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Solutions to tackle the mental health consequences of the economic recession: A qualitative study integrating primary health care users and professionals' perspectives

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ABSTRACT

This qualitative study explores solutions proposed by primary health care users and professionals to address the consequences of the economic recession and austerity measures on populations' mental health and delivery of care in Portugal. Qualitative data were collected in three primary health care centres in the Lisbon Metropolitan Area. Five focus groups with 26 users and semistructured interviews with 27 health professionals were conducted. Interviews were audio-recorded, transcribed verbatim and underwent thematic analysis.

Solutions proposed by users focused on improvements in accessibility and management of services, socioeconomic and living conditions, human resources for health, and investment in mental health. Health professionals focused on improvements in integration and articulation of services, infrastructure and structural barriers to primary care, recruitment and retention of human resources, and socioeconomic and living conditions. The themes from both groups were integrated and organized into three axes for action: 1) increasing investment and reversing austerity measures in health and social sectors; 2) coordination and integration of mental health care; and 3) tackling the social determinants of mental health.

The findings provide an assessment of the needs and priorities set by primary health care users and professionals, reflecting their contextspecific experiences. These complementary perspectives highlight the need for inter-sectoral efforts in policy-making to improve delivery of care and to mitigate social inequalities in health across the Portuguese population.

1. Introduction

The 2008's financial crisis led to a period commonly known as Great Recession, marked by the deterioration of social and economic conditions in several countries as a result of negative growth of gross domestic product, rising levels of unemployment and government deficit [1–3]. In response, countries such as Portugal, Greece and Ireland requested bailouts to the International Monetary Fund, European Commission and European Central Bank to balance their national budgets [2]. The subsequent implementation of structural adjustment programmes led to large cuts in public expenditure and reforms in the public sector [2].

Despite authors acknowledging that the long-term consequences of the economic recession are not fully understood yet [3], there is substantial evidence on its possible adverse effects on population's health, particularly mental health, through risk factors such as unemployment, precarious work conditions, debt, and financial hardship [3–5]. Furthermore, it has been argued that austerity policies aggravated the health consequences of the economic recession [6–8]. For instance, cuts in health systems' financing may have impacted the volume and quality of services provided, and measures such as introduction of user charges and co-payments for medicines and services may have posed challenges in access to health care [8].

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Table 1
Primary health care centres' characteristics.

Primary health care centres	Typology	Municipality	Local characteristics
Póvoa de Santa Iria	UCSP	Vila Franca de Xira	Suburban area located in an old industrial axis
São Marcos	USF	Sintra	Recent metropolitan expansion axis, largely occupied by semiskilled and unskilled services and industry workers
Olivais	UCSP	Lisbon	Consolidated urban area where there is a mix of middle class neighbourhoods and social housing

Portugal was one of the European countries most affected by the period of economic recession. However, little is still known about its consequences, particularly when compared to its European counterparts [9]. Social inequalities in health are likely to widen during these periods [6,10] and population's mental health emerges as a particularly challenging area given the high 12-month prevalence of mental disorders (22.9%) in the country prior to the economic recession and associated societal costs [11,12]. Moreover, the structural adjustment programme aimed at substantial cuts in the Portuguese National Health Service (NHS) by reducing health care spending, rationalizing resources and increasing revenues [13]. Measures included freezing and cutting health professionals' salaries, reducing staff, stopping new hires, and increasing the number of patients per general practitioner (GP). User charges increased from €2.25 to €5 in 2012 to reduce healthcare demand, although broad exemptions based on criteria such as economic deprivation were also put in place [13,14]. Overall, evidence suggests that these austerity measures compromised the health system's performance, decreasing access to health care in a time of growing needs [9].

The cyclical nature of economic downturns and its associated time-lagged consequences urge the need to design effective policies to address its consequences and provide better preparedness for future events [3]. Within the context of the Portuguese NHS, primary health care (PHC) is the first line of the health system [15] and giving voice to PHC users and professionals may provide an important contribution to identify needs and priorities for policy design. Involvement of users, due to their unique perspectives and experiences [16], has been recommended to improve quality of services [17,18]. Furthermore, qualitative studies conducted in Spain with health professionals have provided valuable insights on the impact of the economic recession and austerity measures in the health system and provision of care [19,20].

The present qualitative study aimed to explore the views and perspectives of PHC users and professionals in the Lisbon Metropolitan Area (LMA) regarding possible solutions to address mental health consequences of the economic recession and to improve delivery of health care. This approach fills a gap in the literature by integrating the complementary perspectives of two major stakeholders in healthcare delivery.

