

Reports

The impact of psychological assistance in Italian Primary Care: data collected from 2016 to 2018 in the district of Bologna

Luigi Rocco Chiri ^{1*}, Bianca Vivit ², Emanuele Ciotti ³, Chiara Patierno ⁴, Gabriella Gallo ¹, Marco Chiappelli ¹, Angelo Fioritti ¹, Domenico Berardi ⁵, Marco Menchetti ⁵

Abstract

It is common for a general practitioner to meet patients who suffer from mental disorders such as depression or anxiety in the context of Primary Care (Alexander et al., 2008; Anthony et al., 2010; Consensus ISS, 2022; Regier et al. 1978, 1993; Goldberg & Goodyer, 2005; Ustün & Sartorius, 1995; WHO, 2016). This study reports data about clinical activity during the period 2016-2018 regarding the psychological assistance provided by the project “*Lo psicologo nella Casa della Salute*” in the Italian city of Bologna (Aru et al., 2019). The “Casa della Salute” (CdS) is a territorial health care outpatient facility that aims to offer services of Primary Care to the general population of a specific district. Moreover, CdS is a starting point for the collaboration between the Mental Health Department (MHD) and the Primary Care Department (PCD). Previous experiences about psychologist in Primary Care (Liuzzi, 2010; Solano, 2009) highlighted: (1) positive increase of therapeutic outcomes through improvement of appropriate access to psychological care and (2) active role of psychologist in promoting communication between different professionals involved in mental health care. In the 2016-2018 period, different interventions have been organized: (1) orientation towards the network of Health Services, (2) psychological interventions to support the activity of the health personnel of the CdS, (3) low intensity psychological intervention (6-8 session), (4) psychotherapy intervention (15-20 session). Statistical analyses have been conducted on a sample of 613 patients who were referred to the psychologist of the CdS. The results indicates that the “*Lo psicologo nella Casa della Salute*” proposes an effective model of integrated health care.

¹ Department of Mental Health and Substance Abuse, Local Health Trust of Bologna, Bologna, Italy

²Therapeutic Community Villa Bianconi, Bologna, Italy

³Local Health Trust of Ferrara, Ferrara, Italy

⁴Department of Psychology “Renzo Canestrari”, University of Bologna, Bologna, Italy

⁵ Department of Biomedical and Neuromotor Sciences, University of Bologna, Bologna, Italy

E-mail corresponding author: luigirosso.chiri@ausl.bologna.it

Keywords:

Psychological assistance; Primary care; Mental health; Integrated care; General practitioners.

Received: 18 October 2022

Accepted: 7 April 2023

Published: 30 April 2023

Citation: Chiri, L.R., Vivit, B., Ciotti, E., Patierno, C., Gallo, G., Chiappelli, M., Fioritti, A., Berardi, D., Menchetti, M. (2023). The impact of psychological assistance in Italian Primary Care: data collected from 2016 to 2018 in the district of Bologna. *Mediterranean Journal of Clinical Psychology* 11(1).

<https://doi.org/10.13129/2282-1619/mjcp-3593>



1. Introduction

The World Health Organization (WHO) stated that the health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (2013, 2017). The high epidemiological incidence of common emotional disorders (Goldberg & Huxley, 1992) has highlighted the need to search for new forms of intervention such as (1) the integration of several health care providers operating in different care contexts, (2) the implementation of policies for the reorganization of health services (Aru et al., 2019) and (3) the strengthening of existing care systems. Recently, the Covid-19 pandemic is estimated to have increased the prevalence of mental disorders, such as anxiety and depression, in the general population (Brooks et al., 2020; Hossain et al., 2020; Wang et al., 2020). In addition, patients with pre-existing mental disorders are more likely to feel emotional negative effects of Covid-19 (isolations, social distancing, infection), such as depression and fear (Alshammari & Alshammari, 2021; Yao, Chen & Xu, 2020; Miller, 2020). Consequently, health services considered this crisis also as a real emergency for emotional and psychological health (Serafini et al., 2020; Zgueb et al., 2020).

