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Article

Clinical Psychology in Primary Care: Integrating Mental Health into the Frontline of Healthcare

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ABSTRACT

Primary care (PC) is the main healthcare setting for the management of common mental disorders, which account for a substantial proportion of clinical demand. However, the limited availability of specialized psychological resources in this setting has favored a predominantly pharmacological approach and contributed to the overload of specialized mental health services. This paper analyzes the role of specialist clinical psychologists (SCPs) in primary care, describing their clinical, preventive, and coordination functions, as well as their contribution to early detection and evidence-based brief psychological interventions. Experiences from different Spanish autonomous communities are reviewed, and their outcomes are examined in terms of accessibility, efficiency, and appropriateness of care. Available evidence suggests that the integration of clinical psychology into primary care is an important strategy to improve the quality of mental healthcare, provided it is supported by adequate planning of human resources.

La Psicología Clínica en Atención Primaria: Integrando la Salud Mental en el Primer Nivel de Atención

Palabras clave
Atención primaria
Psicología clínica
Salud mental
Intervención psicológica
Sistema sanitario público

RESUMEN

La Atención Primaria (AP) constituye el principal nivel asistencial para la atención de los trastornos mentales comunes, que representan una proporción elevada de la demanda clínica. Sin embargo, la limitada disponibilidad de recursos psicológicos especializados en este ámbito ha favorecido un abordaje predominantemente farmacológico y ha contribuido a la sobrecarga de otros dispositivos de salud mental. El presente trabajo analiza el papel del Psicólogo Especialista en Psicología Clínica (PEPC) en AP, describiendo sus funciones clínicas, preventivas y de coordinación, así como su contribución a la detección temprana y a la intervención psicológica breve basada en la evidencia. Se revisan experiencias desarrolladas en distintas comunidades autónomas y se examinan sus resultados en términos de accesibilidad, eficiencia asistencial y adecuación de las intervenciones. La evidencia disponible sugiere que la incorporación del PEPC en AP es una estrategia relevante para mejorar la calidad de la atención en salud mental, siempre que se acompañe de una planificación adecuada de recursos.

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Introduction

Primary care (hereinafter PC) constitutes the frontline of care in the Spanish National Health System (SNS) and represents the main route of access for citizens to the healthcare system. In this setting, a significant percentage of the demand for care is related to mental health problems (Alonso et al., 2019). Specifically, the Ministry of Health (Ministerio de Sanidad, 2023) reports that between 30% and 40% of PC consultations involve a mental health component. Furthermore, the population's growing awareness of their psychological well-being has progressively increased these demands (Flores-Hens et al., 2024).

Approximately 80% of cases of mild-to-moderate psychological distress are treated exclusively in primary care, which serves as the main level of care for common mental disorders. Only the most severe cases are referred to community mental health units (CMHUs), which are overburdened and have long waiting lists (Alonso et al., 2019; Pérez & Fernández, 2008).

However, the availability of psychological resources in PC is very limited. The absence of specialists clinical psychologists (PEPC in Spanish *[psicólogos especialistas en psicología clínica],* hereinafter SCPs) in most health centers has led to the management of these conditions being limited to medical care, increasing the burden on primary care physicians (PCPs), whose training in mental health is focused primarily on pharmacological treatment. Consequently, some emotional disorders may not be effectively detected (Campos & Rodríguez-Arias, 2020), leading to sustained use of psychotropic medications, especially benzodiazepines (Agencia Española de Medicamentos y Productos Sanitarios [AEMPS], 2024). Furthermore, PCPs report that many patients could benefit from non-pharmacological psychological interventions and that the incorporation of SCPs would improve both the quality of care and the appropriateness of treatments (Flores-Hens et al., 2024).

Added to all this are the high health, social, and economic costs associated with psychological problems, which are reflected in an increase in PC visits, the use of psychiatric medications, and sick leave and absenteeism. Evidence indicates that investment in psychological treatments is highly cost-effective, with an estimated return of up to 400% (Cuéllar-Flores et al., 2022).

In this context, SCPs are crucial for filling the structural gap in PC psychological services. Their presence enables early interventions, promotes functional recovery, reduces the chronicity of symptoms, and prevents unnecessary referrals to more complex services (Ministerio de Sanidad, 2022, 2023). Additionally, SCPs perform functions related to prevention, the promotion of psychological well-being, and the provision of guidance to other professionals, fostering a biopsychosocial and multidisciplinary approach that enhances the efficiency of the system (Alonso et al., 2019; Font et al., 2018).

