






Actions carried out in primary health care towards people with mental disorders: an integrative review

Ações realizadas na atenção primária à saúde às pessoas com transtorno mental: revisão integrativa

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ABSTRACT

Objective: to synthesize the types of actions developed by the multiprofessional team in the primary health care to people with mental disorders. **Methods:** integrative review, carried out in the databases Medical Literature Analysis and Retrieval System Online, via PubMed, Web Of Science, Literatura Latino-Americana e do Caribe em Ciências da Saúde, Base de Dados de Enfermagem, and Índice Bibliográfico Espanhol de Ciências de Saúde. **Results:** six studies were selected and grouped into the following axes: actions with the use of digital technologies (PyDeSalud.com platform; Partnering to Achieve School Success; Audio computer-assisted self-interview version of the Alcohol, Smoking and Substance Involvement Screening Test) and traditional actions (questionnaires during consultation; intervention in stages; support network to stop smoking). **Conclusion:** evidences show that traditional or digital actions in mental health are necessary to offer an integral care. The multiprofessional team has the tendency to incorporate digital technologies to care for these people.

Descriptors: Mental Disorders; Health Knowledge, Attitudes, Practice; Primary Health Care.

RESUMO

Objetivo: sintetizar os tipos de ações desenvolvidas pela equipe multiprofissional na atenção primária às pessoas com transtornos mentais. **Métodos:** revisão integrativa, realizada nas bases *Medical Literature Analysis and Retrieval System Online*, via PubMed, *Web Of Science*, Literatura Latino-Americana e do Caribe em Ciências da Saúde, Base de Dados de Enfermagem, Índice Bibliográfico Espanhol de Ciências de Saúde. **Resultados:** foram selecionados seis estudos, agrupados em dois eixos: ações com uso de tecnologias digitais (Plataforma *Web PyDeSalud.com*; *Partnering to Achieve School Success*; *Audio computer-assisted self-interview version of the Alcohol, Smoking and Substance Involvement Screening Test*) e ações tradicionais (questionário durante consulta; intervenção escalonada; rede de apoio à cessação do tabagismo). **Conclusão:** as evidências demonstram que ações tradicionais ou digitais, em saúde mental, são necessárias para integralidade do cuidado. Há tendência à incorporação, pela equipe multiprofissional, de tecnologias digitais para cuidado a essas pessoas.

Descritores: Transtornos Mentais; Conhecimentos, Atitudes e Prática em Saúde; Atenção Primária à Saúde.

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Introduction

Mental disorders are current problems that affect individuals in their multiple dimensions, reflecting on their quality of life. These disorders are more frequent among women, with low educational levels, low income, and unemployed⁽¹⁾. It stands out that Brazil is considered to be the country with the highest prevalence of mental disorders in the population from 15 to 59 years old⁽²⁾. Data from the World Health Organization⁽¹⁾ state that depression and anxiety affect 5.8% and 9.3% of the Brazilian population, respectively.

Until the 1970's, health care assistance was based on a curative, hospital-focused, and segregationist model. Aiming to promote improvement in the health care services offered to people with mental disorders and considering the influence of the experiences of other countries, movements opposed to the dominant models started in Brazil. As a result, the psychiatric reform took place, proposing the deinstitutionalization and valuing the reinsertion of the individual in society⁽³⁾.

In this new context of assistance, the Primary Health Care stood out. It is characterized as the entry point to the Single Health System, whose level of attention includes the Family Health Strategy as the main organizational model⁽⁴⁾. In Brazil, this policy emerged as a way to consolidate and enhance the capacities of the primary health care to take effective action.

The primary health care has an important role with regard to an integral care, considering individuals and their many dimensions. Furthermore, it is characterized by the continuity and integrality of care. Therefore, this level of assistance is responsible for preventive and curative actions, health promotion and rehabilitation⁽⁵⁻⁸⁾.

However, primary health care professionals face challenges to add effectiveness in their care to people with mental disorders, especially because they do not feel capable of managing the demands of these clients. Barriers related to the access, the knowledge,

and the implementation of universal protocols for the health care in mental health in primary health care are often mentioned as difficulties in the care that must be offered from the moment the client is received in the Primary Health Care Units to the definition of a therapy⁽⁹⁾. This analysis shows that there is an emerging need for sharing good mental health practices that are being developed in this level of health care.

Therefore, the objective of this study is to summarize the types of actions developed by the multi-professional team from the primary health care to people with mental disorders.