Primary Care (PC) constitutes a system for mental health (APA, 2016; Gupta et al., 2017; Kessler et al., 2005; Thomas et al., 2016) that could be involved in dealing with psychological suffering imposed by the post-pandemic context (Dunlop et al., 2020; Lim et al., 2021). These considerations show a growing need to empower health services by ensuring an adequate presence of psychological skills and structured liaison programs between the Mental Health Department (MHD) and the Primary Care Department (PCD) and supporting real opportunities for integration between mental health and primary care professionals (Sighinolfi et al., 2014). In this sense, the involvement of the clinical psychologist in the PC seems to constitute a "global strategy of promotion, prevention, and treatment" (WHO, 2013) and it would allow (1) to strengthen the push for integration in first access healthcare, (2) to complete and specialize the actions of mental healthcare and (3) to improve the mapping of the psychosocial needs of the territory.

Therefore, the inclusion of the psychologist in PC appears to be a valid strategy with obvious clinical, economic and organizational implications (CNOP, 2018; McDaniel & deGruy, 2014). From a clinical point of view, despite few experiences have been made in this area in Italy, the collaboration between General Practitioners (GPs) and psychologists highlighted the following advantages: (a) intervening in the initial phase of psychological distress, (b) orientation towards the network of health services, (c) the reduction of costs for any further medical examinations (Radhakrishnan et al., 2013; Solano et al., 2009). In conclusion, the collaboration between GPs and psychologists in the context of PC, characterized by the availability of more specific and

appropriate care pathways, would allow efficient management of most of the typical needs of Emotional Disorders (Derksen, 2009).

2. The role of psychologist in the “Casa della Salute”

The "Casa della Salute" (CdS) is to be understood both as a physical place where the PC provides health care services to the population of a specific district and as a possible place where the local community organizes itself to participate in the promotion of social and psychological well-being. It is also a prerequisite for integration between the MHD and the PCD.

The introduction of the psychologist in CdS aims to simplify the use of health services through the reduction of critical elements related to accessibility, which can negatively affect the efficacy of Mental Health Services in PC. First of all, the International guidelines recommend the administration of psychological interventions for patients of PC (NICE Guidance Anxiety, 2011; NICE Guidance Depression, 2009), so the CdS psychologist allows a concrete diversification and personalization of the patient-centered interventions based on psychological aspects, preventive or coping strategies.

3. Organization of the project “*Lo psicologo nella Casa della Salute*”

The project started in 2015 within the Borgo-Reno district where the first CdS operates in the urban area of Bologna (Italy). The territory is divided into the following Primary Care Units (PCU): Borgo-Panigale, Reno1 and Reno2, which are respectively composed of 14, 12 and 14 GPs. In this district there is the Borgo-Reno Mental Health Centre (MHC) which provides clinical assessment, outpatient treatment and possibly referral to semi-residential, residential and recovery structures for a wide range of mental disorders; in addition, a collaborative program between MHC and GPs was implemented since 2000 (Berardi et al., 2014).

3.1 Interventions

From an organizational point of view, the main aims of CdS psychologist are: (1) a systematic and careful assessment of the request for help of patients (identification of subjective needs presented using the psychological consultation); (2) the activation of the most appropriate intervention focused on major problems; (3) support and advice to GPs. Specifically, several activities have been implemented:

1. orientation towards the formal network of Health Services;
2. psychological interventions to support the activity of the health personnel of the CdS (possible management of communication with difficult patients);
3. low intensity psychological intervention (6-8 session) according to preventive approach, interpersonal orientation (Klerman et al., 1987; Judd et al., 2004; Menchetti & Berardi, 2015)

or Cognitive Behavior Therapy (CBT) model (psychoeducational interventions, low intensity session of exposure techniques/cognitive restructuring);

4. psychotherapy intervention (15-20 session) according to CBT model (Cape et al., 2010; Zhang et al., 2019).

