PERCEPTION OF PROFESSIONALS' MENTAL HEALTH PRACTICE ON COMPREHENSIVE CARE IN PRIMARY CARE: AN INTEGRATIVE REVIEW

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ABSTRACT

Objective: to analyze, in the literature, the perception of the Mental Health practice of professionals about comprehensive care in Primary Care. **Method:** Integrative Review, including LILACS, Medline, SciELO and PubMed databases. The descriptors "Mental Health", "Health Personnel" and "Primary Health Care" were applied. **Results:** Initially, 12,377 studies were identified and after the selection stages, a sample of 11 articles remained. Through the analysis of the articles through intensive reading, the following categories were formulated: Reality of Mental Health Care in Primary Health Care; Difficulties encountered in carrying out Mental Health care in Primary Care; and Proposed measures to improve Mental Health care in Primary Care.

Keywords: Mental Health; Health Personnel; Primary Health Care.

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INTRODUCTION

According to WHO (2013), mental health well-being comprises a fundamental component for the definition of health, since a person with good mental health is able to realize their potential, deal with the normal stresses of life, work productively and contribute to their community.

Through the concept of mental health, it is perceived how transversal it is in the individual's life, that is, it is present in all areas in which he or she operates, as it is something inherent to the subject, which makes mental health care necessary in all areas of health care present in the health system (Barbosa; Caponi; Verdi, 2016).

The health system, known as the Unified Health System (SUS), comprises the various areas of care, where mental health permeates all of them, given its transversal power, among these areas being present Primary Health Care (PHC), which acts strongly with the individuals of the population (Neto, 2008; Martin; Flowers; Machado, 2009).

According to the Ministry of Health (2017), PHC works as the organizer of the Health Care Network (RAS) and coordinator of care, acting as the priority gateway to the SUS, where professionals have greater contact with patients, enabling the formation of a bond between the two and better care.

Being the priority gateway to the SUS, PHC receives, in itself, all types of health-related demands, including those related to Mental Health, which generates in professionals the responsibility of being able to deal with the needs of patients, which are not always met (Pereira; Amorim; Gondim, 2020; Silva et al. 2023).

According to Gama (2021), 20 to 30% of the demand for PHC is for Mental Health, that is, there is a growth in demand over time, mainly due to the influence of the current reality. In view of this, professionals are unable to meet the demands and find it very difficult to serve individuals, so there is a need to improve mental health care in PHC (Rotoli et al., 2019).

The problems of mental health care in PHC are diverse, ranging from lack of capacity of professionals to problems in the organization of network services, indicating the need for a focused look at this theme (Guimarães et al. 2023). In view of this, the present study aims to analyze, in the literature, the perception of the Mental Health practice of professionals about comprehensive care in Primary Care.

METHODOLOGY

The study is an Integrative Review (IR), a method of synthesizing knowledge through six stages, which according to Mendes, Silveira and Galvão (2019), are: "1) preparation of

the review question; 2) search and selection of primary studies; 3) extraction of data from studies; 4) critical evaluation of the primary studies included in the review; 5) synthesis of the results of the review and 6) presentation of the method". It was carried out in January 2025.

To formulate the guiding question of the review, the PCC search strategy was used (Chart 1), where it was formulated as follows: P - professionals; C - mental health in primary care; C - efficiency of mental health practices.