Methods

This is an integrative review, carried out according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)⁽¹⁰⁾. Thus, the study followed the stages: identification of the theme and elaboration of the research question; definition of criteria for the inclusion and exclusion of studies; determination of information to be extracted from the studies selected; analysis of the studies included; interpretation of the results; and presentation of a summary of the knowledge⁽¹¹⁾.

The construction of the research question was based on the PICO strategy⁽¹²⁾ (P - participants; I - phenomenon of interest; Co - context of the study), in which the Participants (P) were users with mental disorders; the phenomenon of interest (I) was the actions of health professionals; and the context of the study (Co) was the primary health care. Considering the above, the following terms were surveyed: (P) - Mental Disorders; (I) - Health Knowledge, Attitudes, Practice; (Co) - Primary Health Care. In the development of this research, the following question was considered: what are the actions developed by the primary health care professionals towards people with mental disorders?

This investigation only included primary studies that addressed actions from health professionals in the primary health care for users with mental

disorders, from 1994 to November 2019. This time frame was selected because the main milestone for the consolidation of the primary health care was the creation of the organizational model Family Health Program, from 1994. It should also be mentioned that studies published in any language were considered. The exclusion criteria applied eliminated: literature revisions, editorials, case studies, letters from readers, pilot projects, incomplete studies, and primary studies that addressed the actions of caregivers or of professionals in secondary or tertiary services.

Studies were selected in December 5, 2019, in the databases Medical Literature Analysis and Retrieval System Online (MEDLINE), via PubMed; Web Of Science (WOS); Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), via Biblioteca Virtual em Saúde (BVS); Base de Dados de Enfermagem (BDENF), via BVS; and Índice Bibliográfico Espanhol de Ciências de Saúde (IBECS), also via BVS.

Initially, the strategy to seek studies was made up by a combination of controlled descriptors (indexed in the respective databases) and non-controlled ones. The controlled ones were selected using the Descritores em Ciências da Saúde (DeCS) and the Medical Subject Headings (MeSH Terms). To expand the search strategy, the controlled and non-controlled descriptors were combined using the Boolean operators AND and OR⁽¹³⁾. It stands out that the research was carried out considering the expanded meaning of the descriptors identified with no filters, to preserve significant samples and ensure that the risk of losses was minimal.

The controlled descriptors used were: P (Mental disorders; Transtornos Mentais); I (Health knowledge, attitudes, practice; Health Personnel; Conhecimentos, Atitudes e Prática em Saúde); Co (Primary Health Care; Atenção Primária à Saúde). The non-controlled descriptors were: P (Disorder, mental; Disorders, mental; Mental disorder; Severe mental disorder; Severe mental disorders; Doença Mental; Transtornos Mentais Graves); I (Health Care Provider; Healthcare

Worker; Atitudes e Prática em Saúde; Atitudes e Práticas em Saúde; CAP); Co (care, primary health; health care, primary; primary healthcare; healthcare, primary; Atenção Básica de Saúde; Cuidados Primários; Cuidados primários de saúde; Cuidados Primários à Saúde).

The search expressions recovered in each database were: at MEDLINE, via PubMed: (((("health knowledge, attitudes, practice"[MeSH Terms]) OR "health knowledge, attitudes, practice")) AND (((("primary health care"[MeSH Terms]) OR "primary health care") OR "care, primary health") OR "health care, primary") OR "primary healthcare") OR "healthcare, primary")) AND (((("mental disorders"[MeSH Terms]) OR "mental disorders") OR "disorder, mental") OR "disorders, mental") OR "mental disorder") OR "severe mental disorder") OR "severe mental disorders"). At mental" OR "mental disorder" OR "severe mental disorder") AND TS=("primary health care" OR "care, primary health" OR "health care, primary" OR "primary healthcare" OR "healthcare, primary") AND TS=("Health Personnel" OR "health care provider" OR "Healthcare Worker"). At LILACS/BDENF/IBECS, via Biblioteca Virtual em Saúde: (tw:((mh:("Conhecimentos, Atitudes e Prática em Saúde "))) OR (tw:("Conhecimentos, Atitudes e Prática em Saúde")) OR (tw:("Atitudes e Prática em Saúde")) OR (tw:("Atitudes e Práticas em Saúde")) OR (tw:(CAP)))) AND (tw:((mh:("Atenção Primária à Saúde")) OR (tw:("Atenção Primária à Saúde")) OR (tw:("Atenção Básica de Saúde")) OR (tw:("-Cuidados Primários")) OR (tw:("Cuidados primários de saúde")) OR (tw:("Cuidados Primários à Saúde")))) AND (tw:((mh:("Transtornos Mentais")) OR (tw:("-Transtornos Mentais")) OR (tw:("Doença Mental")) OR (tw:("Transtornos Mentais Graves")))).