3.2 Statistical analyses

Statistical analyses were performed using SPSS (Statistical Package for the Social Sciences) software, 25th edition. Data collection included the 2016-2018 period. Regarding the monitoring of the first contacts, descriptive analyses showed the socio-demographic (age, gender, education, marital status, employment, etc.) and clinical characteristics of the study sample (diagnosis, number of session). Furthermore, longitudinal analyses were performed to investigate the number of first contacts (Borgo-Reno MHC) in the health service involved in the “*Lo psicologo nella Casa della Salute*” project. Specifically, the number of first contacts was compared to Navile MHC where the CdS psychologist is not present.

4. Results

4.1 Patients referred

Over three years, a total of 613 patients have been referred to the project with a substantially uniform distribution each year: 204 patients in 2016, 199 patients in 2017 and 210 patients in 2018. The sociodemographic and clinical data of the patients are reported in Table 1. There were no significant differences between the PCUs involved in the project.

Table 1. Sociodemographic and clinical data of participants at the baseline

	2016 n=204	2017 n=199	2018 n=210	Total n=613
Gender F, n (%)	143 (70.5%)	126 (63.3%)	142 (67.6%)	411 (67.0%)
Age, M \pm SD	48.5 \pm 15.8	46.8 \pm 16.8	48.7 \pm 16.5	47.3 \pm 16.3
Italian nationality, n (%)	182 (89.2%)	177 (88.9%)	192 (91.4%)	551 (89.9%)
Graduate schooling, n (%)	84 (41.2%)	91 (45.7%)	95 (45.2%)	270 (44.0%)
Marital status, married, n (%)	86 (42.2%)	95 (47.7%)	79 (37.6%)	260 (42.4%)
Employment, employed, n (%)	45 (22.1%)	54 (27.1%)	44 (21.0%)	143 (23.3%)
Previous contacts with MHC, n (%)	79 (38.7%)	45 (22.6%)	48 (20.3%)	172 (28.1%)
Diagnosis				
Adjustment disorders, n (%)	77 (37.7%)	69 (34.7%)	78 (37.1%)	224 (36.5%)
Anxiety and somatic symptom disorders, n (%)	60 (29.4%)	66 (33.2%)	54 (25.7%)	180 (29.4%)
Mood disorders, n (%)	6 (2.9%)	6 (3.0%)	25 (11.9%)	37 (6.0%)
Personality disorders, n (%)	25 (12.3%)	24 (12.1%)	11 (5.2%)	60 (9.8%)
Other psychiatric diagnosis, n (%)	3 (1.5%)	3 (1.5%)	2 (1.0%)	8 (1.3%)
No psychiatric diagnosis, n (%)	33 (16.2%)	31 (15.6%)	40 (19.0%)	104 (17.0%)

M = Mean; SD = Standard Deviation

4.2 The collaboration of GPs in the project “*Lo psicologo nella Casa della Salute*”

The GPs of Borgo-Panigale PCU referred 324 patients (1/71.1 inhabitants), GPs of Reno1 PCU referred 166 patients (1/ 69.8 inhabitants) and the GPs of Reno2 PCU referred 123 patients (1/150.7 inhabitants). The percentage of GPs in active collaboration with the psychologist showed different level of utilization of the service: the GPS of Borgo-Reno PCU evidenced a percentage of 100% in all three years, while it ranged from 70 to 100% for GPs of the Reno1 PCU and from 64.3 to 85.7% for GPs of the Reno2 PCU.

Table 2. Service spread and integration indicators

PCU	Borgo-Panigale			Reno1			Reno2		
	2016	2017	2018	2016	2017	2018	2016	2017	2018
Year									
Involved GPs, n	14	15	14	11	7	10	9	12	12
Referred patients, n	112	104	108	53	58	55	39	37	47
Mean number of referred patients per GPs	7.9	6.9	7.2	4.8	6.3	4.9	4.4	3.7	3.5
Mean number of referred patients per month	9.3	8.7	9.0	4.4	4.6	4.6	3.3	3.3	3.9

The number of referrals of the GPs in a year varied significantly with a total range from 1 to 24 in 2016 and 2017, from 1 to 16 in 2018. The percentage of referring GPs is around a total number of four or more patients over a calendar year and it remained substantially stable over time: from 61.8% in 2016 and 2017 to 63.9% in 2018.

