

# Strategies Based on Avedis Donabedian's Triad for Promoting Mental Health in Primary Care: Integrative Review

Estratégias Alicerçadas na Tríade de Avedis Donabedian para a Promoção da Saúde Mental na Atenção Primária: Revisão Integrativa

Estrategias Basadas en la Tríada de Avedis Donabedian para la Promoción de la Salud Mental en la Atención Primaria: Revisión Integrativa

## RESUMO

**Objetivo:** identificar na literatura as estratégias que podem ser implantadas pela equipe de atenção primária que auxiliam na promoção da saúde mental alicerçadas na tríade de Avedis Donabedian. **Métodos:** Revisão integrativa, que identificou 70.275 estudos, sendo 38.499 na MEDLINE, 15.212 na SCOPUS, 2.891 na CINAHL, 13.673 na GALE. Após exclusão dos estudos duplicados e aplicação dos critérios de elegibilidade, foram selecionados 10 estudos. **Resultados:** Os textos dos estudos foram tabulados em formato de quadros analíticos onde os dados foram dispostos organizadamente de forma sistemática. **Conclusões:** Variadas estratégias podem ser incorporadas em parceria com a equipe de atenção primária que auxiliam na promoção da saúde mental. Assim, torna-se possível identificar as potencialidades das ações e estratégias empreendidas pela de atenção primária bem como de cuidados em saúde mental, o que tende a reforçar a necessidade de mais estudos que incorporem a tríade de Avedis Donabedian.

**DESCRIPTORES:** Atenção Primária à Saúde; Saúde Mental; Qualidade da Assistência à Saúde.

## ABSTRACT

**Objective:** To identify strategies in the literature that can be implemented by primary care teams to aid in the promotion of mental health based on Avedis Donabedian's triad. **Methods:** An integrative review identified 70,275 studies, including 38,499 in MEDLINE, 15,212 in SCOPUS, 2,891 in CINAHL, and 13,673 in GALE. After excluding duplicate studies and applying eligibility criteria, 10 studies were selected. **Results:** The study texts were tabulated in analytical tables where the data were systematically organized. **Conclusions:** Various strategies can be incorporated in partnership with the primary care team to aid in the promotion of mental health. Thus, it becomes possible to identify the potential of the actions and strategies undertaken by primary care as well as mental health care, which reinforces the need for further studies that incorporate Avedis Donabedian's triad.

**DESCRIPTORS:** PRIMARY HEALTH CARE; MENTAL HEALTH; QUALITY OF HEALTH CARE.

## RESUMEN

**Objetivo:** identificar en la literatura las estrategias que puede implementar el equipo de atención primaria para ayudar a promover la salud mental basadas en la tríada de Avedis Donabedian. **Métodos:** Revisión integrativa, que identificó 70 275 estudios, de los cuales 38 499 se encontraron en MEDLINE, 15 212 en SCOPUS, 2891 en CINAHL y 13 673 en GALE. Tras excluir los estudios duplicados y aplicar los criterios de elegibilidad, se seleccionaron 10 estudios. **Resultados:** Los textos de los estudios se tabularon en forma de cuadros analíticos en los que los datos se presentaron de manera organizada y sistemática. **Conclusiones:** Se pueden incorporar diversas estrategias en colaboración con el equipo de atención primaria que contribuyan a la promoción de la salud mental. De este modo, es posible identificar el potencial de las acciones y estrategias emprendidas por la atención primaria, así como de los cuidados de salud mental, lo que tiende a reforzar la necesidad de más estudios que incorporen la tríada de Avedis Donabedian.

**DESCRIPTORES:** Atención Primaria de Salud; Salud Mental; Calidad de la Atención Sanitaria.

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## INTRODUCTION

Quality is imperative in modern health management, as it directly influences patient outcomes, safety, system sustainability, and cost-effectiveness, especially when it comes to primary health care<sup>1</sup>.