Thus, the following hypothesis was established: what is the perception of the professionals' practice on mental health care in primary care in the literature?
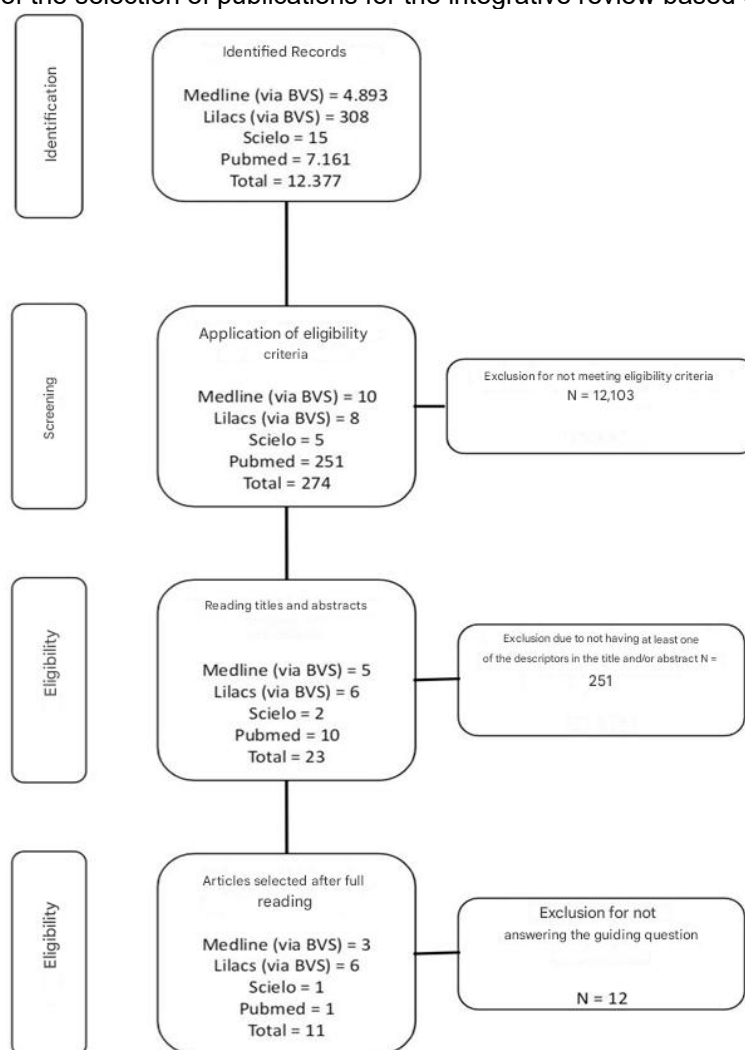
For the search, the Health Sciences Descriptors (DeCs) and their equivalents in English were identified, called medical subject headings (MeSH), where they were applied in each database used, which were: Latin American and Caribbean Literature on Health Sciences (LILACS) (via Virtual Health Library [VHL]); Medical Literature Analysis and Retrievel System Online (Medline) (via VHL); Scientific Electronic Library Online (SciELO); and PubMed.

Three descriptors extracted from the DeCs and their English equivalents extracted from the MeSH were used, which are "Mental Health", "Primary Health Care" and "Health Personnel", along with the Boolean operator AND for the search in each database.

During the search strategy, the following eligibility criteria were applied: articles made available in full in the databases; in English, Portuguese and Spanish; with at least one of the descriptors present in the title and/or abstract; and referring to the last five years. Finally, the textual analysis of the selected studies was carried out, first through the reading of the titles, secondly through the reading of the abstracts and finally the reading in full, where duplicate studies, those that did not meet the objective of the review and those that did not respond to the guiding hypothesis were excluded.

The data are described by reading and exploring the selected studies, comparing the methods used and the results obtained, along with the discussion about them.

Figure 1. Flowchart of the selection of publications for the integrative review based on the PRISMA model.

Source: Authors (2025).

Table 1. PCC Strategy.

Goal/ Problem	What is the perception of the professionals' practice on mental health care in primary care in the literature?		
	P	C	C
Extraction	Healthcare Professionals	Mental Health in Primary Care	Efficiency of mental health practices
Conversion	Healthcare Personnel Health Personnel	Primary Health Care Primary Health Care	Mental health Mental Health
Combination	Health Personnel; Health Care Providers; Health Professionals; Health Professionals; Health Professional; Health Professional; Health Worker; Health Worker; Health Workers; Health Workers	Primary Care; Primary Care; Primary Health Care; Primary Care; Primary Health Care; Primary Health Care; Primary Care; Primary Health Care; Primary Health Care; Primary Health Care; Primary Health Care; Primary Health Care; Primary Health Care; Primary Care; Primary Health Care; Primary Health Care; First Level of Assistance; First Level of Service; First Level of Care; First Level of Health	Mental Hygiene