4.3 Provided interventions

Most of the patients received a low intensity psychological intervention with interpersonal orientation (413, 67.4% of the sample), while other 39 patients (6.3%) were referred to a more intense psychotherapeutic intervention; in 161 cases (26.3%) a single psychological consultation was carried out and then the patient was referred to the GP (142 cases) or, more rarely, the patients (19 cases) were proposed to access to the MHC.

4.4 Impact on the activity of MHC

A full understanding of the impact of the project “*Lo psicologo nella Casa della Salute*” is possible through a longitudinal analysis of the number of first accesses to the MHC. A decrease occurs in the number of first contacts at Borgo-Reno MHC from 402 patients in 2014 to 197 patients in 2016 with a reduction of 51.0%; in the following two years the number of first contacts remained substantially stable (212 cases in 2017 and 219 cases in 2018). The comparison with the recorded data of Navile MHC shows different trends of first accesses in the service concerning those that were registered in the area that benefits from the project of “*Lo psicologo nella Casa della Salute*”, implemented in close integration with the network of the Psychiatric Consultancy Service organized by the “*Programma Leggeri*” (Figure 1).

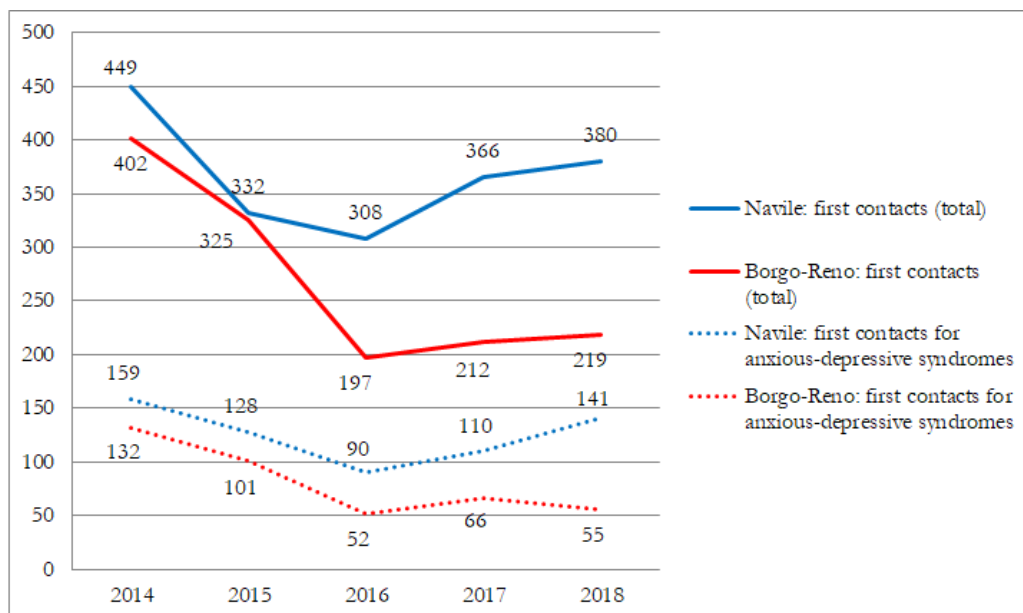


Figure 1. *First contacts in MHC in the period 2014 - 2018*

5. Discussion

The project of "*Lo psicologo nella Casa della Salute*" represents a real psychological counselling service that showed the ability to identify a large number of patients with emotional disorders (7/10 cases) or with conditions of psychological discomfort and risk, that did not fall within the criteria of a psychiatric diagnosis (2/10 cases), reaching 67.5% of all first contacts with the public mental health services of the territorial area in question. The most frequent request for help consisted of the low intensity psychological intervention (62.4%), while for a small portion of individuals, with a lower average age than the sample, a psychotherapeutic intervention (15-20 session) was needed to propose the first response of specialized treatment of medium intensity.