In addition to the electronic databases mentioned, a secondary search was carried out using Google Scholar. The list of references of the primary studies included were also analyzed, in an attempt to identify other relevant studies that could be recovered. The studies were selected and identified by

two reviewers, who researched independently. The divergences between the reviewers were evaluated through a discussion with a third reviewer. The bibliographic software EndNote was used to store, organize, and manage the references and guarantee that the research was systematic and broad.

After the studies included were read in their entirety, data extraction started, using an adapted instrument⁽¹⁴⁾ that included information about main author, journal, year of publication, country, database, design, methodological quality, sample, data collection instruments used, outcomes, and intervention. For data extraction, two researchers elaborated, independently, one table each, using Microsoft Word®, in which they summarized the data of the studies included.

To evaluate the quality of the primary studies, three instruments were used, taking into account the ones believed to be the most adequate for the methodological designs of the studies found in this revision. For randomized clinical trials, the Jadad scale was used. It is composed of three criteria directed at randomization, double blind indication, and losses throughout the research. Its score varies from 0 to 5, and studies with a score <3 are considered to be of low quality, while high quality ones are those whose score is ≥3⁽¹⁵⁾. Non-randomized studies were evaluated using the Methodological Index for Non-randomized Studies (MINORS), which is made up of 12 items, whose individual scores can vary from zero to two⁽¹⁶⁾. The evaluation of the quality of qualitative studies, on the other hand, was carried out using the Critical Appraisal Skills Programme (CASP). This tool is formed by 10 items, which allows one to categorize studies, according to their methodological structure (A and B). The category A indicates a low risk of biases and requires that at least nine out of the ten items it proposes are attended. To be in category B, the studies must contemplate at least five out of the ten items, and the risk of bias is considered to be moderate, since the criteria are only partially attended⁽¹⁷⁾.

Primary studies were organized in two analysis axes: actions with the use of digital technologies and traditional actions. After this classification was created, the studies selected were analyzed and, later, discussed and interpreted descriptively.

In the first triage, based on the exclusion criteria, 377 studies were excluded. After the 32 complete texts left went through an eligibility/critical evaluation, six were found to attend to the criteria of inclusion and proceeded to the data extraction stage, which included an exhaustive reading and a summary of the knowledge contained in them. Image 1 is a flowchart of the research process, according to PRISMA⁽¹⁰⁾.

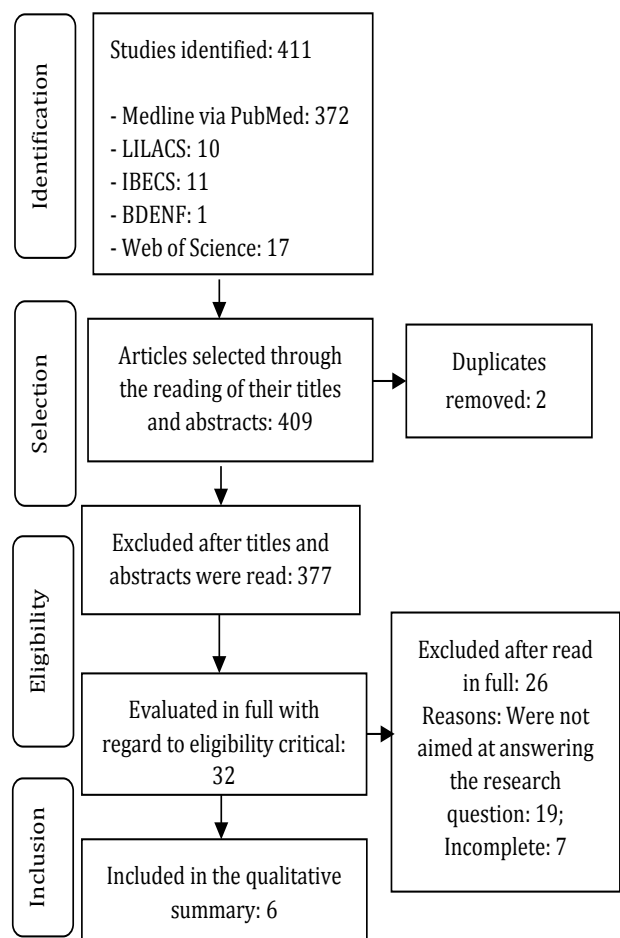


Figure 1 – Flowchart of the process of reference identification, according to PRISMA recommendations. Teresina, PI, Brazil, 2019

Results

The survey of the databases resulted in 411 studies. No study was found from the references of the primary studies selected. The triage of the research revealed two duplicate studies, resulting in 409 records, after duplicates had been removed.