2. Materials and methods

2.1. Study setting

The current study was conducted under the scope of the MH Crisis Impact study, financed by the EEA Grants Financial Mechanism 2009–2014.

Data were collected during 2016-17 in personalised healthcare centres (UCSPs) and family health units (USFs), the two existing types of PHC centres in the Portuguese NHS [15]. Sites were selected based on a geographical delimitation that considered the socioeconomic typology of the LMA region and evaluation of municipalities most affected by the economic recession [21,22]. The selected PHC centres are described in Table 1.

Semi-structured interviews and focus groups were conducted with a convenience sample of health professionals and users, respectively. Participants' inclusion criteria were: 1) the ability to understand and communicate in Portuguese; 2) being at least 18 years of age (users); 3) being health professional (GP, nurse, psychologist or social worker) or user in the selected sites; and 4) having practiced for more than three years and at least one in the selected site (health professionals).

Both interviews followed semi-structured guides. As a final question, participants were asked to suggest solutions to ameliorate mental health consequences of the economic recession and to improve accessibility and quality of health services, which was the focus of the present research. Data were collected until saturation was reached, meaning that no new information was shared by the participants. Further details on recruitment, data collection procedures and interview topics can be found elsewhere [23].

Approval to conduct the study was obtained from the Ethics Committee of Nova Medical School, Nova University of Lisbon; Portuguese Data Protection Authority (CNPD) and Regional Health Administration of Lisbon and Tagus Valley (ARS-LVT). A written informed consent was signed by all participants, after reiterating the voluntary nature of the study and that audio would be recorded. Participation was anonymous and strict measures to ensure data protection were implemented.

2.2. Data analysis

Interviews were transcribed verbatim, read and re-read, and analysed. Segments of text were coded, synthesized and integrated into categories according to similarities of meaning [24–26]. Patterns within and across categories were analysed and grouped into themes. Thematic analysis was conducted based on the recommendations of Braun and Clarke (2006) [26]. Both deductive and inductive approaches were employed in the analytical strategy [27]. Categories and themes were driven by literature on the impact of economic recession and austerity measures on mental health outcomes and health services [10,19,20,28–30]. Furthermore, the researchers remained aware of new concepts that emerged from the data itself and coding continued until new concepts no longer emerged from the data. Coding, category building procedures and thematic analysis were discussed by the authors until consensus was reached. Data analysis was supported by QSR NVivo Software. Participants' quotes were translated from Portuguese to English and cross-checked for accuracy.

3. Results

Five focus groups with 26 PHC users and 27 semi-structured interviews with health professionals were carried out. Table 2 presents the characteristics of both groups of participants. Table 3 summarily describes the themes obtained for each group of participants.

3.1. Primary health care users

Solutions proposed by PHC users were organized in the following themes:

Table 2
Characteristics of the primary health care users (n = 26) and primary health care professionals (n = 27).

Primary health care users	N	%
Gender		
Female	16	61.5
Male	10	38.5
Professional Situation		
Employed	6	23.1
Unemployed	4	15.4
Retired or homemaker	14	53.8
Student	2	7.7
Educational attainment		
Less than primary education	2	7.7
Primary education	6	23.1
Preparatory education	8	30.8
Secondary education	5	19.2
University education	5	19.2
Nationality		
Portuguese	23	88.5
Other	3	11.5
Marital Status		
Single	4	15.4
Married	16	61.5
Divorced or Widowed	6	23.1
Primary Healthcare Unit		
Póvoa St. Iria USCP	12	46.2
São Marcos USF	10	38.5
Olivais USCP	4	15.4
	Mean	**SD**
Age	57.0	3.4
Primary health care professionals	**N**	**%**
Gender		
Female	23	85.2
Male	4	14.8
Professional Situation		
Family doctor	14	51.9
Nurse	11	40.7
Psychologist	1	3.7
Social worker	1	3.7
Primary Healthcare Unit		
Póvoa St. Iria USCP	12	44.4
São Marcos USF	10	37.0
Olivais USCP	5	18.5
	Mean	**SD**
Age	49.5	9.6
Time of activity (years)	23.9	9.9

SD: standard deviation.

Table 3
Description of the themes obtained from the solutions proposed by primary health care users and professionals.