		Care; First Level of Care; First Level of Care	
Construction	("Healthcare Personnel" **OR** "Healthcare Providers" **OR** "Healthcare Professionals" OR "Healthcare Professionals" **OR** "Healthcare Professional" **OR** "Healthcare Worker" OR "Healthcare Worker" **OR** "Healthcare Workers" **OR** **"Healthcare Workers")**	("Primary Care" **OR** "Primary Care" **OR** "Primary Health Care" **OR** "Primary Health Care" **OR** "Primary Health Care" **OR** "Primary Health Care" **OR** "Primary Health Care" **OR** "Primary Health Care" **OR** "Primary Health Care" **OR** "Primary Health Care" **OR** "Primary Health Care" **OR** "Primary Health Care" **OR** "Primary Care" **OR** "Primary Health Care" **OR** "Primary Health Care" **OR** "First Level of Care" **OR** "First Level of Care" **OR** "First Level of Care" **OR** "First Level of Care" **OR** "First Level of Health Care" **OR** "First Level of Care" **OR** "First Level of Care")	("Mental Hygiene")
Use	("Health Care Personnel" **OR** "Health Care Providers" **OR** "Health Care Workers" **OR** "Health Care Workers" **OR** "Health Care Worker" OR " Health Care Worker" **OR** "Health Care Worker" **OR** "Health Care Workers") **AND** ("Basic Care" **OR** "Primary Care" **OR** "Primary Health Care" **OR** "Primary Health Care" **OR** "Primary Health Care" **OR** "Primary Health Care" **OR** "Primary Health Care" **OR** "Primary Health Care" OR "Primary Health Care" **OR** "Primary Health Care" **OR** "Primary Health Care" Health" **OR** "Primary Health Care" **OR** "Primary Care" **OR** "Primary Health Care" **OR** "Primary Health Care" **OR** "First Level of Care" **OR** "First Level of Care" **OR** "First Level of Care" **OR** "First Level of Care" OR "First Level of Health Care" **OR** "First Level of Health Care" Care" **OR** "First Level of Care") **AND** ("Mental Hygiene")		

Source: Authors (2025).

RESULTS

Using the descriptors "Health Personnel", "Primary Health Care" and "Mental Health", together with the Boolean operator AND among them, a total of 12,377 studies were obtained from the Medline, Lilacs, Scielo and Pubmed databases, where the equivalent terms in English were used in the Pubmed database. Then, the eligibility criteria "articles available in full in the databases", "English, Portuguese and Spanish languages", "at least one of the descriptors present in the title and/or abstract" and "year of publication (last five years)" were applied, leaving a total of 274 results. Next, the titles and abstracts were analyzed, resulting in a total of 23 studies, where, after reading them in full, 12 studies were excluded, leaving a total of 11 selected.

The steps of this process were described in the form of a flowchart (Figure 1), adapted from the Reporting Items Systematic and Meta-Analyses (PRISMA), where the selected studies were analyzed to construct the characterization of the articles according to the criteria of the American Psychological Association (APA) (2019), presented in Chart 2.

Table 2. Characterization of the studies according to the APA criteria.

Item number	Title	Authors	Year	Language	Base	Magazine
1	Difficulties in mental health work: perception of workers from the Family Health Support Center in the Western Macro-region of Minas Gerais	Guimarães et al.	2023	Portuguese	Lilacs	Physis: Journal of Collective Health
2	Mental Health Practices in Primary Care from the perspective of professional managers	Makiyama et al.	2023	Portuguese	Lilacs	Bahian Journal of Nursing
3	Mental health care in Primary Care: perspective of Family Health Strategy professionals	Cardoso et al.	2022	Portuguese	Medline	Brazilian Journal of Nursing
4	Matrix support in child and adolescent mental health in Primary Health Care: institutional socioclinical intervention research	Oliveira et al.	2021	Portuguese	Medline	Rev. Esc. Sick. USP
5	Primary Health Care professionals facing the demands of Mental Health: perspectives and challenges	Gama et al.	2021	Portuguese	Lilacs	Interface
6	Mental health in primary care: nurses' role in the psychosocial care network	Nunes et al.	2020	Portuguese	Medline	Brazilian Journal of Nursing
7	Matrix support in mental health in primary care: the view of supporters and nurses	Oliveira et al.	2020	Portuguese	Lilacs	Gaucho Journal of Nursing
8	The perception and practice of Primary Health Care professionals on Mental Health	Pear tree; Amorim; George	2020	Portuguese	Lilacs	Interface
9	Health professionals' perception of mental health in primary care	Garcia et al.	2020	Portuguese	Lilacs	Brazilian Journal of Nursing
10	Knowledge of primary care professionals in mental health: diagnosis by mhGAP	Mendonça et al.	2023	English	PubMed	Journal of Public Health

| 11 | Primary health care nurses: attitudes towards people with mental disorders | Nóbrega et al. | 2021 | Portuguese | Scielo | Gaucho Journal of Nursing |

Chart 3 characterizes the studies according to the methodology used, results achieved and discussion of the results, where the difficulties of mental health care in primary care can be seen.