As showed in Table 2, the active involvement of GPs remained stable, consistent and constant over time with high levels of appropriateness in reporting cases as evidenced by the small proportion of patients (3.8%) for whom it was necessary to be referred to the MHC. In addition, from an organizational perspective, the suggestion is to consider the data relating to monthly average referrals as a guide to determine the structuring of the psychological counselling service in the context of PC.

5.1 Description of the main impact indicators of the project "*Lo psicologo nella Casa della Salute*"

With the consolidation and improvement of the project "*Lo psicologo nella Casa della Salute*", which has been fully operative starting from 2016, it could be assumed that the psychological counselling service has allowed a significant downsizing of the waiting lists of the territorial

specialist service which, in this way, has been able to have greater opportunities to organize with increasing efficiency both emergency services and those of actual taking charge. This data is confirmed by the graphic in Figure 1 that shows both a significant reduction in the number of first contacts at Borgo-Reno MHC and a substantially stable and unchanged trend concerning the first contacts of Navile MHC. From a clinical perspective, the graphic highlights the ability of the psychological counselling service to absorb all the disorders with a reduced level of severity and complexity of taking charge, expanding and refining, actually, the offer and possibilities of treatment for citizens.

Moreover, the data trends, observed during the three years of full project activity (2016, 2017 and 2018), allow two main conclusions: (1) the psychological assistance service managed to intercept widespread and new forms of distress that did not have ever received any previous form of treatment (over 60% of new help-seekers), (2) a stable reduction of first contacts regarding Borgo-Reno MHC has been recorded both in absolute and relative terms, comparing the flows of Borgo-Reno MHC with those of Navile MHC in which is active a different organization of psychological and psychiatric counselling. From an organizational point of view, the gained experience proposes the preparation of a Mental Health Primary Care Team (psychologist, consulting psychiatrist, referent for GPs, one nursing resource) with the following main objectives: improving access to care, improving prevention and detection of mental disorders, better health outcomes for people treated in PC, reducing chronicity and improving social integration (WHO, 2008), creation and dissemination of new languages and methods of dealing with the most widespread emotional problems also in the context of PC.

6. Conclusions

The project "*Lo psicologo nella Casa della Salute*" proposed a service which offers the opportunity to target multiple demands, including the psychological ones, of the population through the implementation of a new integrated care system. Psychological assistance service for adults, with a low gradient of clinical problems and treatment complexity, without defined access issues and in close contact with the different mental health organizations has been offered. Given the data reported in this article, it is necessary to strengthen and guarantee the close collaboration between MHD and PCD to favour an increasingly appropriate and updated mapping of the different psychosocial needs of the territory. In this sense, only a continuous and coordinated action, combined with precise professional references and places of care with low-threshold accessibility, would allow adequate coverage of basic services for psychological distress and Common Emotional Disorders.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author [LRC].

Conflict of Interest Statement

The authors declare that the research was conducted in the absence of any potential conflict of interest.

Author Contributions: *Conceptualization*, LRC, EC, GG, MC, AF, DB and MM; *Data curation*, LRC, BV and MM; *Supervision*, LRC, CP, GG and MM; *Writing – original draft*, LRC, BV and MM; *Writing – review & editing*, LRC, BV, CP, GG and MM.