Quality in health services can be described as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge<sup>2</sup>.

Services related to Primary Health Care are one of the fastest-growing sectors due to their distinct role in prolonging human life and meeting citizens' health care needs<sup>2</sup>.

Primary health care settings with limited resources should be designated as priority areas for evaluating the effectiveness of interventions, particularly in health facilities where care is provided by service providers<sup>3</sup>.

The application of the quality improvement model in primary care can address persistent barriers, including fragmented integration with other services such as mental health and limited managerial oversight at the primary care level<sup>3</sup>.

The Donabedian model, which is based on the sequential relationship between the three domains of "structure-process-outcome" to ensure high-quality healthcare and positive outcomes, has been widely adopted in the literature on health services<sup>4,5</sup>.

Donabedian's model provides a comprehensive set of dimensions for evaluating performance and effectiveness that support a more systematic and meaningful measurement of primary health care outcomes<sup>4,6</sup>.

In this view, as Donabedian elaborates, it is reasonable to define users as co-producers of care, agents of control, health reformers, informants, and quality definers and evaluators due to

their notable role in the relevant field<sup>7</sup>.

Applying Donabedian's model to primary health care services is expected to yield positive outcomes in areas related to conditions that were neglected or exacerbated during the pandemic (e.g., mental health<sup>4</sup>).

Mental health quality assessments have traditionally focused on mid-range theories (e.g., Donabedian) to explore structure, process, and outcome, but few studies are linked to primary care<sup>8</sup>.

To apply Donabedian's theory in evaluating the quality of primary healthcare to improve care for the population in need of mental health care, contexts, mechanisms, and outcomes must be included, where potential integration with primary care should be assessed from a realistic perspective<sup>8,9,10</sup>.

Given the above, this study aimed to describe an integrative review to identify in the literature strategies that can be implemented by the primary care team to assist in the promotion of mental health based on Avedis Donabedian's triad.

## METHOD

This article presents an integrative

literature review. It follows the methodology proposed by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for reporting review studies<sup>11,12</sup>.

### Research question and search strategy

The guiding question of this study was formulated in the form of a question and based on the elements of the PICO mnemonic, which are: P (What is the problem, or who are the individuals/population?); I (What will be done, or what is the treatment, or what is the intervention?); C (Will any alternative or parallel action be taken?); O ("Outcomes," meaning the expected result?)<sup>13</sup>.

Thus, the question posed is: "What strategies can be implemented by primary care teams to support mental health promotion based on Avedis Donabedian's triad?"

Keywords were then extracted from the guiding question according to the PICO strategy<sup>13</sup> and descriptors were selected according to controlled vocabularies in the health field using paired descriptors and those found in DeCS (Descriptors in Health Sciences) (on the website: DeCS <http://decs.bvs.br>) and their combinations in Portuguese, English, and Spanish, as shown in the following table:

Table 01 - Strategy for constructing search terms for matching authors.				
Objective	To describe a systematic review to identify strategies in the literature that can be implemented by primary care teams to promote mental health, grounded in Avedis Donabedian's triad.			
Mnemonic	P	I	C	O
Descriptor in Portuguese	Primary Health Care.	Quality of Health Care.		Mental Health.
Descriptor in English	Primary Health Care.	Quality of Health Care.		Mental Health.
Descriptor in Spanish	Primary Health Care.	Quality of Health Care.		Mental Health.
Use for general search	Primary Health Care AND Quality of Health Care AND Mental Health			
	Primary Health Care AND Quality of Health Care AND Mental Health			
	Primary Health Care AND Quality of Health Care AND Mental Health			

Source: Data obtained through research. Prepared by the authors (2026).

The combination of descriptors in the article search was formed using the Boolean operator "AND".

### Eligibility criteria

The eligibility criteria for this integrative review included articles relevant to the central theme of the review that were available in databases and written in Portuguese, English, or Spanish, published between January 2022 and March 2026, as this timeframe encompasses the most recent scientific output. , review articles, dissertations, theses, newspaper articles, and other articles that did not address the research topic, as well as duplicate articles identified in the initial screening, were excluded.