Although the need to include SCPs in PC has gained visibility in recent years, their incorporation has occurred unevenly across autonomous communities, resulting in heterogeneous care models shaped by organizational and regulatory differences, as well as the limited availability of licensed specialists (Cuéllar-Flores et al., 2022; Duro, 2016).

One of the recent proposals to address the shortage of specialized professionals advocates for the incorporation of general health psychologists (*psicólogo general sanitario*) into PC, emphasizing their role in health promotion and the management of mild-to-moderate conditions (Infocop, 2025). While these initiatives stem from the shared need to improve access to psychological care, they raise relevant questions from both clinical and organizational perspectives (Duro, 2016).

Although this article does not aim to spark debate or compare the training and competencies of each healthcare professional, it is important to note that PC constitutes a specialized level of care. It is a healthcare system integrated into the SNS featuring clinical pathways, a portfolio of services, and a key role in coordinating the public health network. From a regulatory standpoint, the provision of healthcare services within the SNS is tied to officially recognized specialized healthcare training, in accordance with Real Decreto 183/2008 [Royal Decree 183/2008]. The SCP certification is obtained through the PIR program (resident clinical psychologist training), which consists of four years of residency rotations across various units within the SNS mental health network (Orden SAS/1620/2009 [Order SAS/1620/2009]).

In this regard, positioning external professionals as a "gateway" to this structure may create difficulties in ensuring continuity of care, proper risk assessment, and awareness of available resources. Rather than creating or adopting alternative roles, evidence suggests that strengthening clinical psychology in PC would better meet the demand for care. To this end, adequate planning of SCP and resident clinical psychologist (PIR, by its Spanish acronym) positions is key, thereby ensuring quality, safety, and consistency with the current healthcare model (Cuéllar-Flores et al., 2022).

As Duro (2016) notes, psychological care at the primary care level cannot be reduced to emotional support or nonspecific assistance, but rather requires specialized clinical competencies in assessment, diagnosis, evidence-based brief psychological intervention, and coordination with other levels of care.

Currently, several autonomous communities, such as Andalusia, Madrid, and Asturias, have begun to incorporate SCPs into health centers, although the staffing numbers remain insufficient. Even so, the presence of SCPs in PC has been viewed positively by both professionals and patients. This model acts as an intermediate care unit between PCPs and CMHUs, facilitating early care for less severe symptoms and reducing unnecessary referrals. For patients, this model promotes early interventions, reduces waiting lists, decreases the chronicity of symptoms, and is associated with lower use of psychotropic medications (Duro, 2016; Fernández-Garzón et al., 2025; Font et al., 2018).

The Strategic Framework for Primary and Community Care (Ministerio de Sanidad, Consumo y Bienestar Social [Ministry of Health, Consumer Affairs, and Social Welfare], 2019) and the Mental Health Strategy 2022-2026 (Ministerio de Sanidad, 2022) explicitly recognize the need to strengthen the presence of SCPs in PC, improve working conditions, ensure their availability, and promote integrative models of community mental health. Despite these regulatory advances, the number of PIR positions offered remains far below the estimated needs, which are calculated at approximately 18 psychologists per 100,000 inhabitants (Cuéllar-Flores et al., 2022; Ministerio de Sanidad, 2024).

This article focuses on the role of the SCP in PC, reviewing the available evidence on its implementation in some autonomous communities and highlighting the key professional strategies necessary to establish high-quality, sustainable public psychological care at the frontline of healthcare.

The Role of the Psychologist in Primary Care

From a biopsychosocial perspective, the SCP first conducts a clinical assessment of the reason for the consultation, taking into account the symptoms reported by the patient, their health history, their life circumstances, current stressors, available personal resources, and their family and social environment. This assessment allows for the differentiation between nonspecific complaints, reactive or adaptive symptoms, and established psychopathological disorders. Based on this, the SCP decides on the best clinical response: direct intervention (individual or group), follow-up, referral, or a recommendation against treatment (Martín et al., 2018; Ortiz & Murcia, 2009).

In line with the care logic of PC, where brevity, accessibility, and sustainability are fundamental criteria, the SCP implements brief and focused psychological treatments. Among the most widely used models, and those with the strongest empirical support, are brief cognitive-behavioral therapy, problem-solving therapy, emotion regulation training, psychoeducation, and coping strategies (González-Blanch et al., 2018; Alonso et al., 2019). These interventions are organized flexibly and in close coordination with the PC team, and can take different forms depending on clinical and organizational needs.

