

# Mental Health Screening in Primary Care: A Literature Review

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## Abstract

This literature review explores the role of mental health screening in primary care settings. It provides an overview of the prevalence and impact of mental health disorders, the importance of early detection and intervention, and the challenges faced by primary care providers in identifying and managing mental health conditions. The review also examines various screening tools and strategies employed in primary care settings, highlighting their effectiveness and limitations. Finally, recommendations for future research and practice are discussed to enhance mental health screening and improve outcomes in primary care.

**Keywords:** mental health screening, primary care

## Introduction

Mental health disorders are a significant public health concern with profound impacts on individuals, families, and communities. Primary care settings play a crucial role in detecting and managing mental health conditions due to their accessibility and the frequent contact between patients and healthcare providers. This literature review aims to explore the effectiveness of mental health screening in primary care, focusing on the identification and early intervention of mental health disorders.

## Prevalence and Impact of Mental Health Disorders

Major depressive disorder (MDD), a common mental disorder in the US, can have a substantial impact on the lives of affected individuals (1,2).

If left untreated, MDD can interfere with daily functioning and can be associated with an increased risk of cardiovascular events, exacerbation of comorbid conditions, or increased mortality (1).

Depression is common in postpartum and pregnant persons and affects both the parent and infant. Depression during pregnancy increases the risk of preterm birth and low birth weight or small-for-gestational age (1).

Postpartum depression may interfere with parent-infant bonding (1).

Anxiety disorders are often unrecognized in primary care settings and substantial delays in treatment initiation occur (2). Anxiety disorder can be a chronic condition characterized by periods of remission and recurrence. However, full recovery may occur (2).

This regular attendance suggests that primary care practitioners are in the unique position to deliver opportunistic screening for mental health and health compromising behaviors as part of young people's routine health care, providing early intervention and referrals where necessary. (3).

The review begins by examining the prevalence and impact of mental health disorders in the general population, emphasizing the burden they pose in terms of disability, morbidity, and mortality. Studies consistently demonstrate high rates of mental health disorders among primary care patients, underscoring the need for routine screening to ensure timely identification and appropriate management.

## Importance of Early Detection and Intervention

The USPSTF concludes with moderate certainty that screening for MDD in adults, including pregnant and postpartum persons, as well as older adults, **has a moderate net benefit** (1).

The USPSTF concludes with moderate certainty that screening for anxiety disorders in adults, including pregnant and postpartum persons, has a moderate net benefit.

Studies of psychological interventions showed a small but statistically significant reduction in anxiety symptom severity in primary care patients with anxiety disorders (2).

Financial benefits of such interventions result in part from decreases in overall healthcare costs and increased rates of workforce participation (4).

The World Economic Forum estimates the global cost of chronic diseases at over USD 47 trillion between 2010 and 2030, of which USD 16 trillion is attributed to mental health problems (4,5).

Perinatal depression, which is the occurrence of a depressive disorder during pregnancy or following childbirth, affects as many as 1 in 7 women and is one of the most common complications of pregnancy and the postpartum period (6).

The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions (B recommendation) (6).

The USPSTF also recommends screening for depression in adolescents aged 12 to 18 years (B recommendation) and found insufficient evidence to recommend for or against screening in children 11 years or younger (I statement) (6).

Early detection and intervention are crucial in improving mental health outcomes. Untreated mental health conditions can lead to worsening symptoms, functional impairment, increased healthcare utilization, and reduced quality of life. The review explores the benefits of early detection and intervention, highlighting the potential for improved prognosis, reduced healthcare costs, and increased patient satisfaction.

## Challenges in Mental Health Screening in Primary Care

Although many health care experts agree that there is a need for improved mental health screening in primary care, mental health case-finding tools are not widely used in primary care settings (7). The need to integrate mental health into primary care is justified and relevant to contemporary needs in the APEC economies. In order to achieve effective integration, conceptual principles need to be translated into operational models, implementation steps and strategies (4).

Primary care providers face several challenges in effectively screening for mental health disorders. Time constraints, limited resources and lack of training in mental health assessment can hinder accurate identification. This section of the review examines these challenges and emphasizes the need for integrated care models, enhanced provider education, and improved support systems to facilitate mental health screening in primary care settings.