#### Evidence Sources

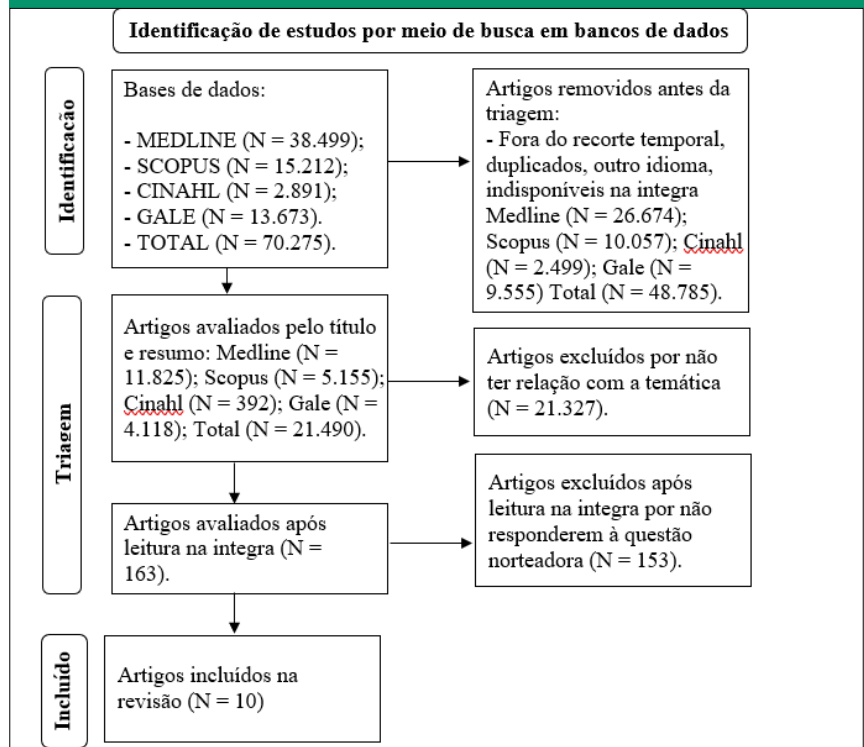
During the search and selection process, well-known and reliable evidence sources were consulted in the following databases: Medical Literature Analysis and Retrieval System Online (MEDLINE), accessible via PubMed; SCOPUS, a database from Elsevier; CINAHL (Cumulative Index to Nursing and Allied Health Literature) produced by EBSCO; Gale Academic OneFile, a multidisciplinary database produced by Gale, part of Cengage Learning, which draws on the national and international scientific community in the health field.

Access to these databases was made possible via CAFE (Federated Academic Community) through the Journal Portal of the Coordination for the Improvement of Higher Education Personnel (CAPES), which gathers and makes available to educational and research institutions in Brazil the best databases of international scientific output.

### Evidence Selection

The evidence selection stage will be conducted by two researchers, autonomously and independently; the flow of the study selection process is illustrated in Figure 1 :

**Figure 1 – Flowchart of descriptors used to identify studies through database searches. Identification of studies through database searching.**



Source: Data obtained through research. Prepared by the authors (2026).

### Data extraction

Following database searches, the titles and abstracts were carefully reviewed to identify studies that could address the research question. After sorting this material, the full-text articles were read with an interpretive approach, and all were categorized and indexed for subsequent synthesis of the information.

The search strategies identified 70,275 studies, including 38,499 in MEDLINE, 15,212 in SCOPUS, 2,891 in CINAHL, 13,673 in GALE . After excluding duplicate studies and applying the eligibility criteria, 10 studies were selected. Thus, 10 studies comprised the final sample.