Primary health care users	
Theme	Description
Accessibility and management of services	References to solutions focusing on the improvement in access, management and efficiency of health services, such as better communication channels, accountability and organization of services
Socioeconomic and living conditions	References to solutions focusing on the improvement of social, economic, and living conditions, such as availability of jobs and better salaries
Human resources for health	References to solutions focusing on improving investment and recruitment of human resources for health, such as recruitment of young health professionals
Investment in mental health	References to solutions focusing on improving investment in the field of mental health and promoting access to mental health care
Health professionals	
Theme	Description
Integration and articulation of services	References to solutions focusing on the improvement in integration, articulation and coordination of health services, such as primary health care, specialized services, and community-based services
Infrastructure and structural barriers to primary care	References to solutions focusing on the improvement of access, delivery and quality of services, including user charges
Recruitment and retention of human resources	References to solutions focusing on the recruitment, integration and retention of health professionals in the NHS, including investment in mental health professionals and improvement of working conditions in the health sector
Socioeconomic and living conditions	References to solutions focusing on the improvement of social, economic and living conditions, and reversal of austerity measures

3.1.1. Accessibility and management of services

Solutions to improve access to, management and efficiency of services were suggested. One of the main concerns was to improve communication channels between users and administrative staff of primary health care centres for scheduling appointments or to inform changes in GPs' availability through telephone.

> "Of course the doctor, like anyone else, is a human being and human beings have their problems, ok! The man [doctor] may not feel well on that day and miss work, but that is why we have telephones [to communicate changes]". (woman, 62 years old)
> "It is not possible to call here [the primary health care centre], that's something that those automatic [systems could help] "Do you want an appointment", "Would you like to speak to. . ." (women, 46 years old)

Innovative screening and assistance methods were also mentioned to better organize services and time management.

> "Solutions. I think one of the problems is lack of efficiency. There should be measures for efficiency. For example, a person comes here; I think there should be a basic screening before. The problem of the service is that often a person loses a lot of time (. . .). I think that is it, guide the users and do a screening". (man, age unspecified)

Finally, users mentioned the need to clarify leadership structures and accountability of health and administrative professionals.

> "I think they should have a hierarchical superior in the health centre". (man, 66 years old)
> "One fundamental thing is to have someone accountable here. . . even a director". (woman, 62 years old)

3.1.2. Socioeconomic and living conditions

Measures to improve socioeconomic and living circumstances were frequently shared, focusing on labour market conditions, namely availability of jobs.

> "Jobs for everyone. I think that's the bottom line. When you have health, you have work, and having work, things get going, everything can be solved". (woman, 46 years old)

The participants also mentioned the need to tackle social inequalities across the Portuguese population, through measures such as income redistribution.

> "I think there should be. . .greater equity in the salary distribution, so that everyone has access to the minimum necessary for a dignified life, in which people have self-respect, because there are many people who have already lost their self-respect, haven't they?". (man, 79 years old)

3.1.3. Human resources for health

Despite acknowledging the quality of PHC professionals, users mentioned the need to invest in more human resources:

> "The government should really have a leading role on that regard. More human resources in health centres, more in health centres, is not one [professional] in the health centre, it's five or six, because there's money for that, damn it". (man, 51 years old)

This investment was perceived as fundamental to quality of healthcare, and users considered that it should target hiring young doctors permanently, instead of recruiting retired GPs or temporary individual labour contracts, which occurred over the last years.

> "We have very good doctors, very good nurses, and fortunately we still have some here, we would be far worse if there weren't good doctors here. But really, it's a shame that they are not better used. And I agree with that gentleman there, without taking away the value of the retired doctors, I am not taking the value of them, but I think that, now we are talking about the doctors, why aren't they getting... why aren't they going for the young [professionals]?". (woman, 67 years old)

Participants also referred the inability to retain young health professionals in the country during the period of economic recession.

> "Something really bad that has been done in this country was allowing young nurses and doctors to go to countries such as the UK, which was my [professional] experience and I can tell you that doctors in the UK say "how did your country teach you so well" because we do have excellent universities here, "how could they not benefit from you in your own country?". (woman, 51 years old)

3.1.4. Investment in mental health

Investing in mental health services was referred as a main priority to improve the health of the Portuguese population:

> "There must be an investment in mental health (...). If you ask me what the solution is, I have no idea, this may even be utopian, but I think it has to start somewhere. And in this country, our population is mentally ill, some more, some less, and I think we must invest a lot in mental health, that's my opinion". (51 years old woman)
>
> "I think that [invest in] psychology, I think they [government] should invest more because people are in need" (46 years old woman)

In addition to more investment in services, the participants mentioned the need to promote the accessibility to existing mental health services and information regarding the pathways of care within the Portuguese NHS.

