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Perceived effects of the economic recession on population mental health, well-being and provision of care by primary care users and professionals: a qualitative study protocol in Portugal

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ABSTRACT

Introduction Economic recession periods can pose accentuated risks to population's mental health and well-being as well as additional threats to health systems. Users and health professionals are key stakeholders in care delivery; however, little attention has been given to their experiences of the crisis. This paper presents a qualitative study protocol to assess users' and health professionals' perceptions about the effects of the post-2008 economic recession on mental health and care delivery in the Lisbon Metropolitan Area, Portugal.

Methods and analysis The methodology to assess perceived effects of the economic recession by primary care users and professionals on population mental health, well-being and provision of care is presented. Focus groups with users and semistructured interviews with health professionals will be carried out in three primary healthcare units in Lisbon areas especially affected by the crisis. Thematic analysis of full-transcribed interviews will be conducted using an iterative and reflexive approach.

Ethics and dissemination The study protocol was approved by the Ethics Committee of NOVA Medical School, NOVA University of Lisbon. The findings will be useful for other researchers and policy-makers to develop and implement the assessment of prevailing experiences of users and health professionals on the effects of the economic recession on mental health and quality of care in primary health context, promoting their involvement and contribution to services responsiveness.

Strengths and limitations of this study

- Integration of the perspectives and experiences of two key informants: primary healthcare users and professionals.
- Selection of primary healthcare centres from areas particularly affected by the economic crisis, based on key geographical indicators.
- Studies about the impact of the economic crisis on mental health using qualitative methods are scarce.
- Dissemination of findings may contribute to redefine policy measures for better coordinated provision of care and efficiency improvement.

INTRODUCTION

In a period of economic recession, several health outcomes are likely to deteriorate, particularly among those socially more vulnerable.[1] The potential negative effects of economic recessions on mental health are likely to be more immediate and severe than those on physical health and may include a higher proportion of mental health problems such as common mental disorders, substance use disorders and ultimately, suicidal behaviour.[1–5]

The latest economic recession that started in 2008 and affected many European countries has hit hard Portugal and produced evident signs of economic contraction.[6] From 2011 to 2013, the country lost approximately 7% of gross domestic product (GDP) and the recession period was characterised by rising deficits, which corresponded to 11.2% of GDP in 2010 and declined to 4.4% in 2015, still above the 3% established limit of the European Union Stability and Growth Pact.[7] Significant levels of government debt amounted 129% of GDP in 2013, a value maintained in 2015.[8] The annual unemployment rate rose from 8.8% in 2008 up to 16.4%, one of the highest rates in Europe in 2013, declining to 12.6% in 2015, but still higher than before the recession period.[9]

In 2011, Portugal had to reduce public spending while undergoing the financial assistance programme from the European Union, the European Central Bank and the International Monetary Fund, commonly known as Troika.[10] The memorandum included an agreement to generate substantial cuts in the health system, which were achieved through

multiple ways, such as freezing or reducing salaries of health professionals and staff, reducing existing staff and new hiring, increasing the number of patients per general practitioner (GP) and reducing the amount paid for overtime work, as well as measures to reduce demand of care by increasing copayments. Nevertheless, broad copayment exemptions in healthcare delivery, based on several criteria such as economic deprivation, unemployment and other vulnerable groups, may have reduced the impact of this measure.[6 11]

The economic recession, through its poor macroeconomic outlook and impact on the economic, social and health system, is likely to have led to a deterioration of the mental health of the Portuguese population. Studies in other Southern European countries indicate that changes in socioeconomic conditions, such as economic hardship, job insecurity and unemployment have a detrimental effect on mental health.[5 12–16] At the health system level, the additional pressures due to cuts in public funding are likely to endanger the health system performance, affecting both demand (eg, out-of-pocket payments) and provision of care (eg, cuts in human resources).[11 17] Therefore, despite increasing needs, the economic crisis may exacerbate existing problems and add new ones to the health systems, creating additional challenges to the provision of care.[18]

It is important to acknowledge that the consequences of the economic crisis are likely to vary across countries, with health system responses reflecting differences in context, economic situation, type of welfare state and policy choices. Therefore, to design appropriate policy recommendations, the specificity of each country and of its responses to the economic crisis must be previously assessed.[17]