### Data Analysis and Presentation

To summarize the information, we sought common characteristics ob-

served in at least two or more articles, excluding uncommon characteristics found in no study. The risk of bias in the study was considered during the analysis of data from each article.

For the level of evidence, the following classification was used: level 1 – evidence derived from systematic reviews or meta-analyses of Randomized Controlled Clinical Trials (RCTs); level 2 – evidence obtained from at least one well-designed RCT; level 3 – evidence from well-designed clinical trials without randomization; level 4 – evidence from well-designed case-control and cohort studies; level 5 – evidence from systematic reviews of descriptive or qualitative studies; level 6 – derived from a single descriptive or qualitative study; and level 7 – evidence originating from the opinion of authorities and/or expert committees (Galvão, 2006).

To support the construction and

in-depth analysis, the results were exported to the Nvivo 12 program, a software designed to qualitatively assess the variables and provide a better graphical visualization of the studied parameters.

**RESULTS**

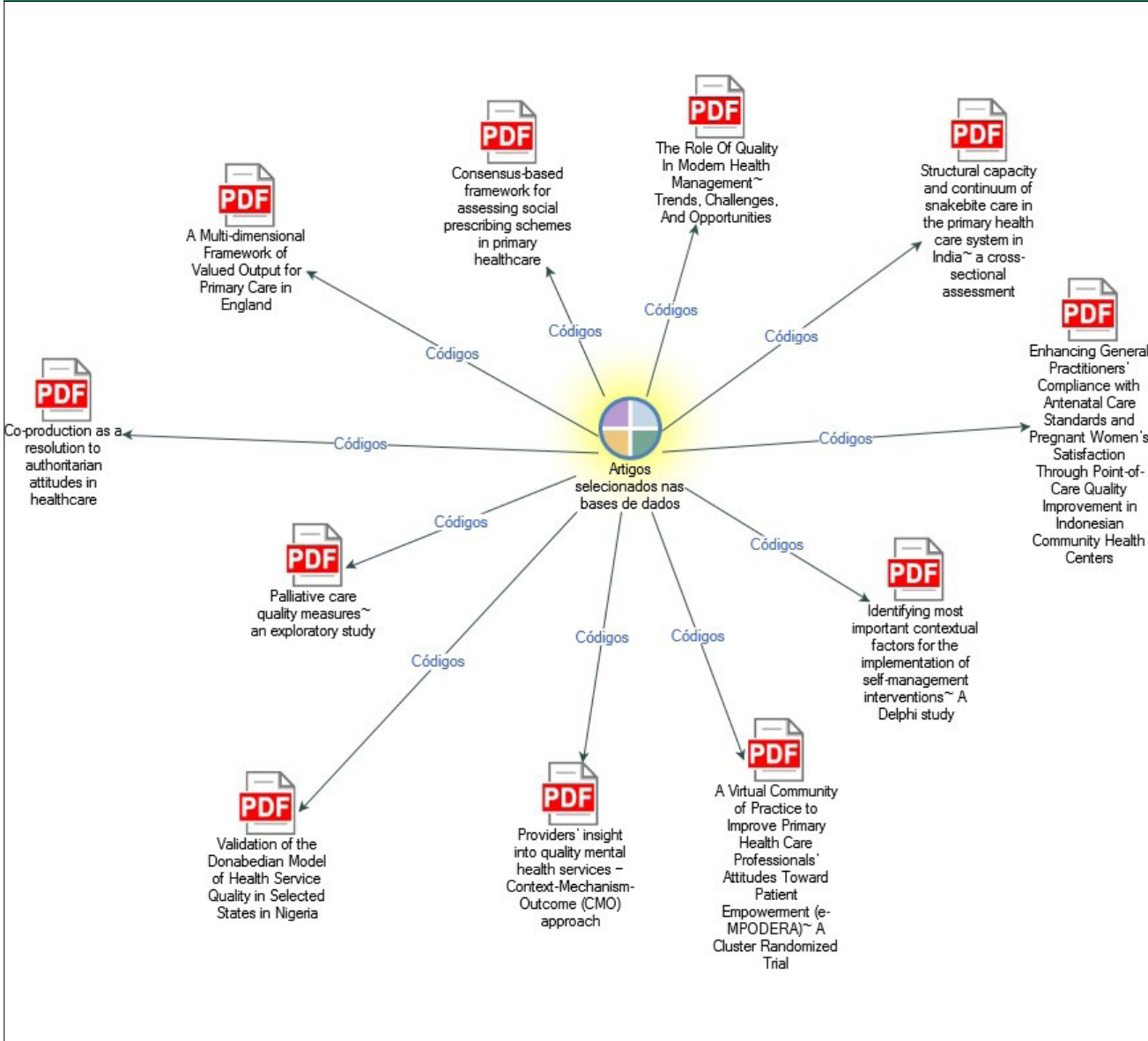
The 10 texts were then tabulated

in an analytical table format where the data were synthesized and arranged systematically to better present the information in Tables 2 and 3.

Upon examining the publication years of the articles, it is evident that four (40%) of the articles were published in 2025 (Carrera-Noguero et al., 2025; Linasari et al., 2025; Badu et al., 2025; Albreak et al., 2025);

three (30%) of the articles were published in 2024 (Neri; Cubi-Molla & Cookson, 2024; Buja et al., 2024; Opele & Adepoju, 2024); two (20%) of the articles were published in 2023 (Avci, 2023; Noordman et al., 2023), and one (10%) of the articles was published in 2022 (Orrego et al., 2022).

**Figure 2: Diagram Showing the Relationship Between Scientific Output and Thematic Areas.**



Source: Nvivo 12 software, 2026.