References

1. Alexander, C., & Fraser, J. (2008). General practitioners' management of patients with mental health conditions: the views of general practitioners working in rural north-western New South Wales. *The Australian journal of rural health*, 16(6), 363–369.
<https://doi-org.ezproxy.unibo.it/10.1111/j.1440-1584.2008.01017.x>
2. Alshammari, M. A., & Alshammari, T. K. (2021). COVID-19: A new challenge for mental health and policymaking recommendations. *Journal of infection and public health*, 14(8), 1065–1068.
<https://doi-org.ezproxy.unibo.it/10.1016/j.jiph.2021.05.020>
3. American Psychological Association. (2016). *Resolution on Psychologists in Integrated Primary Care and Specialty Health Settings*. Retrieved June 05, 2020 from: <http://www.apa.org/about/policy/integrated-primary-care>
4. Anthony, J. S., Baik, S. Y., Bowers, B. J., Tidjani, B., Jacobson, C. J., & Susman, J. (2010). Conditions that influence a primary care clinician's decision to refer patients for depression care. *Rehabilitation nursing : the official journal of the Association of Rehabilitation Nurses*, 35(3), 113–122.
<https://doi-org.ezproxy.unibo.it/10.1002/j.2048-7940.2010.tb00286.x>
5. Aru F. L., Chiri L. R., Menchetti M., Galligani F., Filugelli L., Antonica M. R., Ciotti E., Fioritti A., & Berardi D. (2019). Modelli di integrazione tra psicologia e assistenza sanitaria primaria: verso la concreta costruzione di una assistenza psicologica di base? *Giornale italiano di psicologia*, 1-2, pp. 179-200. Retrieved June 05, 2020 from: <https://www.rivisteweb.it/doi/10.1421/93786>
6. Berardi, D., Ferrannini, L., Menchetti, M., & Vaggi, M. (2014). Primary care psychiatry in Italy. *The Journal of nervous and mental disease*, 202(6), 460–463. <https://doi.org/10.1097/NMD.0000000000000145>
7. Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet (London, England)*, 395(10227), 912–920. [https://doi-org.ezproxy.unibo.it/10.1016/S0140-6736\(20\)30460-8](https://doi-org.ezproxy.unibo.it/10.1016/S0140-6736(20)30460-8)
8. Cape, J., Whittington, C., Buszewicz, M., Wallace, P., & Underwood, L. (2010). Brief psychological therapies for anxiety and depression in primary care: meta-analysis and meta-regression. *BMC medicine*, 8, 38.
<https://doi.org/10.1186/1741-7015-8-38>
9. CNOP. Ruolo della psicologia nei Livelli Essenziali di Assistenza. Roma: Consiglio Nazionale Ordine degli Psicologi; 2018. (Quaderno CNOP n. 1, 2018). Retrieved June 05, 2020 from: https://www.psy.it/wp-content/uploads/2018/11/Quaderno_LEA_CNOP.pdf
10. Derksen, J. (2009). Primary care psychologists in the Netherlands: 30 years of experience. *Professional Psychology: Research and Practice*, 40(5), 493–501. <https://doi.org/10.1037/a0015743>
11. Dunlop, C., Howe, A., Li, D., & Allen, L. N. (2020). The coronavirus outbreak: the central role of primary care in emergency preparedness and response. *BJGP open*, 4(1), bjgpopen20X101041.
<https://doi-org.ezproxy.unibo.it/10.3399/bjgpopen20X101041>

