

# Integrating Mental Health Screening into Primary Preventive Care

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## Introduction

Mental health is a fundamental component of overall well-being, yet it has long been under-recognized in primary healthcare settings. Millions of people worldwide suffer from mental health conditions such as depression, anxiety, substance use disorders and post-traumatic stress disorder, many of which remain undiagnosed or untreated. These conditions often coexist with chronic physical illnesses, adversely affecting outcomes and increasing the burden on healthcare systems. As awareness grows regarding the impact of mental health on quality of life and productivity, there is an urgent need to integrate mental health screening into primary preventive care. By identifying mental health concerns early and providing timely intervention, healthcare providers can reduce the progression of illness, improve patient outcomes and promote holistic health [1].

## Description

The integration of mental health screening into primary preventive care is an approach that aligns mental well-being with physical health management. Primary care often serves as the first point of contact for individuals seeking healthcare, making it an ideal setting for the early detection of mental health issues. Patients may visit their primary care physician for routine check-ups, immunizations, or management of chronic conditions, providing natural opportunities to screen for emotional and psychological problems without the stigma often associated with visiting a mental health specialist. Mental health disorders are common but frequently go undiagnosed in primary care settings due to time constraints, lack of training among providers, or insufficient screening protocols. For example, depression is one of the most prevalent mental health conditions globally, yet many patients receive no diagnosis or treatment until the condition has significantly impaired their daily functioning.

Anxiety disorders, substance use disorders and eating disorders similarly remain under detected unless specifically assessed. Early screening can help identify these issues at a stage when they are more manageable and responsive to treatment. Standardized tools have been developed and validated for use in primary care to screen for various mental health disorders. Instruments like the Patient Health Questionnaire (PHQ-9) for depression, the Generalized Anxiety Disorder 7-item scale (GAD-7) and the Alcohol Use Disorders Identification Test (AUDIT) are brief, user-friendly and effective. These tools can be administered during routine check-ups and can provide valuable insights into a patient's emotional and psychological state. When incorporated systematically, screening does not significantly extend consultation time but adds substantial value to patient care. Moreover, integrating mental health screening in primary care supports early intervention, which is crucial for positive outcomes [2].

Just as with chronic physical illnesses like hypertension or diabetes, early diagnosis and treatment of mental health conditions can prevent complications, reduce the risk of comorbidity and enhance the patient's ability to function. Interventions following screening can vary from brief counseling, behavioral therapies and medication management to referrals to mental health specialists, depending on severity. There are several models through which integration can occur. The collaborative care model is a well-established approach that brings together primary care providers, care managers and mental health specialists to deliver coordinated care. In this model, patients are screened in the primary care setting and those with positive results receive follow-up care, with mental health professionals providing input and oversight as needed. This model has shown success in improving outcomes for depression and anxiety and has been adapted for various healthcare systems globally. Another model is the stepped-care approach, where patients receive the least intensive yet effective intervention first, with escalation as needed.

For instance, a patient with mild depressive symptoms may begin with lifestyle modifications or guided self-help, while those with more severe symptoms may be directly referred for psychotherapy or pharmacotherapy. This strategy ensures efficient resource use while personalizing care based on patient needs. Incorporating mental health screening into preventive care also has implications for managing chronic diseases. Patients with mental health disorders are at higher risk of developing chronic physical illnesses and those with existing chronic conditions often experience worsened outcomes if mental health is neglected. For example, depression is common among patients with diabetes and cardiovascular disease and can interfere with disease management, medication adherence and self-care. Recognizing and addressing mental health needs in such patients can lead to better disease control and reduced healthcare utilization.

## Conclusion

The integration of mental health screening into primary preventive care is a necessary evolution in modern healthcare. By identifying mental health conditions early and addressing them within the context of primary care, we can reduce the burden of mental illness, improve patient outcomes and promote holistic well-being. Despite existing barriers, evidence supports the feasibility and effectiveness of this approach across diverse populations and healthcare settings. With appropriate training, policy support and a commitment to equity and access, mental

## References

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health screening can become a routine and impactful element of preventive care. Embracing this integration not only addresses a long-standing gap in healthcare delivery but also reaffirms that mental health is as essential as physical health in the pursuit of a healthier society.

## Acknowledgment

None

## Conflict of Interest

None

2. Vijaya K, Goei AHY (2022) Improved population coverage of the human papillomavirus vaccine after implementation of a school-based vaccination programme: The Singapore experience. *Singapore Med J* : 1-23.