> "I think there is a lack of information on the level of support we have in [mental health] health, in the National Health Service where we do not pay for appointments in psychology, or psychiatry". (38 years old woman)

3.2. Health professionals

The solutions proposed by health professionals were organized in the following themes:

3.2.1. Integration and articulation of services

Improving the of integration, articulation and coordination of services was considered a priority by health professionals. The need to coordinate PHC and specialized services was mentioned, particularly due to difficulties in referring patients in a timely manner to specialized psychiatric services.

> "To have a better response from our colleagues at the hospital. Better acceptance, better readiness to call the patients, because many spend a lot of time waiting for an appointment, they can wait for months, and that, too, creates dissatisfaction (...)". (woman, 59 years old, GP)
>
> "I think there should be a better articulation of primary health care with the psychiatric service, that is essential". (man, 39 years old man, GP)

Developing community partnerships and interventions emerged as key strategies to develop effective interventions, sensitive to the needs and characteristics of the population, alongside with prevention and health promotion initiatives. These were considered critical to improve population health and mental health outcomes, despite the lack of investment during the period of economic recession.

> "I think part of these solutions are the involvement and work in partnership with the community, with the civil parishes' councils, with the institutions, because a lot of mental health is not solved in [the] health [sector], but in the community". (woman, 53 years old, GP)
>
> "Invest more on prevention and health promotion, in the long run. To think more in the future, and not so much in the present and in the money that is spent now (...)". (woman, 42 years old, nurse)

3.2.2. Infrastructure and structural barriers to primary care

Several strategies to better organize services, improve accessibility and quality of services were mentioned. Team-work making effective use of available technology, such as information systems, was referred as a strategy to improve management and quality of care.

> "We need to start working as teams, family nurse, family doctor, because this way you can give more support to the population, and each doctor taking care of his file allows more control. A team dealing with the file, knowing the file, its needs, knowing the users, this would be a great help for sure". (woman 42 years old, nurse)

Establishing communication channels, through available administrative services, and using the telephone were considered as ways to improve accessibility to services.

> "For now, we would need to improve the telephone line. Because we have a telephone central that doesn't work. Then, resources to answer that telephone [are needed]". (woman, 53 years old, GP)

Furthermore, it was considered that health services' planning should be grounded on the evaluation of the context specific features of the population to identify needs and priorities.

> "I think that [measures] should be seen and reviewed at the local level and then, from the basis, be transmitted bottom-up with a higher sense of individual's needs". (woman, 68 years old, GP)

The re-evaluation of user charges at the PHC level was also viewed as an important factor to ensure access to these services. It was argued that the increase in user charges, during the economic recession, had not been relevant to some users but may have constituted an important financial barrier to individuals with low economic resources but not exempted.

> "So, for those who can afford to pay the fee, paying those 50 cents will not make a big difference. However, for some patients it

makes a big difference, having to pay €4.50". (woman, 68 years old, GP)

"Regarding users, I do not know whether this is possible or not, but the fees are not expensive at the primary health care level, however, for some people, they become expensive. Exemptions are very complicated, more difficult, and people that were exempt ceased to be, I think there should be a serious re-evaluation in regard to this". (man, 36 years old, GP)

The need to prevent inadequate utilization of services was also mentioned, such as raising awareness among users to contribute to services' efficacy, by attending scheduled appointments.

"Raise awareness among users to understand that when they miss a consultation, there is another user who would like to have it and that is not going to be able to attend (. . .). Sometimes we are criticized because we don't have enough response and we are really unable to, but sometimes there is something that is not evaluated from the others point of view: what could I do for the whole system to function more effectively?". (woman, 51 years old, psychologist)

Over-utilization of services by exempt users was also referred as a problem that should be addressed in policy-making.

"Thinking about what we've talked about, the question of exemptions (. . .). I have people who come here three times in the same week, once with acute illness, then to the emergency with another colleague, and finally to ask for prescriptions. People only do this because they do not pay, and they forget that even when it is only a prescription request, for me it's a medical act". (woman, 55 years old, GP)

3.2.3. Recruitment and retention of human resources

Investment in, and creation of, human resources policies to recruit and effectively integrate health professionals in the NHS, was considered a main priority by health professionals in order to promote accessibility and quality of care in PHC. It was suggested to increase the number of family doctors, as well as other professionals such as nurses, psychologists, social workers, and technical assistants, to ensure users' accessibility to the services.