The countries where the articles were published were Spain, with two (20%) articles published (Orrego et al., 2022; Carrera-Noguero et al., 2025); in England, with one (10%) of the published articles (Neri; Cubi-Molla

& Cookson, 2024); one (10%) of the articles was published in the USA (Avci, 2023); 10% of the articles were published in Indonesia (Linassari et al. 2025); 10% of the articles were published in Germany (Noordman et al.,

2023); 10% of the articles were published in Italy (Buja et al., 2024); one (10%) of the articles was published in Ghana (Badu et al. 2025); one (10%) of the articles was published in Saudi

**Table 2 - Lead Author / Year; Database; Method and Level of Evidence.**

No.	Author Year	Database	Method	Level of Evidence	Parents
01	Neri; Cubi-Molla & Cookson, 2024.	SCOPUS	Literature review	6	England
02	Orrego et al., 2022.	GALE	Randomized clinical trial	4	Spain
03	Carrera-Noguero et al., 2025.	SCOPUS	Mixed Method	4	Spain
04	Avci, 2023.	MEDLINE/PubMed	Literature search	6	USA
05	Linassari et al. 2025.	CINAHL	Quasi-experimental	5	Indonesia
06	Noordman et al., 2023.	MEDLINE/PubMed	Qualitative Research	6	Germany
07	Buja et al., 2024.	SCOPUS	Literature review	6	Italy
08	Badu et al. 2025.	SCOPUS	Qualitative Research	6	Ghana
09	Albreak et al., 2025.	CINAHL	Literature search	6	Saudi Arabia
10	Opele, & Adepoju, 2024.	GALE	Quantitative Research	5	Nigeria

**Source:** Data obtained through research. Author's own compilation (2026).

When analyzing the articles found in the databases, four (40%) articles were found in SCOPUS (Neri; Cubi-Molla & Cookson, 2024; Carrera-Noguero et al., 2025; Buja et al., 2024; Badu et al., 2025), two (20%) of the articles were found in MEDLINE/PubMed (Avci, 2023; Noordman et al., 2023), two (20%) of the articles were found in CINAHL (Linassari et al., 2025; Albreak et al., 2025), and two (20%) of the articles were found in GALE (Orrego et al., 2022; Opele &

Adepoju, 2024).