In addition to psychological intervention, the SCP serves as a key figure within the health center's multidisciplinary team, actively participating in clinical sessions, supervising trainees, and attending coordination meetings and discussions of complex cases. This close collaboration with PC and community professionals improves continuity of care and establishes more efficient referral pathways to the secondary level of care (Alonso et al., 2019; Duro, 2016).

Moreover, the SCP in primary care also dedicates part of their professional practice to prevention. In this regard, two additional approaches are distinguished: universal prevention, which includes interventions aimed at the general population or broad groups without individual distinction; and selective prevention, focused on specific individuals or groups who present an increased risk of developing a mental disorder. These interventions can be carried out through group workshops, psychoeducation and emotional health sessions, family counseling, and/or participation in community campaigns. They can take place at the health center itself, in other community spaces, or in educational settings. It has been found that these types of interventions have a direct impact on population mental health, in addition to helping reduce the stigma associated with psychopathology (Ortiz, 2015; Duro, 2016).

Furthermore, the SCP plays a key role in quaternary prevention by reducing psychological and medical iatrogenesis through accurate clinical evaluation of emotional distress (Alonso et al., 2019). This assessment allows for distinguishing between adaptive reactions, psychological distress linked to life circumstances, and mental disorders requiring specific intervention, guiding clinical decision-making and avoiding both unnecessary medicalization and the indiscriminate application of structured psychological interventions. In this way, the SCP can adjust their response flexibly, including the recommendation against treatment when it is not clinically justified, in line with the principles of quaternary prevention (Duro, 2016; Ortiz, 2015).

Previous studies have indicated that a small proportion of patients referred for psychological intervention do not obtain significant clinical benefits, especially when dealing with reactive distress or distress linked to life events susceptible to spontaneous remission (Campos & Rodríguez-Arias, 2020). The SCP's intervention thus helps prevent overdiagnosis and the medicalization of everyday distress, promoting the depathologization of daily life difficulties and strengthening the individual's coping abilities—factors associated with the prevention of future psychopathologies (Duro, 2016; Gutiérrez et al., 2020).

In summary, the SCP provides the PC team with the specialized perspective necessary to address community mental health with rigor and sensitivity. Their role is not limited to clinical treatment but also encompasses prevention at all levels, ongoing mental health training for the team, coordination with the secondary level of care, and the implementation of context-specific community strategies.

Specialized Psychological Intervention in Primary Care

To address the imbalance between high demand for care and the limited availability of psychological intervention for mild-to-moderate mental disorders, various authors and organizations have proposed models of integrated care. These models propose close collaboration between mental health and medical professionals at the frontline of healthcare, promoting continuity of care and a clinical response tailored to the patient's psychosocial context (Alonso et al., 2019; Pastor, 2008).

One methodological approach widely supported by empirical evidence is the stepped care model, which has been adopted in many healthcare systems. This approach, recommended in the main clinical practice guidelines for the management of depression and anxiety, positions psychological treatment as the first-line treatment and proposes a progression of interventions from low to high intensity depending on the patient's needs or severity (Gutiérrez et al., 2020). The model has five levels and proposes the implementation of progressive interventions, starting with low-intensity treatments (psychoeducation, guided self-help, brief interventions, etc.) and reserving more intensive resources (care in CMHUs, hospitals, and long-term care facilities) for cases that do not improve with the initial strategies. This approach allows for the optimization of resources, the reduction of waiting lists, and the avoidance of unnecessary or iatrogenic interventions. In Spain, this approach has served as the basis for care pathways such as the *Proceso Asistencial Integrado* [Integrated Care Pathway] for anxiety, depression, and somatization (Font et al., 2018).

An international example of a stepped model of psychological care is the National Health Service's (NHS) Improving Access to Psychological Therapies (IAPT) program in England. This model offers evidence-based therapies for anxiety and depression through a progressive care approach, in which interventions range from low to high intensity depending on the patient's needs and clinical progress. Studies show robust clinical outcomes for emotional symptoms, demonstrating the effectiveness of structuring psychological care into progressive levels of complexity. Although this program has served as an international benchmark for planning stepped care interventions in PC (Wakefield et al., 2021), it has not been without criticism for including professionals without adequate training and for its emphasis on the application of standardized protocols, sometimes deviating from the true objective: the individual's recovery (Blanco, 2025). We should also note that the

NHS's recruitment pathways and staffing composition differ from Spanish models.