The six studies were published from 2007 to 2018. Five of them were recovered from MEDLINE and one from IBECs. The countries in which they were

published were England, the United States, Spain, and Hungary. The studies were grouped in two categories built from the characteristics of the actions carried out: three studies described actions using digital technologies; three studies described traditional actions (Figure 2).

Figure 3 shows the type of action and outcome, as well as the distribution of the primary studies in two groups: actions with the use of digital technologies and traditional actions.

Main author/journal/year Country (Database)	Design (Methodological quality)	Sample	Data collection instruments used
Weich S, Psychol Med. 2007/ England (MEDLINE) ⁽¹⁸⁾	Cross-sectional (8)	36 general clinics in England and in Wales	Attitudes to Depression and its Treatment Questionnaire (ADepT questionnaire)
Walton JR, J Behavioral Health Servic Res. 2014/USA (MEDLINE) ⁽¹⁹⁾	Retrospective (8)	43 families associated to the Partnering to Achieve School Success	Not mentioned
Spear SE, Substance Abuse. 2015/ USA (MEDLINE) ⁽²⁰⁾	Qualitative (B)	87 adult patients, users of a clinic of primary clinical health care	ACASI instrument
Perestelo-Perez L, Health Expect. 2017/England (MEDLINE) ⁽²¹⁾	Randomized clinical trial (3)	147 adults diagnosed with depressive disorder	Questionnaire
García-Sancho JCM, An Psicol. 2018/ Spain (IBECs) ⁽²²⁾	Cross-sectional (7)	566 users from six Primary Care Center	Therapeutic Scales
Sipos V, BMJ Open. 2018/Hungary (MEDLINE) ⁽²³⁾	Cross-sectional (7)	2904 regular smokers	Heaviness of Smoking Index Fagerström Test for Nicotine Dependence

Figure 2 – Characterization of the studies selected, according to their main author, journal, year, country, database, design, methodological quality, sample, and data collection instruments used. Teresina, PI, Brazil, 2019

Main author	Type of action	Outcome
Category 1: Actions using digital technologies		
Perestelo-Perez L ⁽²¹⁾	On-line Platform (PyDeSalud.com)	The intervention significantly diminished the total score of the decision-making conflict (B = -9,98, p<0,001). In the knowledge of patients about treatment options, the results showed a significant effect favoring the AD intervention (B = 2,33, p<0,001).
Walton JR ⁽¹⁹⁾	Partnering to Achieve School Success (PASS)	Most male children analyzed presented attention deficit disorders and hyperactivity. On average, 80.1% of the total PASS time included the parents and 19.9% included contact with the school personnel in the absence of the parents. The percentage of successful contacts started by physicians and the total time on the telephone for pre-treatments were associated to the intensity of the PASS, but the result was not significant, due to the duration of the PASS.
Spear SE ⁽²⁰⁾	Audio computer-assisted self-interview (ACASI) version of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)	Triages to identify the use of substances help physicians to get to know their patients better. Most participants reported feeling at ease with the ACASI triage method.

(the Figure 3 continue in the next page...)

Main author	Type of action	Outcome
Category 2: Traditional actions		
Weich S ⁽¹⁸⁾	Triage questionnaire based on the Composite International Diagnostic Interview (CIDI)	From the patients with one confirmed depressive episode, 786 (90.8%) answered the ADepT questionnaire in its entirety. A total of 330 individuals with depressive episodes of CID-10 (38.1% of the sample) reported receiving and adhering to the evidence-based treatment. 267 (30.8% of the sample) attended to the minimum criteria for antidepressive evidence-based treatment. Only 99 individuals (11.5% of the sample) attended to the minimum criteria for evidence-based psychological treatment. Cronbach's coefficient was 0.73 for the entire sample.
García-Sancho JCM ⁽²²⁾	Intervention in stages for diagnostic and treatment	A greater access to psychological interventions, integrating the clinical psychologist in the primary health care, diminishes the use of medications for mild and/or moderate mental pathologies; 50.0% of patients referred to the clinical psychologist were medicated. The presence of the clinical psychologist in primary health care provides methodological rigor and allows one to "normalize" symptoms that do not require medical or psychological treatment.
Sipos V ⁽²³⁾	Support to stopping smoking. Brief interventions and programmatic support (pharmacological and non-pharmacological).	Tobacco users do not receive the adequate support based on necessary interventions to stop smoking (25.0% of tobacco users received brief interventions, 7.0% and 2.0% received non-pharmacological support and programmatic pharmacological support).