Portugal, one of the European countries most affected by the economic crisis and subsequent implementation of austerity measures, has received proportionally less attention regarding its population mental health and well-being consequences when compared with other European countries.[6] For instance, in a recent systematic review of the evidence on the health outcomes during the economic crisis in Europe, no studies conducted in Portugal were included.[5] This is particularly important considering that Portugal had already one of the highest prevalence rates of mental disorders in Europe, with a 22.9% prevalence of any 12-month mental disorders before the recession.[19] This scenario may have been further deteriorated by changes in healthcare-seeking behaviour and healthcare delivery due to problems such as impoverishment, increased out-of-pocket payments in public services and fear of unemployment as a result of sick leave or time spent in healthcare.[11] Research on this subject is increasingly relevant, due to the need to evaluate the specific needs of the Portuguese context that will support appropriate policy responses aiming at ameliorating the potential rise of health and social inequalities in the population.

In the context of the Portuguese National Health Service, primary healthcare professionals have a crucial role as gatekeepers of the health system. Therefore, it is a key action to continually promote primary healthcare as the first line of the health system to provide care for mental health problems by ensuring access and quality of care, as well as by guaranteeing adequate cooperation between primary care and specialised mental health services.[20] Thus, giving voice to users and health professionals is imperative to better understand the economic crisis consequences and plan initiatives to improve responsiveness of services, quality of care and overall systems efficiency and effectiveness.[21] Users and health professionals are major stakeholders in care delivery; however, so far qualitative evidence of users and professionals' experiences as result of economic recession are very scarce and almost non-existent focusing mental health, with exception of two qualitative studies conducted in Spain with health professionals.[22 23] To our knowledge, this is the first qualitative study to explore the effects of the current economic recession on mental health of the population and on the health system, through the perceived experiences of both users and primary healthcare professionals, which may contribute to the design of innovative policies addressing the health and social impacts of the economic recession.

METHODS AND ANALYSIS

Aims and objectives

The current study will be conducted under the scope of the Mental Health Crisis Impact Study—MH Crisis Impact, which benefits from a grant from the Public Health Initiatives Programme (PT06), financed by EEA Grants Financial Mechanism 2009–2014. The objective of this study is twofold: (1) to follow-up participants of the World Mental Health Survey Initiative Portugal carried out in 2008[19 24] and compare epidemiological data on mental health disorders, their determinants and use of services, before and after the economic crisis; (2) to explore users' and primary care health professionals' perceptions on the impact of the economic recession on mental health of the population and on primary care and mental healthcare delivery. This study protocol presents the qualitative study designed to fulfil the second objective, which will complement the quantitative data obtained through the epidemiological survey, to provide a comprehensive assessment of the impact of the economic crisis.

Study design and setting

Given the exploratory nature of this research study, different qualitative methods were considered to determine the best data collection procedure to address the study aims. The research team decided that the best methods were interaction with users in a group setting (focus group interviews) and direct interaction with professionals on a one to one basis through semistructured interviews. Focus groups were considered the adequate data collection methods among users due to the need to obtain a diverse array of perspectives and given

the interest in the comparisons made by the participants between their experiences. The decision to conduct semistructured interviews was made after consulting with healthcare professionals, who referred they might not feel fully comfortable sharing their honest opinion in the presence of other colleagues.

Primary healthcare centres were found to be the best setting for data collection. These are proximity units, where local communities go to address their primary healthcare needs. A geographical delimitation based on an evaluation of the municipalities more affected by the crisis[25] and the socioeconomic typology of the Lisbon Metropolitan Area[26] were considered in order to select primary healthcare units in areas of higher probability of economic recession impact. Three case studies were selected: a suburban area located in an old industrial metropolitan axis (Póvoa Santa Iria UCSP); a suburban area located in a recent metropolitan expansion axis, which is largely occupied by semiskilled and unskilled services and industry workers (São Marcos USF) and a consolidated urban area where there is a mix of middle class neighbourhoods and social housing (Olivais USCP) (table 1).

