primary care doctors face when managing mental disorders are mostly due to inadequate training. It is consequential that many patients are not properly treated or followed, which may lead to an increase in cases accessing the psychiatry emergency rooms.[8]

Although general practitioners working at São Bernardo do Campo's basic health units and in the rest of the country are locally supported by mental health specialized staff, they daily cope with a remarkable number of mentally ill patients and may not guarantee a quality treatment to them.[9]

The main goal of this research was to investigate the issues presented by general practitioners in managing mental health disorders at basic health units in the city of São Bernardo do Campo (São Paulo), as well as to evaluate the best training method and the percentage of interest and adhesion by these professionals. This research would be the start-point to successfully and punctually plan a set of interventions for improving mental health care in the primary care setting.

Methods

A descriptive study was conducted, from primary and secondary sources, presenting qualitative and quantitative results.

A total of 153 general practitioners (GP) working at the 34 basic health units (BHU) in the city of São Bernardo do Campo were enrolled, distributed in 9 territories (T), with T1 embracing Taboão, Paulicéia and Jordanópolis' BHUs; T2 embracing

Rudge Ramos, Vila Dayse, Caminho do Mar and Planalto's BHUs; T3 embracing São Pedro, Parque São Bernardo and Farina's BHUs; T4 embracing Vila Euclides, Santa Terezinha and Baeta Neves' BHUs; T5 embracing Ferrazópilis, Silvina, Selecta, Leblon and Montanhão's BHUs; T6 embracing Alves Dias, Vila Nazareth, Vila Rosa and Vila Marchi's BSUs; T7 embracing Ipê, Orquídeas, Oliveiras, União and Alvarenga's BHUs; T8 embracing Demarchi, Batistini and Represa's BHUs, and T9 embracing Riacho Grande, Fincos, Areião and Santa Cruz's BHUs. The distribution of GP and psychiatrists can be seen in supplementary Table 1.

The city is divided into rural (T9), urban (T1-4), and transition areas (T5-8). T7-9 have the lowest per capita income of the city, T7 and T8 are the most contemplated by Bolsa Familia (a governmental social program to families with no income), T9 despite sharing a similar developmental level, have a low populational density.[10]

A simple multiple-choice questionnaire was formulated from the merger of 2 questionnaires presented in highly regarded studies conducted in London and Portugal,[10,11] translated by *Google Translator* without any alteration and then applied from August to December of 2020 to identify the difficulties presented by GPs when managing mental health disorders.

The studied variables were assessed through multiple-choice questions, including the following: demographic data, information on the difficulties reported when approaching psychiatric outpatients, on the preferred modalities of being trained in mental health, on the expectations regarding better exchanges between psychiatrists and general practitioners, among other variables. All questions were multiple choice.

All the questionnaires, alongside a written and informed consent of the participants, were personally delivered by the researchers to the managers of each BHU to reach a good number of questionnaire-fillings by the target population and were collected by the researchers after 30 days. As inclusion criteria, we utilized any returned questionnaire that was fully answered after 30 days.

The computation and analysis of collected data were conducted using the Statistical Package for the Social Sciences (SPSS) version 15.0.

The research has been previously approved by the Municipal University Hospital, from São Bernardo do Campo, Scientific Research Project Evaluation Staff, since human beings were involved in the study, as well as by the City Health Care and Care Management Department, and additionally approved through the *Plataforma Brasil* by the Research Ethics Committee of São Paulo's Health Secretariat, with the following registration number: 4.167.865.

Results

A total of 153 questionnaires were delivered to GPs at the BHUs, with a response rate of 61.4% (94/153).

Among São Bernardo do Campo's 9 territories, T9, including Riacho Grande, Fincos, and Areião's BHUs, was excluded due to logistics and poor local accessibility. All other 8 territories with 30 BHUs were included.

Table 1 – Percentage distribution of general practitioners' experience in approaching patients with mental health disorders according to their mental health knowledge.

