

Mental Health Management in Spanish and Italian Primary Care Systems. A cross-national qualitative comparison

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The past few years have seen a significant increase in the prevalence of mental health disorders, making easy access to mental health services crucial to prevent negative outcomes. Improving the effectiveness of mental health services is essential, starting with the first point of contact between patients and National Health Systems. General practitioners (GPs) play a crucial role as the gatekeeper to mental health services in many health systems, as they are usually the first point of contact for patients seeking help for mental health issues. The study aims to explore how institutional and organizational factors impact the management of cases and how the autonomy of GPs is constrained by their work context. To highlight the similarities and differences between the two health systems, a cross-national comparison is used. This paper reports on a qualitative research study that examines the management of patients with mental disorders by GPs in Italy and Spain. Findings from 20 interviews with Spanish and Italian GPs are presented by using Street-Level Bureaucracy Theory (Lipsky, 1980) as an analytical framework. The analysis of the data reveals that the Italian system's contracting of self-employed GPs provides them with a high degree of autonomy in organizing their daily schedule, while in the Spanish system of Health Centres, contact is filtered by administrators, and a first-line supervisor is always present. The study also highlights that GPs in both systems may receive gifts from patients, which are generally tokens of gratitude for their services but can also be attempts to obtain favours. Additionally, high pressure and a lack of resources are reported, and there is a need for training on managing the most common psychological symptoms in Primary Care, such as anxiety and depression. The COVID-19 pandemic has led to a steady increase in the number of phone consultations between GPs and patients with mental health issues. This shift in the mode of care delivery highlights the need for further research on how it impacts the management of patients with mental disorders, and whether it is an effective alternative to traditional in-person consultations. The study underscores the importance of easy access to mental health services and the need to improve their effectiveness, particularly at the primary care level. The findings also highlight the constraints on the autonomy of GPs and the impact of institutional and organizational factors on their work. Future studies could benefit from including the perspectives of patients with mental disorders to provide a more comprehensive picture of mental health care at the primary care level. In conclusion, this study provides novel insights into mental health management by examining the case management of patients with mental disorders by GPs in Italy and Spain, with a focus on the impact of institutional and organizational factors. The cross-national comparison and in-depth interviews

enhance the originality of the study, offering a nuanced understanding of the constraints faced by GPs in their work context. Furthermore, the comparison of the similar Primary Care frameworks of Italy and Spain may offer insight into their evolution.