Two existing types of primary healthcare units were considered for the purpose: personalised Healthcare centres (UCSPs) and family health units (USFs). It is important to point out some aspects of the organisation of the primary healthcare service. In 2005, a comprehensive reform was initiated to increase the accessibility, quality and efficiency of primary care services and to improve quality and satisfaction of both users and professionals.[27] This reform led to the creation of groups of health centres to aggregate and improve the management of resources and structures, which are responsible to ensure the provision of primary care to the population of specific geographic regions.[24] USFs are constituted by small and interdisciplinary public primary healthcare teams that provide individual and family healthcare with organisational, functional and technical autonomy.[27 28] UCSPs have a similar size than USFs, with multiprofessional teams as well, providing personalised access to care.[27] The two types of units differ by management model. In comparison with UCSPs, USFs are autonomous in their action plans, make use of professionals' participation in management, and have a financial incentive scheme associated with the activity. In relation to access, the ratio of users to family doctor is higher in the model USF; however, if all enrolled users are considered, and not only those who have a family doctor, there are more users enrolled per doctor in the UCSP.[29] At the moment, the study was approved in Póvoa Santa Iria UCSP and São Marcos USF and conditionally approved in Olivais USCP.

Participants

The study will be presented by the research team to the board of each primary healthcare centre. A chosen delegate from the board of the primary care centre will be appointed as the key contact with the research team.

The semistructured interviews with health professionals and focus group interviews with users will be conducted together with sociodemographic surveys. The following characteristics will be considered as inclusion criteria of participants: being at least 18 years old, having the ability to understand and communicate in Portuguese and being a user or professional at that healthcare centre.

Health professionals

All health professionals (eg, medical doctors, nurses, social workers, psychologists) will be contacted personally by the delegate of the collaborating primary healthcare centre for the study to be presented to them and, in case of agreement,

Table 1 Primary care units considered for study

Primary healthcare units			
	Póvoa Santa Iria UCSP*	São Marcos USF†	Olivais UCSP*
Geographic coverage			
Civil parish	Póvoa de Santa Iria and Forte da Casa	Cacém and São Marcos	Olivais
Municipality	Vila Franca de Xira	Sintra	Lisbon
Region	LMA	LMA	LMA
Primary healthcare centre characteristics			
Typology	UCSP	USF (B)	UCSP
ACES	Estuário do Tejo	Sintra	Lisboa Central
Population (users)	26.483	13.306	17.657
No of doctors	7	7	6
No of nurses	11	6	10
No of technical/operational assistants	9	5	5

*Data from 2016.
†Data from 2014.
ACES, Aggregation of Health Centres (Agrupamento de Centros de Saúde); LMA, Lisbon Metropolitan Area; USF, family health unit; UCSP, personalised Healthcare centre.

Table 2 Users' focus groups topic guide

Broad topics	Specific topics
Recession-related risk factors for mental health problems	Employment, family, economic, social, lifestyle and health areas
Changes in mental health and well-being	Perceived increase in psychological distress and its impacts on daily life
Help-seeking behaviours	At ease to seek for help for mental health problems; If positive, where and who
Health provision	Satisfaction with healthcare solutions; perceived changes in health provision during the economic crisis
Proposed solutions	Proposed measures to alleviate the impact of the economic crisis in daily life, mental health and well-being

to participate in the semistructured interviews. The delegate will also be responsible to direct the health professionals to the research team during data collection.

Users

A convenience sample of users will be recruited by the delegate of the primary healthcare centre or their GP, who will reiterate that participation is voluntary. In case of agreement, the telephone contacts will be provided to the research team to confirm the attendance of the participants in the day of the focus group. Participants may also be recruited in the waiting room during the day of the focus group by the delegate or by members of the research team.

Data collection procedures

The interviews will cover broad themes around the perceived effects of the economic recession on mental health and well-being of the population and also on the healthcare system.

Interviews and focus groups will take place at the healthcare centres. The topics covered by the focus groups (table 2) were based on literature regarding the main risk factors for mental health problems during the economic crisis and barriers in services access.[2 5 20 30] This approach will enable the researchers to collect information about the patients' perceptions of the impact of the current economic crisis on their personal, occupational and family well-being, as well as information about the access and usage of healthcare services and proposed suggestions for measures to alleviate the impact of the economic crisis in daily life, mental health and well-being at the healthcare centre level and at a national level.

The health professionals' semistructured interviews will follow a protocol similar to other relevant research in the area of health systems[22 23] and will focus on professionals' views about the potential consequences of the economic crisis on mental health and well-being of the population, possible key determinants, their experience on its impact on the healthcare system and delivery of care, and proposed policy measures to improve healthcare delivery at local and national level during the economic crisis (table 3). The semistructured interview and the focus group questions have been already piloted on a selected group of respondents to assess the adequacy of research questions.