Figure 3 – Characterization of studies according to main author, type of actions carried out, intervention, and outcomes. Teresina, PI, Brazil, 2019

Actions involving digital technology were associated to the use of an on-line platform, a mobile application, and softwares⁽¹⁹⁻²¹⁾. Among them, are noteworthy the use of the on-line platforms PyDeSalud.com⁽²¹⁾, Partnering to Achieve School Success (PASS)⁽¹⁹⁾, and of the audio and computer-assisted self-interview version of the Alcohol, Smoking and Substance Involvement Screening Test (ACASI ASSIST)⁽²⁰⁾.

The PyDeSalud.com on-line platform is a medical website developed to improve the knowledge of patients about depression. It uses the Aid to Decision-making (AD)⁽¹⁹⁾ for the patient to learn about symptoms, types of depression, treatment options, and their respective characteristics. Its use is encouraged by professionals to aid users with unipolar depression in the decision making about their health condition, contributing for them to acquire knowledge about the problem⁽²¹⁾.

The PASS aims to improve the coordination of care, considering the relation that exists between school and family, since these children spend a large portion of their day in the school environment. Through the observation of the use of methodologies to improve the approach of children with attention deficit disorder and hyperactivity (ADDH) and focusing on an initial approach to the family through the telephones in the medical records at primary health care, bonds are created between health professionals and family, improving the adherence to the treatment while reducing barriers related to care⁽¹⁹⁾.

The ACASI ASSIST is a mobile technology to screen for the use of psychoactive substances, recommended by the professionals in primary health care, who advised the patients via voice and text instructions. The ACASI instrument is a form with structured questions, which was developed with the help of the

World Health Organization to carry out a triage of the use of psychoactive substances and classify patients according to their risk of developing related problems throughout their lives. The user answers the questions of the system and the answers are recorded. Then, they are used by the professionals in future treatments, seeking the best method to apply the therapies⁽²⁰⁾.

Regarding the studies that describe traditional actions, the results found include a questionnaire in clinical consultations, an intervention in stages, and a support network^(18,22-23). The ADepT questionnaire is used for triage and is based on the Composite International Diagnostic Interview (CIDI), an instrument that aims to observe the answers of people who present moderate to severe depressive episodes and evaluate whether, through the knowledge acquired in their consultations, the patients manage to have attitudes to confront the disease, which include: using medications regularly, attending therapies frequently, and self-care based on scientific evidence⁽¹⁸⁾.

The intervention in stages is made up of the integrated practices of psychologists in the primary health care, which can be developed simultaneously or in stages. Through this action, the patient receives an individualized attention and many elements are determined, such as how often they must return, group therapy, individual treatment, referral to mental health or emergency⁽²²⁾.

Another action is related to the implementation of the support network for stopping smoking. In this approach, the therapists use two instruments: the Heaviness of Smoking Index and the Fagerström Test for Nicotine Dependence. These are used to assess the influence of the characteristics of the smokers in their level of dependence on nicotine, and to offer people support to stop smoking. To this end, actions were employed to aid people to interrupt their use of nicotine, including brief interventions, pharmacological and non-pharmacological support, since the responses aim to answer to the individual needs of each patient⁽²³⁾.

Discussion

In spite of the rigor employed to create this summary of evidences, this study had, as a limitation, the small sample of primary studies, which made it difficult to evaluate the effectiveness of these actions.

The summary of the studies about the types of actions carried out by the professionals in primary health care, targeted at people with mental disorders, contributes for redirecting the clinical evidence-based practice conducted by the multiprofessional team.

The findings reiterate how necessary the actions developed by the multiprofessional team are, as well as the need to consider individuals in their many dimensions in order to seek a health care that is integral and capable of solving its problems⁽⁹⁾. The types of mental health actions in primary health care were organized in two axes: actions with the use of digital technologies and practices using traditional methods.