"First, increase our services in terms of resources and response. Give resources to teams, nursing care, medical care, psychology care, social worker, all of us, in terms of ratio in relation to users, are below what is recommended". (woman, 38 years old, social worker)

Investment in human resources to ensure the provision of mental health care at the PHC level was also considered a priority.

"I think if we had more human resources, not to mention the medical part that it would be really important for people to have their family doctor or have access to an appointment more easily, but then we need other important resources, such as more psychology appointments, so that people could have access to the psychologist more frequently in order to improve their mental state". (woman, 49 years old, nurse)

"To have at least one professional from Psychology to have a structured mental health programme at the primary health care level, yes, that's what's important". (man, 39 years old, GP)

Simultaneously, the improvement of working conditions in the health sector was considered of key importance to retain human resources in the NHS. Participants reported dissatisfaction with working conditions associated with an imbalance between salaries and the demands of the job, such as excessive number of patients per family doctor and limited time available per consultation.

"Therefore, at this moment, it is noticeable some difficulties in recruitment, retaining people to give their best to public services. Probably, through the creation of recruitment policies and [professional] recognition in order to have the best quality human resources, all other problems will eventually be solved more easily. So, the key is really to recruit and retain human resources, of which we are in great need at the moment". (man, 64 years old, GP)

"Regarding health professionals, the level of salaries, I think we are underpaid, and I think with so much [demand], we are in a phase that there is a lot, a lot of demand, but there is also little return for the employees of the National Health Service, therefore, the salaries would be a matter to be reviewed". (man, 36 years old, GP)

3.2.4. Socioeconomic and living conditions

The improvement of socioeconomic and living conditions was referred to be critical to tackle the mental health consequences of the economic recession, namely reversal of pensions' cuts to ensure access to health services and guarantee therapeutic compliance.

"Social and economic policies are very important (. . .) instability and uncertainty regarding the future creates conflicts in relationships, not only between patients and doctors, and even in particular to the degree of therapeutic compliance and preventive measures, which are essential to the well-being and to reduce the costs [in healthcare] (. . .) because the less sick we are, more savings and health we will have". (man, 64 years old, GP)

"In terms of pensions, these should be normalized [in relation to pension cuts] and the lowest pensions should be disturbed as little as possible". (woman, 68 years old, GP)

An overview of the main axes for action obtained by integrating the solutions proposed by users and health professionals is presented in Table 4.

4. Discussion

The present study provided an overview of solutions suggested by PHC users and professionals to tackle the consequences of the economic recession and austerity measures on population's mental health and provision of care. The identification of the most prominent needs and priorities for policy making was grounded on participants' experiences during the economic recession, integrating their distinct yet complementary perspectives, often reflecting a convergence in views and opinions.

Similarly to Cervero-Liceras and colleagues (2015) study among Spanish health professionals, participants often expressed difficulties in indicating specific solutions to address the new challenges imposed by this period [19]. Nonetheless, the proposed solutions could be organized along three main axes, namely investment and reversal of austerity measures in the health and social sectors, coordination and integration of mental health care, and tackling the social determinants of mental health.

Investing in human resources, particularly at the PHC level, was agreed to be priority to for the mental health needs of the Portuguese population, both by users and professionals. Users considered important to focus on hiring young health professionals, while professionals referred the need to improve working conditions in the health sector and to recruit and retain quality human resources. Dissatisfaction regarding lack of health professionals, wage cuts, increased pressure and workload were also shared by Spanish health professionals [19,20]. These concerns may reflect the effect of austerity measures, such as changes in healthcare financing and restrictions imposed to the workforce during the eco-

Table 4
Key priority actions identified through the thematic analysis of the solutions proposed by users and health professionals.

	Investment and reversal of austerity measures in the health and social sectors	Coordination and integration of mental health care	Tackling the social determinants of mental health
Users			
Accessibility and management of services		X	
Human resources for health	X		
Investment in mental health	X	X	
Socioeconomic and living conditions	X		X
Health Professionals			
Integration and articulation of services	X	X	
Recruitment and retention of human resources	X		
Infrastructure and structural barriers to primary care	X	X	
Socioeconomic and living conditions	X		X

* Grey cells indicate common themes among both groups of participants.

nomic recession [13]. According to the conceptual framework on structural adjustment and health proposed by Kentikelenis (2017), changes in the financing structure of the health system, healthcare workforce labour conditions and loss of health coverage due to user charges represent a main pathway through which austerity measures affect health [31].