Table 3. Characterization of the studies according to methodology, results and discussion.

Item number	Methodology	Findings	Discussion
1	Qualitative, exploratory research	The difficulties identified were: precarious forms of hiring; high turnover; insufficient workload; low pay; concentration of the workload in care activities; lack of sharing and integration of services and professionals; disarticulation of the Psychosocial Care Network (RAPS).	Matrix Support was not incorporated and there were no Permanent Health Education (PEH) policies in the set of municipalities studied. However, the FHSCs contributed to improving care in MS.
2	Descriptive, qualitative research	The following categories were identified: risk stratification as a practice in mental health care services; the work of the professionals of the Family Health Support Center; networking; therapeutic accompaniment.	The perceptions of professionals are heterogeneous, however, there is consensus on the fragility of the role of primary care in constituting an efficient and problem-solving gateway, and risk stratification is often not carried out.
3	This is a descriptive, qualitative study	From the content analysis, three classes emerged: "Perceptions about the health care provided in the municipality", "The biomedical paradigm in mental health care", "Elements for the construction of a new professional practice in mental health".	It was noted that, despite the good infrastructure of the services and the fact that the professionals point out some elements for the construction of a new professional practice, they do not perform it, and the psychologist is mainly responsible for conducting such activities.
4	Intervention research with a qualitative approach	Two main themes were listed through the results: The dynamics of relations in the territory of the FHS and Matrix support as a technological device: unveiling instituted practices	Through the statements, the lack of knowledge about what the services in the territory do and the need to discuss the difference between passing on cases and sharing care is perceived.
5	Qualitative exploratory study	The professionals did not have instruments or strategies to quantify and organize the demand in MW; training actions in	In summary, the main challenges in addressing the demands in MH in the reality studied are related to the lack

		MS were insufficient; reported difficulties in implementing the NASF proposals; and identify problems in the organization and articulation of the Psychosocial Care Network (Raps) that hindered the continuity of care in MH.	of Permanent Education in Health; difficulties in the articulation between services and in the definition of action strategies based on a more integrated health work process.
6	Qualitative research applied to health	It was found that the conceptions of the mental health disease process were based on the biological model, there was little communicability between mental health and the basic network, nurses did not feel qualified to work with mental health and there were few mental health actions in Primary Care.	It was observed that the implementation of several mental health actions by nurses has been occurring gradually in Primary Care, but they are still very incipient, being, in most cases, punctual, focused on medication assistance and not having them as active professionals in this therapeutic process.
7	Qualitative, phenomenological study	The supporters intend, in view of the actions of matrix support, to improve mental health care for the user. On the other hand, nurses expect support from the support to health units, which reveals non-conformities in the mental health practices instituted in the basic network.	It is worth emphasizing the importance of the view of supporters and nurses on the actions of Matrix Support in mental health in Primary Care, as it translated, in the light of Schutz's reference, the human social action in this scenario, focusing on the reflective process on social relations, the basis for the production of mental health for people.
8	Qualitative cross-sectional study	Barriers were identified, such as inability to deal with Mental Health demands, fear of contact with users, lack of specific work processes for Mental Health, and lack of understanding of how to monitor and dialogue between health services in order to ensure comprehensiveness.	To assume responsibility for Mental Health care, the FHS team needs to have adequate working conditions, including places for case discussions, efficient integration with the health network and Raps; effecting the coordination of care by PHC with harmonious articulation between different services and professionals; highlighting matrix support, which aims to optimize communication between the different points of care; enhancing the exchange of knowledge; and qualifying the team, expanding its problem-solving.
9	Exploratory study with a qualitative approach	Five thematic categories were listed, two of which are analyzed in this article: actions that professionals consider to be mental health and mental health actions developed by Primary	The insertion of MS in PHC requires planning and is inseparable from the nurse's work. Thus, the present study indicates the need to deepen the discussion about the