	I	II	III	IV	V
Never	2.1%	2.1%	4.3%	4.3%	6.4%
Rarely	1.1%	13.8%	14.9%	16%	41.5%
Occasionally	17%	24.5%	45.7%	47.9%	26.6%
Frequently	36.2%	39.5%	22.3%	24.5%	19.1%
Always	42.6%	20.2%	11.7%	6.4%	5.3%
No answer	1.1%	0	1.1%	1.1%	1.1%

I: Is your knowledge regarding mental health useful when approaching patients? II: Is your guideline's knowledge useful when approaching patients? III: Does your knowledge about non-pharmacological therapeutics limit your approach? IV: Does your knowledge regarding pharmacological therapeutics limit your approach? V: Does your communication skills limit your approach to psychiatric patients?

The rate of answering ranged: T1 (10.6%); T2 (8.5%); T3 (6.4%); T4 (10.6%); T5 (14.9%); T6 (10.6%); T7 (24.5%), and T8 (13.8%).

The analysis of demographical data regarding GPs working at BHUs from São Bernardo do Campo has shown that there is a predominance of female physicians (64.9%), mostly aged 23-29 years old (47.9%), with 68.1% working as GP for less than 5 years (supplementary Table 2).

Table 1 shows GPs' report that knowledge regarding mental health and guidelines are both significantly helpful in managing mental disorders. However, 22.3 and 25.5% frequently have their approach limited by their knowledge about non-pharmacological therapeutics and pharmacological therapeutics, respectively.

GPs' main difficulties in mental health were collected as shown in Table 2. They ranked: psychiatric emergencies (44.7%), alcohol and drug dependence (35.1%), psychotropic medications prescription (29.9%), and the evaluation of suicide risk (27.6%).

Also, 33% of GPs were unaware of the existence of referral criteria to psychiatric services as well as 54.3% of the BHUs reported not having any psychiatrist in their medical staff, as shown in Table 3. Besides this, 94.7% of the interviewed individuals reported the will to improve the interaction between GPs and psychiatrists from the Family Health Support Nucleus (best known in Brazil as NASF: *Núcleo Ampliado de Saúde da Família*).

In addition, 93.6% of GPs showed interest in mental health training through small group meetings (27.7%) or case discussions (27.7%) as well as lectures (24.5%) or video lessons (1.1%). However, 5.3% of GPs (5/94) reported no interest in mental health training, mostly aged 50-60 years old.

BHUs not reporting any psychiatrist in their medical staff have shown more issues in mental health, such as dementia, in particular, 31.4% of GPs working without a psychiatrist versus 11.6% of those working with a psychiatrist; childhood psychiatry issues were higher as well: 25.4% without a psychiatrist versus 5.9% with a psychiatrist.

Lastly, in T7 and T8, located in the city suburbs, difficulties related to alcohol and drug dependence were higher, as

Table 2 – Percentage distribution of the 3 main difficulties of each interviewed general practitioner when managing patients with mental health disorders.

Difficulties	Option 1 (%)	Option 2 (%)	Option 3 (%)	Total (%)
Psychiatric emergencies	44.7	0	0	44.7
Panic disorder	4.3	3.2	0	7.5
Dementia	9.6	11.7	1.1	22.4
Cognitive therapy	9.6	4.3	1.1	15
Adolescent problems	2.1	4.3	0	6.4
Evatuion of suicide risk	8.5	13.8	5.3	27.6
Alcohol and drugs' dependence	8.5	20.2	6.4	35.1
Childhood problems	2.1	7.4	7.4	16.9
Family and marital problems	3.2	3.2	3.2	9.6
Eating disorders	0	5.3	2.1	7.4
Psychotropic prescription	4.3	9.6	16	29.9
Mental health promotion	1.1	1.1	1.1	3.3
Somatization	1.1	1.1	7.4	9.6
Psychosexual problems	0	4.3	5.3	9.6
Anxiety disorders	0	0	2.1	2.1
Depression	0	0	2.1	2.1
Chronic mental disorders	0	5.3	11.7	17
Acute reaction to stress	0	2.1	0	2.1
Tiredness	0	0	0	0
Sleep problems	0	1.1	7.4	8.5
Behavioral therapy	0	1.1	8.5	9.6
ICD-10 classification	0	0	4.3	4.3
Mourning	0	0	3.2	3.2
No answer	1.1	1.1	4.3	6.5

Table 3 – Sample distribution regarding knowledge about referral criteria, desire of a better interaction between general practitioners and NASF's psychiatrists, presence of psychiatrists working at BHUs and interest in participating in trainings regarding mental health knowledge enhancement (N=94).