12. Goldberg, D. P. & Goodyer, I. (2005). *The Origins and Course of Common Mental Disorders* (1st ed.). London: Routledge.
13. Goldberg, D. P., & Huxley, P. (1992). *Common mental disorders: A bio-social model*. Tavistock/Routledge. Retrieved June 05, 2020 from: <https://psycnet.apa.org/record/1992-97161-000>
14. Gupta, S., Jenkins, R., Spicer, J., Marks, M., Mathers, N., Hertel, L., Calamos Nasir, L., Wright, F., Ruprah-Shah, B., Fisher, B., Morris, D., Stange, K. C., White, R., Giotaki, G., Burch, T., Millington-Sanders, C., Thomas, S., Banarsee, R., & Thomas, P. (2017). How primary care can contribute to good mental health in adults. *London journal of primary care*, 10(1), 3–7. <https://doi.org/10.1080/17571472.2017.1410043>
15. Hossain, M. M., Tasnim, S., Sultana, A., Faizah, F., Mazumder, H., Zou, L., McKyer, E., Ahmed, H. U., & Ma, P. (2020). Epidemiology of mental health problems in COVID-19: a review. *F1000Research*, 9, 636. <https://doi.org/10.12688/f1000research.24457.1>
16. Judd, F., Weissman, M., Davis, J., Hodgins, G., & Piterman, L. (2004). Interpersonal counseling in general practice. *Australian family physician*, 33(5), 332–337.
17. Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry*, 62(6), 593–602. <https://doi.org/10.1001/archpsyc.62.6.593>
18. Klerman, G. L., Budman, S., Berwick, D., Weissman, M. M., Damico-White, J., Demby, A., & Feldstein, M. (1987). Efficacy of a brief psychosocial intervention for symptoms of stress and distress among patients in primary care. *Medical care*, 25(11), 1078–1088. <https://doi.org/10.1097/00005650-198711000-00006>
19. Lim, J., Broughan, J., Crowley, D., O'Kelly, B., Fawsitt, R., Burke, M. C., McCombe, G., Lambert, J. S., & Cullen, W. (2021). COVID-19's impact on primary care and related mitigation strategies: A scoping review. *The European journal of general practice*, 27(1), 166–175. <https://doi.org/10.1080/13814788.2021.1946681>
20. Liuzzi, M. (2010). *Psicologia di Cure Primarie, concetti, metodi e ricerca clinica*. Milano, IT: CIS Editore.
21. McDaniel, S. H., & deGruy, F. V., 3rd (2014). An introduction to primary care and psychology. *The American psychologist*, 69(4), 325–331. <https://doi-org.ezproxy.unibo.it/10.1037/a0036222>
22. Menchetti, M., & Berardi, D. (2015). *Manuale di counselling interpersonale*. Bologna, IT: Bononia University Press.
23. Miller, D. (2020). Coronavirus on the inpatient unit: a new challenge for psychiatry. *Clin Psychiatry News*. Retrieved March 10, 2022 from: https://www.medscape.com/viewarticle/926834#vp_2
24. National Institute for Health and Clinical Excellence (2009). Depression: The treatment and management of depression in adults. *NICE Clinical Guideline, 90*. Retrieved June 05, 2020 from: <https://www.nice.org.uk/guidance/cg90>

25. National Institute for Health and Clinical Excellence (2011). Generalised Anxiety Disorder and Panic Disorder (with or without Agoraphobia) in adults. Management in primary, secondary and community care. *NICE Clinical Guideline*, 22. Retrieved June 05, 2020 from: <https://www.nice.org.uk/guidance/cg113>
26. Radhakrishnan, M., Hammond, G., Jones, P. B., Watson, A., McMillan-Shields, F., & Lafortune, L. (2013). Cost of improving Access to Psychological Therapies (IAPT) programme: an analysis of cost of session, treatment and recovery in selected Primary Care Trusts in the East of England region. *Behaviour research and therapy*, 51(1), 37–45. <https://doi-org.ezproxy.unibo.it/10.1016/j.brat.2012.10.001>
27. Regier, D. A., Goldberg, I. D., & Taube, C. A. (1978). The de facto US mental health services system: a public health perspective. *Archives of general psychiatry*, 35(6), 685–693. <https://doi-org.ezproxy.unibo.it/10.1001/archpsyc.1978.01770300027002>
28. Regier, D. A., Narrow, W. E., Rae, D. S., Manderscheid, R. W., Locke, B. Z., & Goodwin, F. K. (1993). The de facto US mental and addictive disorders service system. Epidemiologic catchment area prospective 1-year prevalence rates of disorders and services. *Archives of general psychiatry*, 50(2), 85–94. <https://doi-org.ezproxy.unibo.it/10.1001/archpsyc.1993.01820140007001>
29. Serafini, G., Parmigiani, B., Amerio, A., Aguglia, A., Sher, L., & Amore, M. (2020). The psychological impact of COVID-19 on the mental health in the general population. *QJM : monthly journal of the Association of Physicians*, 113(8), 531–537. Advance online publication. <https://doi.org/10.1093/qjmed/hcaa201>
30. Ustün, T. B., & Sartorius, N. (1995). *Mental illness in general health care: an international study*. John Wiley & Sons Ltd, Chichester. Retrieved March 10, 2022 from: <https://apps.who.int/iris/handle/10665/36937>
31. Sighinolfi, C., Nespeca, C., Menchetti, M., Levantesi, P., Belvederi Murri, M., & Berardi, D. (2014). Collaborative care for depression in European countries: a systematic review and meta-analysis. *Journal of psychosomatic research*, 77(4), 247–263. <https://doi.org/10.1016/j.jpsychores.2014.08.006>
32. Solano, L., Pirrotta, E., Ingravalle, V., & Fayella, P. (2009). The family physician and the psychologist in the office together: a response to fragmentation. *Mental health in family medicine*, 6(2), 91–98.
33. Thomas, S., Jenkins, R., Burch, T., Calamos Nasir, L., Fisher, B., Giotaki, G., Gnani, S., Hertel, L., Marks, M., Mathers, N., Millington-Sanders, C., Morris, D., Ruprah-Shah, B., Stange, K., Thomas, P., White, R., & Wright, F. (2016). Promoting Mental Health and Preventing Mental Illness in General Practice. *London journal of primary care*, 8(1), 3–9. <https://doi.org/10.1080/17571472.2015.1135659>
34. Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S., & Ho, R. C. (2020). Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China. *International journal of environmental research and public health*, 17(5), 1729. <https://doi.org/10.3390/ijerph17051729>