		Care professionals.	professional and continuing education of nurses in order to produce contributions to the field of collective health and MH.
10	Quantitative, descriptive, cross-sectional and observational study	A total of 354 health professionals participated in the study. Regarding the percentage of correct answers in the questionnaire on priority topics in mental health, the highest medians were identified in the "Depression" module. On the other hand, the content referring to the modules "Essential care and practices" and "Other important complaints" had the lowest values.	The results allow us to perceive that, in addition to technical knowledge about mental health, it is necessary to develop communication skills in the daily routine of teamwork.
11	This is a descriptive, correlational study	The overall average of the scale was 197, which demonstrates negative attitudes especially in the dimensions of Authoritarianism (44.6), Social Restriction (42.0), and positive in the dimension Benevolence (51.7).	The frequency and experience of care that the nurses in this study have with people with MD in their PHC workspaces (63.6%) may be a reflection of the historical, political and social process of transformation of mental health care, with a view to realizing the right to comprehensive health care in the community in non-specialized spaces. However, the materialization of this process will be possible if these professionals add new meanings and new perspectives on this population to their care practices.

Source: Authors (2025).

After reading and analyzing the studies found in the databases, the information from these were regrouped, thus allowing the formulation of the following categories: Reality of Mental Health Care in Primary Health Care; Difficulties encountered in carrying out Mental Health care in Primary Health Care; and Proposed measures to improve Mental Health care in Primary Health Care.

DISCUSSION

The studies demonstrated how mental health works within Primary Health Care and the greatest difficulties of professionals in caring for patients, in addition to indicating points of how mental health care in primary care could improve.

It is known that, even with the inherent relationship between Mental Health and Primary Health Care, there is a gap in the care provided by health team professionals for patients with demands related to Mental Health in Primary Care, mainly due to lack of preparation and insecurity in care (Guimarães et al. 2023).

Health professionals, especially those who do not have training in the area of mental health, feel afraid and uncomfortable with care in this area, mainly because they do not understand the problems of patients, having the need to refer them to professionals who, in a traditional way, have the knowledge to address this type of case (Cardoso et al. 2022).

In Primary Care, the FHS is a priority strategy, where the professionals who are part of it have a greater bond with patients, mainly because they are in greater contact with them, since PHC is seen as the priority gateway to the SUS, which facilitates health care, but the professionals feel that they are not active in Mental Health care, having their actions limited (Nunes et al. 2020).

REALITY OF MENTAL HEALTH CARE IN PRIMARY HEALTH CARE

Professionals reveal the fragility that exists in PHC related to its ability to constitute an efficient and problem-solving gateway to the SUS for patients with demands related to Mental Health, since they do not feel capable of making an efficient risk stratification, which generates the limitation of care to the biomedical model with a focus on curativism (Oliveira et al. 2021; Makiyama et al. 2023).

PHC has, in itself, a positive organization of its services, since it is seen as the organizer of the Health Care Network and the coordinator of care, but the weaknesses in mental health care are very present, especially when it comes to decentralizing this health care and correctly referring cases, generating an imbalance in the user's trajectory within the network (Cardoso et al. 2022).

According to Nunes et al. (2020), the mental health actions implemented by professionals in PHC are almost nil, taking into account the speech of the professionals interviewed for the study, which is reflected as a reality of many other primary care services within the care network, thus making clear the flaw that these services have.

The failures also become more evident in the face of the current reality of the health situation of the population that uses PHC services, where professionals perceive a greater demand related to mental health, a demand that is not able to be met by professionals, given the lack of instruments or strategies to organize and meet these needs (Oliveira et al. 2020; Gama et al. 2021).

The health team professionals have, in their knowledge, those activities that they consider focused on mental health care, such as groups, guidance to the population on the subject, physical activity, actions to prevent mental disorders, reception with qualified listening, among other actions, however, compared to reality, these activities do not occur efficiently, as they imagine (Garcia et al. 2020).

With the analysis of the studies, it is possible to observe how weakened Mental Health care is in PHC. The reality in the services differs greatly from what is imagined in health policies focused on the area, where the professionals even have idealized care, in some cases, but the same is not carried out in the face of the problems found.

DIFFICULTIES ENCOUNTERED IN PROVIDING MENTAL HEALTH CARE IN PRIMARY HEALTH CARE

According to Guimarães et al. (2023), one of the biggest difficulties is in the way professionals are hired, where there is a high turnover of professionals, since it is done through short-term contracts, which makes it difficult for professionals to form a bond with patients, in addition to the workload that does not allow them to carry out activities and low remuneration, that demotivate professionals.

