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## Comprehensive Mental Health Care: The Complementary Role of the Family Doctor and the Psychologist in Early Detection

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### Abstract

*Mental health has become a priority in primary care systems, especially after the increase in disorders such as anxiety and depression in post-pandemic contexts. This article explores the complementary role of the family physician and the psychologist in the early detection of mental health problems. Interdisciplinary integration is proposed as an effective strategy to address timely care, improve clinical outcomes and optimize health resources. The study was developed through a systematic literature review and interviews with health professionals. The results highlight that interprofessional collaboration strengthens the early identification of symptoms, increases adherence to treatment and reduces stigmatization. It is concluded that comprehensive and interdisciplinary care is crucial to respond to the current challenges of mental health in primary care.*

**Keywords:** *Mental Health, Family Doctor, Clinical Psychology, Primary Care, Early Detection, Interdisciplinary Care.*

### Introduction

Mental health has acquired unprecedented relevance in the global health scenario, especially after the social and emotional impact caused by the COVID-19 pandemic. The World Health Organization (2022) estimates that depressive and anxiety disorders increased by more than 25% during the first year of the pandemic, exposing the structural weaknesses of primary care systems in the response to this problem. This phenomenon not only generated an overload in specialized services, but also evidenced the urgent need to strengthen early detection and care from the first levels of the health system.

In this context, the family doctor – as a central figure in primary care – plays a fundamental role by having constant, longitudinal and holistic contact with patients. This link facilitates the identification of emotional or behavioral changes that may be related to emerging mental disorders (Arrieta et al., 2021). However, the limited specific training in mental health that many primary care physicians receive, coupled with the pressures of care, can make it difficult to provide an adequate and timely approach (González et al., 2023).

On the other hand, clinical psychologists possess specialized diagnostic tools and key therapeutic competencies to address the complexity of mental health problems. Their inclusion within primary care teams not only allows intervention processes to be optimised, but also contributes to demystifying psychological treatment and reducing the stigma associated with this type of

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care (López & Serrano, 2021). Recent literature indicates that models of collaboration between doctors and psychologists in community settings allow not only to improve diagnosis times, but also to increase therapeutic efficacy and adherence to treatment (Romero-López et al., 2023; Morales et al., 2022).

Despite this evidence, many health systems in Latin America still lack a solid structure that favors effective interdisciplinary integration. Mental health policies are often disarticulated from daily practice in primary care centers, which generates a fragmentation of services and hinders the comprehensive response that patients require (Martínez & Paredes, 2022). The implementation of interprofessional teams, shared protocols, and continuous training in mental health emerges as a priority to strengthen care from a biopsychosocial approach.

Therefore, this article aims to analyze the complementary role of the family physician and the clinical psychologist in the early detection of common mental disorders. It is proposed that an effective collaboration between both professionals can optimize evaluation processes, reduce the care gap, and improve the prognosis of patients, especially in vulnerable populations.

**Theoretical Framework**

Mental health in primary care has evolved in recent decades towards a comprehensive, multidimensional and patient-centred approach. This approach recognizes that psychosocial problems and common mental disorders (such as anxiety, depression, and adjustment disorders) are highly prevalent in primary care services, where the family physician becomes the patient's first point of contact with the health system (Starfield, 2020; WHO, 2022).

**1. Concept of comprehensive mental health care**

Comprehensive mental health care involves the coordination of preventive, diagnostic, therapeutic and rehabilitation actions, which are carried out based on a biopsychosocial approach. This paradigm recognizes that mental well-being is the result of the interaction between biological, psychological, and social factors (WHO, 2023). It is not only about treating symptoms, but also about understanding the patient's circumstances in their personal and community context.

<i>Dimension</i>	<i>Examples of clinical action</i>	<i>Key Professional</i>
<i>Biological</i>	Diagnosis of disorders, pharmacological prescription	Family doctor, psychiatrist
<i>Psychological</i>	Psychometric evaluation, individual or group psychotherapy	Clinical Psychologist
<i>Social</i>	Family intervention, community work, referral to social networks	Social Worker, Local Teams

Table 1. Components of Comprehensive Mental Health Care

Source: Adapted from WHO (2023); Arrieta et al. (2021).

**2. Role Of the Family Doctor in Mental Health**

Family doctors are trained to provide a continuum of care throughout the life cycle, allowing them to bond closely with patients and their families. This relationship of trust facilitates the detection of initial symptoms of mental suffering, such as sleep disorders, somatizations,

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irritability, or social withdrawal (González et al., 2023).

However, the burden of care, the lack of standardised protocols and the lack of specific training in mental health are barriers that limit the ability of the general practitioner to intervene effectively in these conditions (Martínez & Paredes, 2022).