The valuing of individual autonomy, considering one's own decisions about the treatment to be chosen, is a great advance, since, throughout history, people with mental disorders have experienced stigmatization and inadequate health care⁽²⁴⁾.

Considering this, the employment of actions aiming to improve the knowledge of the patient about the treatment of depressive disorders, such as the PyDeSalud.com, a digital action, makes it possible to diminish the conflict during the decision making in the choice of treatment⁽²¹⁾. Actions aimed at this are relevant because the adherence to the therapy also depends on personal factors, such as on the routine of the patient, discipline, organization, among others. Therefore, the knowledge of the user about the specificities of the therapy helps in the choice of options that better fit their reality⁽²⁵⁾.

Furthermore, the adherence to the treatment is related to the coping mechanisms of the person with a mental disorder. The continuation of the therapy evaluated using the ADepT questionnaire, a traditional action, associated the low adherence to the treatment to the perceptions of the patient, according to which

the use of antidepressants is addictive and ineffective, and depression is incapacitating and stigmatizing⁽¹⁸⁾. As a result, the perspective of the patient about the mental disorder must be known and valued, and the diagnostic and treatment should be explained to them, constantly encouraging social interaction⁽²⁴⁾.

Despite its advances, there are still difficulties in primary health care about the definition of adequate therapies for patients with mental disorders. In this context, the pharmacological treatment is more common than other types of care, and the insertion of new therapies is considered to be an important challenge⁽²⁶⁾. However, reducing the medicalization is seen as the operationalization of actions in stages, through the integration of clinical psychologists in primary health care. This traditional action contributes for a better continuity of the treatment, since it is developed in a less stigmatizing environment, such as the primary health care⁽²²⁾.

Not only the primary health care is an embracing location, qualified listening can also be found there through consultations, finding information about the users and directing care that is adequate to their needs. Consequently, patients feel embraced, and, together with the multiprofessional team, seek to improve the problems presented⁽²⁷⁾. This is a common action in traditional support networks, such as the network of support to stop smoking, which seeks, using interviews and specific instruments, to listen to the questions brought up and offer support, through brief interventions, as well as pharmacological and non-pharmacological support⁽²³⁾.

Health care to users of substances that generate chemical dependence can be carried out not only through traditional methods, but also through the incorporation of digital technologies, such as the ACASI/ASSIST, a mobile technology for the screening of the use of psychoactive substances. In addition to its screening capabilities, this tool allows one to classify users according to the risk of developing problems throughout their lives⁽²⁰⁾. The use of feedback, such as in the case of ACASI/ASSIST, makes it possible to raise awareness among users, who start to understand in

what situation they are inserted, how this influences in their health, and what is the most adequate therapy for each organism⁽²⁸⁾.

Information screening is a common activity in primary health care, and the use of mobile technologies can be an ally in the finding of these data. Furthermore, the use of these tools may favor health care⁽²⁹⁾. In this setting, the PASS was an action carried out by primary health care physicians, which sought to improve the coordination of care through getting in touch, previously, with families which had children in school age with ADDH. This action contributes for the improvement of the clinical situation of the patients, who start developing activities with no difficulties⁽¹⁹⁾.

Although focused on innovative mental health practices⁽³⁰⁾, primary health care still has challenges to diminish the number of pharmacological treatments⁽²⁶⁾. Therefore, all of these practices are important means to ensure an adequate care for patients with mental disorders⁽¹⁸⁻²³⁾.

Conclusion

Evidences pointed out at two types of actions developed by the multiprofessional team in the primary health care to people with mental disorders: digital and traditional actions. There is a tendency for the multiprofessional team to incorporate digital technologies to care for people with mental disorders. They are: PyDeSalud.com, Partnering to Achieve School Success and the audio computer-assisted self-interview version of the Alcohol, Smoking and Substance Involvement Screening Test.

In addition to these, there are evidences of actions based on the application of triage questionnaires, interventions in stages, and support networks for the stopping of smoking, all of which are based on brief interventions, pharmacological therapies, and non-pharmacological therapies. The actions in mental health carried out by the professionals in the primary health care were considered to be innovative, of low cost, and easy to adhere to and to reproduce.

Collaborations

Miranda PIG, Amaral JV, Sales JCS and Silva Júnior FJG contributed for the conception and for the project, data analysis and interpretation, article writing, in the relevant critical review of the intellectual content and the final approval of the version to be published. Costa APC contributed for data analysis and interpretation, article writing, in the relevant critical review of the intellectual content and the final approval of the version to be published.