Along with the lack of time of professionals to carry out activities, there is their lack of preparation to carry out these activities and to accommodate the demands of patients, where their actions are focused on the curative model, centered on the disease and the medicalization of the user's suffering (Makiyama et al. 2023; Mendonça et al. 2023).

In addition to the lack of preparation of professionals in the face of the population's mental health needs, there is the problem of fragility in the system, where there is bureaucracy, centralization of care, and weakness of the referral and counter-referral process between PHC teams and specialized mental health services as aggravating factors for the fragility of care (Cardoso et al. 2022).

Many professionals are aware of their lack of preparation and the weaknesses in the system, but refuse to try to change, they are resistant to changing practices, preferring to maintain traditional conceptions and practices, where they remain in their comfort zone and do not need to acquire new knowledge (Nunes et al. 2020).

Traditionalism in care is greatly reflected in the biomedical model, where medical knowledge is considered superior to that of other professions, even though it is known that other professionals, such as psychologists, have a great role in promoting mental health, and, thus, consultation and drug therapy within the service are prioritized (Garcia et al. 2020).

The attitudes of professionals are sometimes the main problem of the service, since some still have great prejudice towards mental health patients, reflecting this with an attitude of authoritarianism, greatly influenced by the lack of experience in the work, which generates difficulty in the patient's acceptability of the proposed therapy (Nóbrega et al. 2021).

It is possible to see the major problems of mental health care in PHC through the analysis of studies, from issues involving the functioning of the service to the capacity of professionals, where in view of this it is necessary to adopt measures to improve this care.

PROPOSED MEASURES TO IMPROVE MENTAL HEALTH CARE IN PRIMARY HEALTH CARE

A good articulation of the network would help in the management of patients' cases, where an improvement in the flow of demands is necessary, especially for referral and counter-referral, since PHC often refers cases that are not characteristic of specialized care (e.g., CAPS) and these suffer counter-referral to the service, in addition to the large bureaucracy of the system (Guimarães et al. 2023).

Deficiencies in the conduct of the cases are most often related to the lack of preparation of the professionals, and in view of this, the training and guidance of the professionals who make up the health team are indicated, mainly through Permanent Health Education (EPS), so that these professionals feel safe in decision-making for each case (Guimarães et al. 2023; Makiyama et al. 2023).

Constancy in the training of professionals is of paramount importance, but there is also a need to improve their knowledge from the base, that is, from academic training, where the conduct of theoretical-practical teaching needs improvements and even reformulations for the better preparation of these future professionals (Pereira; Amorim; Gondim, 2020; Nóbrega et al. 2021).

In addition to improving knowledge, it is necessary to improve humanization, since mental health care is very connected with the human side, that is, with the feeling of empathy, so there is a need to establish a greater bond on the part of professionals, so that there is a relationship of greater trust with patients, through the demonstration of availability, welcoming, qualified listening, dedication and seriousness in service (Cardoso et al. 2022).

The need to adopt certain measures to improve mental health care in PHC is understood, since most of the problems can be solved with new measures and implementations.

FINAL CONSIDERATIONS

PHC plays a great role in welcoming patients within the SUS, mainly being the priority gateway to the system, receiving patients with various problems, including those with Mental Health demands.

In view of the demands, professionals are unable to have effective actions for Mental Health care, for reasons that involve lack of preparation and knowledge, lack of bonding, resistance to changes in care, focus on the biomedical model, lack of time to carry out activities, among others. All the difficulties hinder patient care, making clear the fragility of the Mental Health service in PHC.

Even with so many problems present, there is still a chance to improve this care to strengthen care in PHC, through the good articulation of the Health Care Network, training of professionals, changes in the curricula in educational institutions that train health professionals, greater humanization focusing on the feeling of empathy, among others. With the presence of new measures, the future of Mental Health care in PHC sees new possibilities in care, which have benefited patients and professionals.

It is possible to perceive, through the searches of the studies, the need for more research focused on the theme of Mental Health in PHC, given the difficulty in locating studies, in addition to the need for more recent research on the subject.

When analyzing the articles during the search, it was seen that there was a lack of studies that contemplated the specificity of the theme, since many addressed Mental Health and PHC separately, without addressing the transversality of mental health in the system, which makes it difficult to identify the problems analyzed, which can contribute to the lack of care, So there is a need for future studies to address the theme more.

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