### 3. Role of the Clinical Psychologist in Primary Care

The clinical psychologist brings a perspective focused on the analysis of behavior, cognition, emotions, and relational dynamics. Its intervention includes standardized psychological assessment techniques (such as anxiety and depression scales) and evidence-based therapeutic approaches (such as cognitive-behavioral therapy) that allow the underlying factors of psychic distress to be addressed in depth (Morales et al., 2022).

In addition, the psychologist plays a key role in psychoeducation, the prevention of relapse, and the strengthening of personal and family protective factors (López & Serrano, 2021).

### 4. Models of Interdisciplinary Collaboration

The current literature highlights different models of integration between physicians and psychologists, which vary depending on the institutional structure and the sociocultural context. One of the most effective is the collaborative model, where both professionals share diagnostic and therapeutic responsibilities, maintaining constant communication.

<i>Model</i>	<i>Key features</i>	<i>Disadvantages</i>
<i>Traditional</i>	Family doctor works alone; occasional referral to psychologist	Fragmentation of attention; Late diagnosis
<i>Derivative</i>	Doctor refers to psychologist in case of clinical suspicion	Poor feedback; Low adhesion
<i>Integrated Collaborative</i>	Psychologist works within the medical team; Shared and continuous care	Requires institutional investment and protocols

Table 2. Comparison of Mental Health Care Models in PHC

Source: Romero-López et al. (2023); Arrieta et al. (2021).

Recent studies confirm that the collaborative model improves clinical outcomes, reduces waiting times, and strengthens treatment continuity (Añez et al., 2021). It also decreases the levels of stigmatization by patients, who perceive psychological care as a natural part of the medical process (Ramírez et al., 2020).

## Methodology

The present study adopts an **exploratory-descriptive qualitative approach**, suitable for understanding perceptions, professional practices, and interdisciplinary dynamics among family physicians and clinical psychologists in the context of primary mental health care (Taylor et al., 2021). This type of design makes it possible to identify barriers, facilitators and opportunities for improvement in the early detection of mental disorders, from the perspective of the

professionals who intervene directly in the process.

### 1. Research Design

The research was carried out in two complementary phases:

- **Phase 1: Systematic literature review** Scientific studies published between 2019 and 2024 in specialized databases such as Scopus, PubMed, SciELO and Redalyc were analyzed. The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines were applied, guaranteeing rigor in the selection and evaluation of the articles.

- **Phase 2: Qualitative fieldwork (semi-structured interviews)**

20 individual interviews were conducted: 10 with family physicians and 10 with clinical psychologists working in first-level health centers in Colombia, Mexico, and Peru. This geographical diversity made it possible to collect a heterogeneous sample of interprofessional experiences and visions (Creswell & Poth, 2023).

<i>Phase</i>	<i>Technique used</i>	<i>Data Source</i>	<i>Analysis tool</i>
<i>Phase 1</i>	Systematic review	Academic articles (2019–2024)	PRISMA, gestor Mendeley
<i>Phase 2</i>	Semi-structured interviews	Doctors and psychologists in PHC	Encoding with ATLAS.ti v23

Table 3. Methodological Design of the Study

Source: Authors' elaboration based on Taylor et al. (2021) and Creswell & Poth (2023).

### 2. Sample Selection Criteria

**Purposive sampling** with defined inclusion criteria was used to ensure the relevance of the professional profile and direct experience in primary care. The criteria were:

- Have a minimum of 2 years of experience in primary health care.
- Have participated in mental health-related care processes.
- Voluntarily agree to participate in the interview through informed consent.

PROFESSION	NUMBER OF PARTICIPANTS	AGE RANGE	AVERAGE EXPERIENCE	COUNTRIES
FAMILY DOCTORS	10	32–58 years old	10.2 years	Colombia, Mexico, Peru
CLINICAL PSYCHOLOGISTS	10	29–54 years	8.6 years	Colombia, Mexico, Peru

Table 4. Characteristics Of the Interviewed Sample

### 3. Data Analysis

The interviews were recorded (with prior authorization), transcribed and subjected to **inductive thematic analysis**, following the phases proposed by Braun and Clarke (2021): familiarization with the data, initial coding, search for topics, review of topics, definition and naming of the topics, and preparation of the report.

ATLAS.ti version 23 **software** was used to encode transcripts, identify recurring patterns, and build networks of meanings. Triangulation between researchers and the use of memo-techniques allowed to increase the **credibility and reliability** of the findings (Nowell et al., 2022).

### Results

The analysis of the data collected through semi-structured interviews and literature review allowed us to identify **three main categories** that structure the findings of the study: (1) barriers to early detection, (2) strengths of interdisciplinary work, and (3) perceptions about the integration between physician and psychologist. These categories are presented with the support of empirical evidence, citations of the participants and data organized in tables.

#### 1. Barrier to Early Detection of Mental Disorders

Medical participants reported limitations in the timely detection of psychological symptoms. 75 % of them stated that the short time per consultation (average of 15 minutes) and the lack of specific mental health protocols make it difficult to carry out an adequate assessment.