Regarding user charges, mixed perspectives among health professionals were found. The decision to increase user charges during a period of economic and social crisis has been considered problematic from the financial protection and access to care perspectives [13]. Some health professionals viewed the cessation of user charges as an important measure to ensure accessibility to services and promote better health outcomes, as described elsewhere [19,20], and exemptions were regarded as a complex problem in need of a re-evaluation of their criteria. However, an over-utilization of services among exempted users was also mentioned by health professionals as an important challenge for policy-making.

Concerning the functioning and management of PHC services, development of adequate structures to promote teamwork, improvement of communication and information channels, availability of technical services, and context-specific evaluation of needs were identified as main priorities to promote services efficiency and quality. Mental health was also considered a key area for investment by the participants. Better information regarding access to services for those in need of mental health care, both at primary and specialized health services, were also mentioned by the users. The views of professionals also focused on the coordination between PHC and psychiatric services. Provision of adequate mental health and health services was considered to require a shift towards community-based services, health promotion and prevention initiatives, areas considered as particularly under-prioritized and under-funded over the last years, increasing already existent structural deficiencies.

These priorities reflect the shortcomings of the Portuguese mental health system identified over the last years [32–34]. While the

World Health Organization advises a larger involvement of PHC and community-based care to promote an effective mental health system [35], recent evaluations of the Portuguese mental health plan and policy analysis conducted within the EU Joint Action for Mental Health and Well-being indicated a failure to achieve these recommendations [33,34]. Barriers include lack of: political support, governance, funding, integration and coordination of mental health care with PHC [34]. Inadequate payment and incentives to providers have also been considered an important obstacle, but reforms in this area have been recently proposed [32]. The European Psychiatric Association guidance on mental health and economic crisis also emphasised the need to integrate and coordinate primary and psychiatric care [3]. While the authors refer that there is no single way to promote integration of services, collaborative and integrated care models have been shown to be a cost-effective strategy to improve mental health outcomes across a variety of care settings [36].

Finally, tackling the social determinants of mental health was a common theme in the narratives. Both groups cited the importance of ameliorating the negative changes in social and economic conditions lived during the economic recession period. Availability of jobs was perceived as imperative to improve population's mental health. Users stressed the importance of reducing social inequalities across the population, namely asymmetries in salary distribution, whereas professionals also drew attention to the reversal of austerity measures, such as pension cuts. This highlights the need to develop policies across multiple sectors to address the risk factors of poor mental health [8]. Active labour market programmes have been shown to alleviate adverse mental health consequences of unemployment and have been shown to be cost-effective [37]. Social protection responses also mitigate income inequalities and potentially promote better mental outcomes [37]. Contrarily, welfare benefits have become less generous and more restrictive during the economic recession in Portugal [38]. The country is among the most unequal in Europe and it has been argued that a more progressive taxation scheme and broader social protection could contribute to reduce social and health inequalities [39].

The findings of this study may inform policy makers on solutions proposed by users and health professionals, supported by their experiences on the ground. These may be useful to tackle the consequences of the economic recession as well as already existent structural features of the Portuguese mental health system. Given the context of economic recession, the participants' focus on solutions regarding availability of jobs was expected. Still, labour market conditions associated with precariousness, low wages and stressful working conditions also need to be addressed to reduce social inequalities and improve populations' mental health [40].

Some limitations should be taken into account regarding this study. Data was context-specific and collected in sites greatly affected by the economic recession in the LMA region, and the results may not represent the needs of other regions. The two existing types of PHC centres may face distinct challenges due to differences in management models, which were not evaluated in the analysis. Despite these limitations, to our knowledge, this is the first study to integrate the views of both users and health professionals focusing on proposed solutions for policy making.

5. Conclusions

Based on the priorities and concerns of PHC users and professionals, this study highlighted the need of an organized inter-sectoral effort to tackle the mental health consequences of economic recession. Through their complementary perspectives, reversal of austerity measures, coordination and integration of mental health care were identified as key priorities of action, alongside the development of inter-sectoral policies to effectively address social inequalities in mental health.

Declaration of Competing Interest

None.

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