Here in Spain, the PsicAP program stands out, designed as a pilot study to address mild-to-moderate emotional disorders and emotional problems associated with chronic illnesses that affect quality of life and adherence to medical treatment (Infocop, 2016; Flores-Hens et al., 2024). PsicAP delivers transdiagnostic group therapy based on cognitive-behavioral techniques in seven 90-minute sessions spread over four months (González-Blanch et al., 2018). Studies show that this intervention produces significant reductions in symptoms of anxiety, depression, and somatization, improves quality of life, and reduces the use of psychotropic medications compared to standard care in PC, achieving moderate to large effect sizes (Infocop, 2016; Duro, 2016).

Following the principles of stepped and collaborative care, the project demonstrates that specialized psychological intervention in PC can be implemented effectively and efficiently, offering a replicable and cost-effective alternative to traditional treatment based exclusively on psychotropic medications (Flores-Hens et al., 2024).

Below, we describe some initiatives developed in various autonomous communities that have incorporated the SCP into PC, with the aim of illustrating different ways of integrating this professional role into the SNS.

The Madrid Health Service (SERMAS) has offered specialized psychological care in primary care since 2018, based on the PsicAP project. Care is directed exclusively at the adult population and is characterized by a predominance of group-based interventions, alongside individual interventions. Each professional covers several health centers, and access to psychological care is organized through referrals from PCPs. In a survey conducted in 2022, involving 17 of the 21 clinical psychologists providing services in PC, it was observed that the average wait time for the first consultation was approximately 30 days, that they saw an average of 20.7 patients per day in individual sessions, and that they conducted an average of five group therapy sessions per week (Fernández-Garzón et al., 2025).

In Andalusia, the Clinical Psychology in Primary Care Program (PCAP in Spanish) was launched in 2021 through the hiring of 43 clinical psychologists distributed across 58 health centers. According to available institutional reports, the program has conducted more than 9,000 collaborative interventions and treated 12,617 patients. These reports describe high user satisfaction (74% rate the care as excellent) and potential improvements in care efficiency, with an average of 1.8 sessions per patient and an approximate wait time of 24 days. Relevant outcomes highlighted include the progressive consolidation of the model, an increase in group interventions, a reduction in benzodiazepine use, and a decrease in referrals from PC to the CMHUs compared to the period prior to the program (Consejería de Salud y Consumo [Department of Health and Consumer Affairs], 2024).

In Asturias, a pilot program was implemented in 2017 based on brief psychological interventions to address common mental disorders. It proved to be an accessible and rapid care system, where waiting lists were less than seven days. Furthermore, only a small proportion of patients required referral to CMHUs. This approach helps prevent chronicity, alleviates pressure on the specialized mental health network, and facilitates early intervention for mild-to-moderate conditions. Both professionals and patients rate the intervention as highly useful, with high levels of satisfaction reported (Gutiérrez-López et al., 2020).

Other autonomous communities such as Murcia, the Balearic Islands, and Navarre have also incorporated SCPs into health centers. In these contexts, the importance of the SCP's physical presence at the primary care level is emphasized, as they act as a link between PC and CMHUs, provide early intervention, prevent the chronicity of symptoms, and relieve the strain on resources (Duro, 2016).

Overall, the evidence indicates that psychological care in PC must be accessible, time-limited, and focused on clinical indications. The inclusion of the SCP ensures care tailored to the needs of each individual case and offers a comprehensive approach to common mental disorders (Latorre et al., 2016).

Discussion

There appears to be a low level of satisfaction among both healthcare professionals and patients themselves regarding the current approach to emotional disorders in PC. Compounding this is the difficulty in referring patients to higher levels of care, which is constrained by clinical and structural limitations within the system. As a result, psychological distress becomes chronic or worsens, whereas with appropriate and early intervention, it could have been resolved more effectively. Another particularly concerning issue is the high consumption of psychotropic medications in this context, despite the fact that this approach deviates from those recommended for the treatment of common mental disorders (Flores-Hens et al., 2024).

In this context of healthcare challenges, the incorporation of the SCP into health centers has been positively received. Psychological interventions have proven to be safe and cost-effective treatments for common mental disorders, reinforcing the need to integrate specialized professionals into primary care.

From a biopsychosocial perspective, the work of the SCP offers humanized and contextualized care, allowing for a more precise differentiation between life distress, adaptive symptoms, and established mental disorders, thereby avoiding both overdiagnosis and lack of care. Their work in PC is not limited to structured psychotherapeutic intervention but includes clinical assessment, early intervention for common mental disorders, prevention of chronicity, coordinated work with other healthcare team members, and the optimization of referrals to other levels of care when necessary.