	Yes, n (%)	No, n (%)
Referral criteria	63 (67)	31 (33)
Better interaction with nasf	89 (94,7)	5 (5,3)
Psyhciatrist working at the BHU	43 (45,7)	51 (54,3)
Training participation	88 (93,6)	5 (5,3)

reported by 8 doctors (34.8%) from T7 and T9 doctors (69.2%) of T8.

Discussion

GPs working in BHUs are responsible for follow-up psychiatric patients classified as low-complexity cases. However, these units may be overloaded and have poor network support, including mental health services.[13]

In this research, we reported on the issues of GPs working at BHU in the city of São Bernardo do Campo in managing mental disorders in order to provide a set of data for the improvement of mental health interventions in the primary care setting.

As reported, most of GPs aged between 23 and 29 years old (47.9%) and 30 and 39 years old (24.5%) and 68.1% of doctors had been working for ≤5 years in primary care. A study conducted in São Paulo[13] showed that 75% of doctors who graduated in 5 years or less reported salary motivation and difficulties in entering medical residencies programs as the reason for working in primary care. Furthermore, 45% of the GPs did not have previous experiences of working in BHUs.[14]

Knowledge regarding mental health may help GPs when approaching psychiatric patients, as well as the presence of specific guidelines or communication techniques. Comparatively, a study conducted in Portugal[11] reported a significant difference in managing mental disorders based on the knowledge (or not) of pharmacological and non-pharmacological interventions.

Regarding the main issues in managing mental disorders in São Bernardo do Campo, we found them ranking: psychiatry emergencies (44.7%), alcohol and drugs' dependence (35.1%), psychotropic medications' prescription (29.9%), and evaluation of suicide risk (27.6%). Similarly, an English study[10] reported a higher rate of difficulties among GPs related to the management of psychiatric emergencies, somatization disorders, and psychotropic medications prescription. On the other hand, issues related to somatization in our study reported a low prevalence rate (9.6%). 54.3% of BHUs reported not having any psychiatrist in their medical staff, which led to more specific difficulties in managing dementia and childhood issues. This evidence may suggest that the possibility of acting in primary care with the support of a psychiatrist may be an important strategy of management.[15]

In 2011, the Psychosocial Attention Network (best known in Brazil by the acronym RAPS)[15] was instituted as one of the networks in Brazil's Unique Health System (best known in Brazil by the acronym SUS) for people suffering from mental health disorders or drug abuse. It is constituted by 7 levels of attention: basic; specialized psychosocial; urgency and emergency; transient residential; hospital; deinstitutionalization strategies, and psychosocial rehabilitation strategies. These levels are covered by specialized services, such as the psychosocial attention centers for people with mental health disorders (best known in Brazil by the acronym CAPS), for children and adolescents (best known in Brazil by the acronym CAPSi), and for