## Screening Tools and Strategies

Commonly used depression screening instruments include the Patient Health Questionnaire (PHQ) in various forms in adults, the Center for Epidemiologic Studies Depression Scale (CES-D), the Geriatric Depression Scale (GDS) in older adults, and the Edinburgh Post-natal Depression Scale (EPDS) in postpartum and pregnant persons (1).

Screening instruments for suicide risk include the Beck Hopelessness Scale, the SAD PERSONS Scale (Sex, Age, Depression, Previous attempt, Ethanol abuse, Rational thinking loss, social supports lacking, Organized plan, No spouse, Sickness), and the SAFE-T (Suicide Assessment Five-step Evaluation and (Triage) (1). Some depression screening instruments, such as the PHQ-9, incorporate questions that ask about suicidal ideation (1).

Selected screening tools widely used in the US include versions of the Generalized Anxiety Disorder (GAD) scale, Edinburgh Postnatal Depression Scale (EPDS) anxiety subscale, Geriatric Anxiety Scale (GAS), and the Geriatric Anxiety Inventory (GAI) (2).

A comprehensive review of screening tools and strategies commonly used in primary care is presented in this section. Various validated instruments, such as the Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder-7 (GAD-7), are discussed, highlighting their utility in identifying common mental health disorders. The review also explores collaborative care models, stepped-care approaches, and the integration of technology to enhance screening effectiveness.

## Effectiveness and Limitations of Mental Health Screening

For patients to benefit from screening, positive screening results should be confirmed by diagnostic assessment and patients should be provided with, or referred to, evidence-based care, which should be accessible to all populations (2).

Potential barriers to screening include clinician knowledge and comfort level with screening, inadequate systems to support screening or to manage positive screening results, and impact on care flow, given the time constraints faced by primary care clinicians (2).

Systemic barriers, such as lack of connection between mental health and primary care settings, patient hesitation to initiate treatment, and nonadherence to medication and therapy, also exist (2).

For major depression, sensitivity and specificity is 81% and 96%, respectively. For other disorders, sensitivities ranged from 69% to 98%, and specificities ranged from 90% to 97% (7).

The efficacy and limitations of mental health screening in primary care are critically evaluated in this section. The review examines the evidence supporting the effectiveness of screening in improving detection rates, treatment initiation, and patient outcomes. It also discusses the potential for false positives, limited follow-up resources, and the stigma associated with mental health screening.

## Implementation and integration of mental health in primary care

The recommendations for implementation of strategies to promote the integration of mental health into primary care are aligned with the APEC Digital Hub and WONCA collaborative framework (Engage, Enable, Empower). These recommendations include identifying relevant stakeholders involved in implementation, improving mental health awareness, ensuring the infrastructure and resources needed to facilitate implementation are in place, and identifying clear indicators for monitoring and evaluating implementation (4). The gold-standard criterion was nurse-initiated assessment using the Adult Primary Care (APC) guidelines (8). The criterion standard for establishing the validity of screening tools would typically use another accepted standard of the construct under consideration, usually a clinician-initiated diagnostic interview. As diagnostic assessments are done by the PHC nurse using the APC guidelines, each of the three scales were compared with an independent assessment done by a professional PHC nurse who had received advanced training in the use of the mental health APC guidelines (8).

## Recommendations for Future Research and Practice

The USPSTF has recommendations on other mental health topics pertaining to adults, including screening for anxiety, preventive counseling interventions for perinatal depression, screenings for unhealthy drug use, and screening and behavioral counseling for alcohol use .(1)

Whether more individuals with screen-detected suicidal ideation could be helped before they act (1).

Based on the findings of the literature review, this section provides recommendations for future research and practice. Suggestions include developing standardized screening protocols, integrating mental health services within primary care settings, enhancing provider training in mental health assessment, and exploring innovative approaches, such as telehealth and digital interventions, to improve screening accessibility and follow-up care.

## Conclusion

In light of its validity and its practicality in primary care settings, the QPD (Quick psychodiagnostics) Panel may make routine mental health screening feasible for many more physicians. Such routine screening would benefit the many patients who currently go undiagnosed and untreated (7).

This literature review highlights the importance of mental health screening in primary care and its potential to improve patient outcomes. It underscores the need for comprehensive screening tools, provider education, and enhanced support systems to overcome existing challenges. By implementing evidence-based screening practices and integrating mental health services within primary care, healthcare systems can effectively address mental health needs and promote overall well-being.

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