References

1. World Health Organization (WHO). Depression and other common mental disorders [Internet]. 2017 [cited Jul 7, 2020]. Available from: <https://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf?sequence=1&isAllowed=y>
2. Smolen JR, Araújo EM. Race/skin color and mental health disorders in Brazil: a systematic review of the literature. *Ciênc Saúde Coletiva*. 2017; 22(12):4021-30. doi: <https://doi.org/10.1590/1413-812320172212.19782016>
3. Amarante P, Nunes MO. Psychiatric reform in the SUS and the struggle for a society without asylums. *Ciênc Saúde Coletiva*. 2018; 23(6):2067-74. doi: <https://dx.doi.org/10.1590/1413-81232018236.07082018>
4. Oliveira EC, Medeiros AT, Trajano FMP, Chaves Neto G, Almeida AS, Almeida LR, et al. Mental health care in the territory: conceptions of primary health care professionals. *Esc Anna Nery*. 2017; 21(3):e20160040. doi: <https://doi.org/10.1590/2177-9465-ean-2017-0040>
5. Santos FPA, Acioli S, Machado JC, Souza MS, Rodrigues VP, Couto TA, et al. Care practices of the family health strategy team. *Rev Enferm UFPE on line*. 2018; 12(1):36-43. doi: <https://dx.doi.org/10.5205/1981-8963-v12i01a230589p36-43-2018>
6. Portela GZ. Atenção Primária à Saúde: um ensaio sobre conceitos aplicados aos estudos nacionais. *Physis*. 2017; 27(2):255-76. doi: <https://dx.doi.org/10.1590/s0103-73312017000200005>
7. Lima JG, Giovanella L, Fausto MCR, Bousquat A, Silva EV. Atributos essenciais da Atenção Primária à Saúde: resultados nacionais do PMAQ-AB. *Saúde Debate*. 2018; 42(1):52-66. doi: <https://dx.doi.org/10.1590/0103-11042018s104>
8. Wenceslau LD, Ortega F. Mental health within primary health care and Global Mental Health: international perspectives and Brazilian context. *Interface*. 2015; 19(55):1121-32. doi: <https://dx.doi.org/10.1590/1807-57622014.1152>
9. Rotoli A, Silva MRS, Santos AM, Oliveira AMN, Gomes GC. Mental health in Primary Care: challenges for the resoluteness of actions. *Esc Anna Nery*. 2019; 23(2):e20180303. doi: <https://dx.doi.org/10.1590/2177-9465-ean-2018-0303>
10. Moher D, Liberati A, Tetzlaff J, Altman DG, PRISMA Group. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLoS Med*. 2009; 6(7):1-6. doi: <https://doi.org/10.1371/journal.pmed.1000097>
11. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para incorporação de evidências na saúde e na enfermagem. *Texto Contexto Enferm*. 2008; 17(4):758-64. doi: <https://dx.doi.org/10.1590/S0104-07072008000400018>
12. Karino ME, Feli VEA. Enfermagem baseada em evidências: avanços e inovações em revisões sistemáticas. *Ciênc Cuid Saúde*. 2012; 11(suppl):11-5. doi: <https://doi.org/10.4025/ciencucuidsaude.v11i5.17048>
13. Mendes KDS, Silveira RCCP, Galvão CM. Use of the bibliographic reference manager in the selection of primary studies in integrative reviews. *Texto Contexto Enferm*. 2019; 28:e20170204. doi: <https://doi.org/10.1590/1980-265x-tce-2017-0204>
14. Lopes-Júnior LC, Bomfim EO, Nascimento LC, Nunes MD, Pereira-da-Silva G, Lima RA. Non-pharmacological interventions to manage fatigue and psychological stress in children and adolescents with cancer: an integrative review. *Eur J Cancer Care (Engl)*. 2016; 25(6):921-935. doi: <https://doi.org/10.1111/ecc.12381>
15. Jadad AR, Moore RA, Carroll D, Jenkinson C, Reynolds DJM, Gavaghan DJ, McQuay HJ, et al. Assessing the Quality of Reports of Randomized Clinical Trials: Is Blinding Necessary?. *Control*