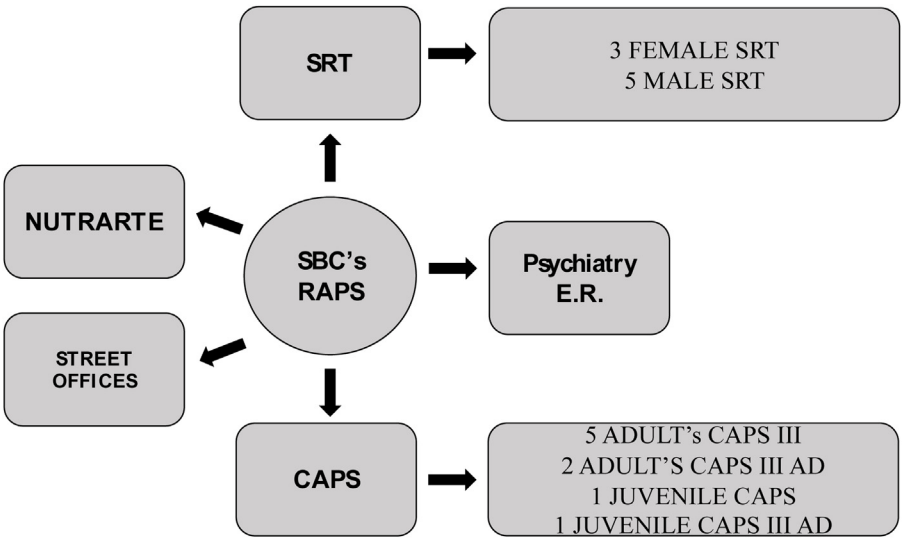

Figure 1 – Psychosocial Attention Network (RAPS) in São Bernardo do Campo (SBC). CAPS: psychosocial attention center; NUTRARTE: Work and Art Nucleus; SRT: Therapeutic Residential Service. Elaborated from data gathered from SBC's city hall website, available at: https://www.saobernardo.sp.gov.br/saude-mental.[17].

alcohol and drug users (best known in Brazil by the acronym CAPS-AD), hospital beds for hospitalization in general hospitals, as well as primary care and community-based services, such as BHUs, family health strategy (best known in Brazil by the acronym ESF) teams, NASF, street offices (best known in Brazil by the acronym CR), among others,[16] due to particularity of our mental health system it is not possible to compare with systems that are still based in psychiatric hospitals. The support network is adequate, but a high percentage of GPs do not know specific referral criteria to specialized services (33% in this study) as confirmed by a Portuguese study, in which 49% of GPs were unaware of such criteria.[12]

As shown in Figure 1, São Bernardo do Campo is a city holding a complete RAPS, with units mostly situated in the central region. T7 and T8, located on the city outskirts, report more alcohol and drug dependence difficulties as reported by GPs from T7 (34.8%) and T8 (69.2%). The literature has reported that many people with drug-related disorders seek help in primary care units.[17] Thus, community-based services, such as the BHUs, are crucial for any care on the territory,[16,18] and it is extremely important to establish referral and counter-referral criteria within the SUS.

Among professionals working in primary care, there may be some difficulties in caring for patients with mental health disorders since academic backgrounds are incomplete. But, beyond that, ESF's workload includes a remarkable number of psychiatric cases to be managed.[5]

Education in mental health must occur longitudinally, and primary care units should be connected to psychiatric services in a tighter way.[5]

NASF guidelines indicate a co-responsibility among services in following mentally ill patients even if work conditions for NASF's psychiatrist are often precarious, especially due to the lack of time to dedicate to ESF, since the matrix support of 20 teams is the maximum number of teams to be covered by a NASF, according to Ordinance n.154, from 2008.[19,20] In this study, 94.7% of GPs would like a better interaction with matrix psychiatrists from NASF, as previously reported in the Portuguese study[11], in which 93% of GPs reported the same unmet need. 93.6% of the participants required a more focused education on mental health: interactive and longitudinal programs with the opportunity to practice skills and acquire knowledge are considered to be more efficient.[21]

In particular, in our research, 27.7% of participants preferred small-group reunions, 27.7% preferred case-simulation, 24,5% preferred lectures, 19.1% preferred orientation workshops, and only 1.1% preferred video lessons. These results are compatible with other studies that identified problem-based learning and small-group interactions as a more efficient intervention when compared to the traditional teaching methods.[15]

Lastly, strategies that stimulate interest in mental health among GPs, above all older doctors, are crucial in order to improve attitudes and skills,[21] with a consequent improvement of mental health treatments delivered in the BHUs.

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Conflict of interests

All authors declare no conflict of interests.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at doi:10.1016/j.rcp.2022.04.009.

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