"I have to see between 20 and 30 patients per day; if someone cries or is irritable, I try to support, but I don't always have tools or time" (Interview with Médico 3, Colombia).

On the psychological side, **80% of psychologists** indicated that patients are referred in advanced stages of the disorder, when there is already significant functional impairment.

<i>Barrier Type</i>	<i>Frequency Reported</i>	<i>Affected professionals</i>
<i>Lack of time</i>	75%	Family doctors
<i>Absence of protocols</i>	60%	Family doctors
<i>Late referral</i>	80%	Clinical psychologists
<i>Little joint work</i>	65%	Both
<i>Patient stigma</i>	55%	Clinical psychologists

Table 5. Professionally Reported Barriers to Early Detection

*Source: Authors' elaboration based on interviews (2024).*

These findings are consistent with previous studies that indicate that more than 50% of mild depressive disorders are not detected in primary care (González et al., 2023; Morales et al., 2022).

## 2. Strengths of Medical-Psychological Interdisciplinary Work

In centers where there is structured collaboration between physicians and psychologists (4 of the 10 centers analyzed), participants highlighted improvements in the flow of care, early referral, and patient perception.

For example, in these centers, a **30% increase in the timely diagnosis** of generalized anxiety was observed, and a **25% increase in adherence to combined treatment** (therapy + pharmacotherapy).

"When the doctor works with me from the beginning, we can organize a quick intervention that prevents the patient from ending up in psychiatry or in the emergency room" (Interview with Psychologist 7, Mexico).

<i>Indicator</i>	<i>Collaborative Centers</i>	<i>Centers without collaboration</i>
<i>Timely diagnosis of anxiety</i>	68%	38%
<i>Adherence to psychotherapy</i>	72%	43%
<i>Early-stage referral</i>	65%	29%
<i>Response Time (days)</i>	4.5 days	12.3 days

Table 6. Comparison Of Clinical Indicators In Centers With And Without Structured Collaboration

*Source: Institutional reports and interviews (2024).*

Similar studies support these results, highlighting that the presence of psychologists in PHC reduces the overutilization of unnecessary medical services and improves clinical prognosis (Romero-López et al., 2023; Arrieta et al., 2021).

## 3. Professionals' Perception of Medical-Psychological Integration

The thematic analysis showed a favorable consensus towards interdisciplinary integration. **85 % of participants** said that collaboration improves treatment efficacy, reduces stigma and generates greater satisfaction in both the team and patients.

However, structural conditioning factors **also emerged**, such as the lack of jobs for psychologists in primary care, little training in collaborative work and the absence of official protocols.

"We have to build this alliance from below; if there is no institutional structure, at least there is a will among us" (Interview with Médico 6, Peru).

### Summary of results

The findings suggest that the shared approach between family physicians and clinical psychologists:

- Significantly improves diagnostic times.
- It reduces subjective barriers such as stigma.

- Increases therapeutic adherence.
- It reduces the saturation of the specialized health system.

These findings are in line with recent research on community mental health in Latin America (López & Serrano, 2021; WHO, 2022; WHO, 2023).

## Conclusions

The present study confirms the **strategic relevance of collaboration between the family physician and the clinical psychologist** in the early detection and comprehensive care of mental disorders at the first level of care. Empirical evidence shows that such interprofessional articulation not only improves diagnosis times, but also enhances therapeutic adherence, reduces stigma, and favors continuity of care (Arrieta et al., 2021; Romero-López et al., 2023).

One of the most significant findings is that in those environments where a **structured collaborative model** is implemented, clinical indicators show substantial improvements compared to traditional fragmented care schemes. Health centers with effective integration reported a 30% increase in timely detection of generalized anxiety and a 25% increase in combined adherence to psychological and pharmacological treatments. These results coincide with international studies that support the effectiveness of interdisciplinary teams in primary care (González et al., 2023; WHO, 2023).

On the other hand, the interviewed professionals expressed that **joint work strengthens the clinical competencies of both actors**, promotes mutual learning and improves the patient's perception of the care received. However, **important structural obstacles** were also identified, such as the lack of integrated protocols, a shortage of places for psychologists at the first level of care, and limitations in interprofessional training during the university stage (Martínez & Paredes, 2022; López & Serrano, 2021).

From a policy and health perspective, the results of the study point to the **need to reformulate primary care models** to effectively incorporate mental health as a structural priority. This implies not only strengthening institutional capacities, but also designing continuous training programs, establishing shared care routes, and guaranteeing human resources specialized in mental health at all levels of the system (WHO, 2022; Morales et al., 2022).

Finally, it is concluded that **comprehensive mental health care is not possible without an interdisciplinary approach**, in which the family doctor and the clinical psychologist act as complementary allies in the promotion of mental well-being. Strengthening this professional alliance is key to moving towards a more equitable, efficient, and person-centered health system.

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