- Clin Trials. 1996; 17(1):1-12. doi: [https://doi.org/10.1016/0197-2456\(95\)00134-4](https://doi.org/10.1016/0197-2456(95)00134-4)
16. Slim K, Nini E, Forestier D, Kwiatkowski F, Panis Y, Chipponi J. Methodological index for non-randomized studies (minors): development and validation of a new instrument. *ANZ J Surg*. 2003; 73(9):712-6. doi: <https://doi.org/10.1046/j.1445-2197.2003.02748.x>
 17. Critical Appraisal Skills Programme. CASP Checklists [Internet]. 2018 [cited July 7, 2020]. Available from: <https://casp-uk.net/casp-tools-checklists/>
 18. Weich S, Morgan L, King M, Nazareth I. Attitudes to depression and its treatment in primary care. *Psychol Med*. 2007; 37(9):1239-48. doi: <https://doi.org/10.1017/S0033291707000931>
 19. Walton JR, Mautone JA, Nissley-Tsiopinis J, Blum NJ, Power TJ. Correlates of Treatment Engagement in an ADHD Primary Care-Based Intervention for Urban Families. *J Behav Health Serv Res*. 2014; 41(4):539-47. doi: <https://doi.org/10.1007/s11414-013-9385-4>
 20. Spear SE, Shedlin M, Gilbert B, Fiellin M, McNeely J. Feasibility and acceptability of an Audio Computer-Assisted Self-Interview Version of the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) in Primary Care Patients. *Subst Abus*. 2016; 37(2):299-305. doi: <http://dx.doi.org/10.1080/08897077.2015.1062460>
 21. Perestelo-Perez L, Rivero-Santana A, Sanchez-Afonso JA, Perez-Ramos J, Castellano-Fuentes CL, Sepucha K, et al. Effectiveness of a decision aid for patients with depression: A randomized controlled trial. *Health Expect*. 2017; 20(5):1096-105. doi: <https://doi.org/10.1111/hex.12553>
 22. García-Sancho JCM, Puerto AG, Egea C, Díaz G, Cáscales MJ, Gil RME, et al. Stepped psychological intervention with common mental disorders in Primary Care. *An Psicol*. 2018; 34(1):30-40. doi: <http://dx.doi.org/10.6018/analesps.34.1.281491>
 23. Sipos V, Pálincas A, Kovács N, Csenteri KO, Vincze F, Szöllösi JG, et al. Smoking cessation support for regular smokers in Hungarian primary care: a nationwide representative cross-sectional study. *BMJ Open*. 2018; 8(2):1-8. doi: <https://doi.org/10.1136/bmjopen-2017-018932>
 24. Nascimento LA, Leão A. Estigma social e estigma internalizado: a voz das pessoas com transtorno mental e os enfrentamentos necessários. *Hist Cienc Saude-Manguinhos*. 2019; 26(1):103-21. doi: doi.org/10.1590/s0104-9702019000100007
 25. Mazzaia MC, Souza MA. Adesão ao tratamento no transtorno afetivo bipolar: percepção do usuário e do profissional de saúde. *Rev Port Enferm Saude Mental*. 2017; 17:34-42. doi: <http://dx.doi.org/10.19131/rpesm.0181>
 26. Frosi RV, Tesser CD. Mental health care practices in primary health care: an analysis based on experiences developed in Florianópolis, Brazil. *Ciênc Saúde Coletiva*. 2015; 20(10):3151-61. doi: doi.org/10.1590/1413-812320152010.10292014
 27. Cass SJ, Ball LE, Leveritt MD. Passive interventions in primary healthcare waiting rooms are effective in promoting healthy lifestyle behaviours: an integrative review. *Aust J Prim Health*. 2016; 22(3):198-210. doi: <https://doi.org/10.1071/PY15043>
 28. Hawk M, Coulter RWS, Egan JE, Fisk S, Reuel Friedman M, Tula M, et al. Harm reduction principles for healthcare settings. *Harm Reduct J*. 2017; 14(1):70. doi: <https://doi.org/10.1186/s12954-017-0196-4>
 29. Rathbone AL, Prescott J. The use of mobile apps and SMS messaging as physical and mental health interventions: systematic review. *J Med Internet Res*. 2017; 19(8):e295. doi: <https://doi.org/10.2196/jmir.7740>
 30. Iglesias A, Avellar LZ. Matriciamento em saúde mental: práticas e concepções trazidas por equipes de referência, matriciadores e gestores. *Ciênc Saúde Coletiva*. 2019; 24(4):1247-54. doi: <https://doi.org/10.1590/1413-81232018244.05362017>



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