35. Working Group “Consensus on psychological therapies for anxiety and depression” 2022, x, 105 p. Consensus ISS 1/2022 (in Italian). Retrieved March 10, 2022 from:
https://www.iss.it/consensus-iss/-/asset_publisher/mU25bGuWG08V/content/consensus-iss-1-2022-consensus-conference-sulle-terapie-psicologiche-per-ansia-e-depressione.-documento-finale-gruppo-di-lavoro-consensus-sulle-terapie-psicologiche-per-ansia-e-depressione-
36. World Health Organization and Wonca Working Party on Mental Health (2008). What is primary care mental health? *Mental health in family medicine*, 5(1), 9–13.
37. World Health Organization (2013). Mental Health Action Plan 2013–2020. Retrieved May 15, 2020 from:
<https://www.who.int/publications/i/item/9789241506021>
38. World Health Organization (2016). mhGAP Intervention Guide for Mental, Neurological and Substance Use Disorders in Non-Specialized Health Settings: Mental Health Gap Action Programme (mhGAP). Retrieved March 10, 2022 from:
<https://apps.who.int/iris/bitstream/handle/10665/250239/9789241549790-eng.pdf>
39. World Health Organization (2017). Depression and other common mental disorders: Global Health Estimates. Retrieved May 15, 2020 from:
<https://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf>
40. Yao, H., Chen, J. H., & Xu, Y. F. (2020). Patients with mental health disorders in the COVID-19 epidemic. *The lancet. Psychiatry*, 7(4), e21. [https://doi.org/10.1016/S2215-0366\(20\)30090-0](https://doi.org/10.1016/S2215-0366(20)30090-0)
41. Zgueb, Y., Bourgou, S., Neffeti, A., Amamou, B., Masmoudi, J., Chebbi, H., Somrani, N., & Bouasker, A. (2020). Psychological crisis intervention response to the COVID 19 pandemic: A Tunisian centralised Protocol. *Psychiatry research*, 289, 113042. <https://doi.org/10.1016/j.psychres.2020.113042>
42. Zhang, A., Franklin, C., Jing, S., Bornheimer, L. A., Hai, A. H., Himle, J. A., Kong, D., & Ji, Q. (2019). The effectiveness of four empirically supported psychotherapies for primary care depression and anxiety: A systematic review and meta-analysis. *Journal of affective disorders*, 245, 1168–1186.
<https://doi.org/10.1016/j.jad.2018.12.008>



©2023 by the Author(s); licensee Mediterranean Journal of Clinical Psychology, Messina, Italy. This article is an open access article, licensed under a Creative Commons Attribution 4.0 Unported License. Mediterranean Journal of Clinical Psychology, Vol. 11, No. 1 (2023). International License (<https://creativecommons.org/licenses/by/4.0/>).
DOI: 10.13129/2282-1619/mjcp-3593