The study design was conceived taken into consideration the recommended principles of data saturation, which indicate that the number of focus groups necessary to reach thematic saturation may vary from three to five, which, however, does not constitute a standard.[31] Concerning health professionals, given the differences in professional backgrounds among the participants, interviews are planned to be carried out until thematic saturation is reached. Thematic saturation is considered when new concepts and themes no longer emerge from the data.[32]

Table 3 Semistructured interviews topic guide with health professionals

Broad topics	Specific topics
Impact of the economic crisis in population mental health and well-being	Fluctuations in number of patients resorting to primary care; changes in health complaints; mental health problems; prescription of psychotropic medication; users' social and economic complaints from the users
Access to and quality of care	Perceived changes in access and quality of care at local and national level; introduction of copayments; short-term and long-term impacts of austerity measures; changes in user's satisfaction
Proposed solutions	Proposed policy measures to improve population mental health, well-being and access to and quality of care during the economic crisis

Data analysis

All semistructured interviews and focus groups will be transcribed verbatim, analysed and codified. Content and thematic analysis will be conducted through an iterative and reflexive process. Findings will emerge directly from raw data, based on an inductive approach. A hermeneutic analysis of the transcripts, using constant comparison and category building procedures, will allow the researchers to identify major themes supported with *QSR NVivo* 10 Software.[33] An initial coding of the segments of the transcriptions, quotation by quotation, will be conducted by two independent researchers following the protocol of Stemler and collaborators.[34] The segments of coded text will be synthesised into categories and further grouped into recurrent or most important themes.[35 36] In a first stage, focus groups and semistructured interviews will be analysed separately, through a detailed description and interpretation of the main themes. In a subsequent stage,

comparative and relational analysis from the focus groups and semistructured interviews will be carried out, in order to identify how the perspectives of users and health professionals may converge or diverge in specific subjects. The researchers will discuss on the interpretation of the data and disagreements with a third researcher until consensus is reached. Findings will be reported following the COREQ (Consolidated Criteria for Reporting Qualitative Research) guidelines.[37]

ETHICS AND DISSEMINATION

The protocol of the MH Crisis Impact Study, in which this study is integrated, was approved by the Ethics Committee of the NOVA Medical School, NOVA University of Lisbon. An information sheet with a description of the study design and objectives will be presented to all participants. Each participant will be given a written informed consent for the interview recordings and collected materials. All data will be anonymous and confidential. Data protection will be ensured by separating audio records, transcripts, consents and questionnaires. Code linking data to individuals will be safely stored and only accessible to the research team. Furthermore, the transcription process and dissemination of the study will anonymise the participants as a way of protecting their identity. All study materials will be subject to strict protection and only available to the research team members.

This qualitative approach will contribute to the current knowledge of the effects of the economic crisis in Portugal on mental ill health and well-being of the population. It will also provide a better understanding to the follow-up epidemiological data on mental health disorders and use of services. The added value of this study lies on its concern with underlying values, perceptions, attitudes and behaviours related to mental health and usage of healthcare delivery of users and health professionals in the specific context of an economic recession, in suburban geographical areas particularly affected by its consequences. Rigorous standards of qualitative research, namely credibility, dependability, confirmability and transferability, will ensure that the findings obtained are consistent with the methods of the interpretivist paradigm and its information sources.[36] The limitations of the present study are related to the research method itself, since the findings cannot be extrapolated to other contexts. Another potential limitation anticipated by the researchers is the possibility of over-representation of certain groups, such as retired or unemployed people, which are more likely to participate in the focus groups. Furthermore, by focusing on primary healthcare users and professionals, the scope of this study does not allow to fully assess the impact of the economic crisis in the health system, in matters such as the perspectives of mental health professionals towards the provision of specialised mental health services during the economic crisis.

The combined perspectives of users (subjects and objects to which care is administered) and health professionals, ensures that all views may contribute to help redefining policy measures for better coordinated provision of care and efficiency improvement.[38] The results will be published in international and national peer-reviewed journals and presented in international conferences. Furthermore, the results will be disseminated nationally in seminars directed to the general public, students and policy-makers in the health and social sectors and will contribute to the development of policy recommendations, under the objectives of the MH Crisis Impact Study.

In conclusion, this qualitative study will allow us to shed light on social and economic processes associated with perceptions of health, well-being and use of services during the economic crisis. Thus, it will provide an innovative contribution for policy measures, both place based and nationally, to properly address the consequences of the economic recession in Portugal.

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