However, the implementation of psychological care in PC in Spain is not without its challenges. Currently, there is no agreed-upon national model, resulting in regional programs that vary in terms of organization, population coverage, intervention modalities, and staff-to-patient ratios. Furthermore, the growing demand for psychological care far exceeds the current number of professionals, compromising the minimum quality standards necessary to ensure safe and effective care. In this context, partial and short-term responses have been promoted, such as the incorporation of professionals without a health care specialization or the creation of alternative roles (Infocop, 2025). While seeking to alleviate the pressure on care services, these initiatives raise significant questions regarding quality, equity, and clinical safety (Duro, 2016).

It is important to emphasize that PC is not conceived as a mechanism intended to address "simple distress" or to perform exclusively screening functions, but rather it constitutes a specialized level of care within the SNS. Therefore, the professionals who comprise it—family physicians, community nurses, pediatricians, and clinical psychologists—must have the corresponding specialized healthcare training (Real Decreto 183/2008). In this regard, SCPs possesses the competencies, clinical autonomy, and specific training that enable them to guarantee evidence-based psychological care, maintain standards of care quality, and guarantee safety and equity in access to care (Blanco, 2025; Fernández-Garzón et al., 2025).

The PSICAP Project, through which specialized psychological care in PC is being studied and implemented, concludes that psychological treatment is up to three times more effective than standard PC treatment for problems of anxiety, depression, and somatization (Alonso et al., 2019).

Likewise, available data indicate that in those autonomous communities where the SCP role has been implemented in PC, both the population and the healthcare system itself benefit. The experiences described in Madrid, Andalusia, and Asturias show improvements in access to psychological care, early intervention, reductions in waiting lists, and a lower need for referral to other services, among other benefits.

Taken together, these findings reinforce the relevance of permanently integrating the SCP into PC as a key component of a stepped, community-based, and sustainable care model.

Finally, it should be noted that this study has a number of limitations that must be taken into account. First, there is a scarcity of high-quality scientific publications that systematically collect data from public psychological care programs in PC, which makes it difficult to conduct robust comparative analyses and draw generalizable conclusions. Second, a detailed review of evidence from other countries has not been conducted, given that structural and organizational differences among public health systems limit the direct comparability of models for integrating clinical psychology into PC. Finally, although specific regional experiences are described, it has not been possible to analyze in depth the differences between autonomous communities due, once again, to the lack of available publications and the heterogeneity in program implementation. These limitations highlight the need for public administrations to promote systematic, standardized, and transparent evaluations.

Conclusion

The high prevalence of common mental disorders, the heavy burden they place on patients and the healthcare system, the limited capacity of CMHUs, and the long waiting lists highlight the need to strengthen their management in PC. In this context, the incorporation of SCPs into PC teams represents a key measure for strengthening the SNS from a comprehensive and multidisciplinary perspective. Their presence enables early, person-centered interventions, improving access, quality, and efficiency in mental healthcare. Furthermore, these interventions have been shown to be effective, well-accepted by the population, and contribute to reducing the pathologization of everyday life, decreasing stigma, and enhancing the perception of self-efficacy among patients and professionals (Duro, 2016).

Despite these benefits, the implementation of these programs faces significant challenges. Among them is the shortage of professionals, with ratios far below those recommended by international organizations. This structural deficit makes it necessary for any increase in SCPs to be accompanied by a parallel and sustained increase in PIR positions, ensuring both the coverage of new care needs and generational turnover in the face of anticipated retirements. Otherwise, there is a risk of consolidating care models based on non-specialized personnel (Cuéllar-Flores et al., 2022).

For psychological care in PC to be effective, safe, and sustainable, its planning must be based on quality criteria and not merely respond to increases in care demand. Psychological treatments are effective provided they are delivered under minimum quality standards, which entails an adequate staff-to-patient ratio, a defined timeframe, and formal training. Therefore, the solution does not lie in incorporating alternative roles, but rather in joint and progressive planning to increase the number of SCP and PIR positions, thereby preventing the fragmentation of healthcare and ensuring appropriate interventions.

Finally, establishing clinical psychology in PC requires not only empirical evidence and healthcare planning, but also broad consensus and institutional support. Coordination among scientific associations, professional associations, and healthcare authorities is key to strengthening the legitimacy of these initiatives, ensuring the continuity of programs, and fostering trust among professionals and the public. Political will, structural reinforcement, and a firm commitment to qualified clinical professionals are essential in addressing the current mental health challenges at the primary care level.

In conclusion, addressing common mental disorders in PC through the stable and planned incorporation of SCPs constitutes a social and healthcare priority, with clear implications for the efficiency, equity, and quality of the SNS.

Conflict of Interest

The authors declare that there is no conflict of interest in the preparation of this article.

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