The research methods used in the studies found in the articles were: Literature review in four (40%) of the articles (Neri; Cubi-Molla & Cookson, 2024; Avci, 2023; Buja et al., 2024; Albreak et al., 2025);

Qualitative research in two (20%) of the articles (Noordman et al., 2023; Badu et al., 2025); Randomized clinical trial in one (10%) of the articles (Orrego et al., 2022); Mixed-methods study in one (10%) of the articles (Carrera-Noguero et al., 2025); Quantitative study in one (10%) of the articles

(Opele & Adepoju, 2024); and Quasi-experimental study in one (10%) of the articles (Linassari et al., 2025).

Regarding the level of evidence: six (60%) of the articles presented evidence level VI (Neri; Cubi-Molla & Cookson, 2024; Avci, 2023; Noordman et al., 2023; Buja et al., 2024; Badu et al., 2025; Albreak et al., 2025); two (20%) of the articles had evidence level IV (Orrego et al., 2022; Carrera-Noguero et al., 2025) and two (20%) of the articles had evidence level V (Linassari et al. 2025; Opele & Adepoju, 2024).



## DISCUSSION

To demonstrate the uniqueness of the findings from the selected articles, an analytical framework for the discussion was developed around the theme of this integrative review article.

Improving efficiency and productivity are fundamental aspects to ensure that general practitioners can meet the needs of the growing population requiring healthcare<sup>4</sup>. In this regard, clinical specialists and representatives of primary care providers can utilize the analysis of dimensions related to conditions and services that are significant for efficiency and productivity, which have an impact on patients' physical and mental health outcomes.

As the author notes, evaluating the effectiveness of approaches aimed at improving services provided to users also enhances general practitioners' adherence to primary care standards, thereby increasing patient satisfaction at community health centers in Indonesia. Thus, when evaluating the effectiveness of these approaches, significant improvements are found both in the engagement of primary care professionals with community families and in the satisfaction of specific groups such as pregnant women and individuals with mental health needs<sup>3</sup>.

The objective of the research conducted by Orrego was to evaluate the effectiveness of a virtual community of practice in improving the attitudes of primary care health professionals toward the empowerment of patients with chronic diseases that can lead to the impairment of psycho-emotional components, finding that user participation in these virtual communities of practice led to an increase in evaluation when the sharing of information on the patient-professional guidance scale was verified<sup>15</sup>.

According to the analysis, by uti-

lizing the main contributions from users and professionals, it is possible to develop a framework to assess collaboration among teams and monitor adherence within the Spanish public health system. In this scenario, the results demonstrated comprehensive criteria, such as: structural criteria of equity, accessibility, and validation; process criteria for patient consent; and outcome criteria regarding improvements in quality of life in physical, mental, and social aspects. Thus, it can be concluded that the framework for evaluating the " " model within the Spanish public health system prioritizes equity and user-centered approaches, emphasizing the value of social prescription schemes that address psycho-emotional aspects in the care provided by primary healthcare professionals<sup>14</sup>.

As described in the study, by shedding light on authoritarian attitudes in healthcare and proposing the concept of co-production as a solution to this undesirable aspect of healthcare, it becomes clear that health services should be provided with the active involvement of users in all relevant processes, recognizing users as equal co-producers of care. This assertion arises from the recognition that the concept of co-production is a practical and effective mechanism for addressing disparities in physical and mental health care, acknowledging users as equal co-producers and partners<sup>7</sup>.

There is a clear relevance regarding the need to measure, in terms of care intensity and home death, how the structures and processes of primary palliative care services correlate, respectively. It was observed, in relation to the dimension of the application of professional processes, that the care intensity coefficient exhibits an increasingly significant statistical trend, contributing positively to both the care provided and the proportion

of home deaths for groups of Local Health Units. The data showed that the structure of palliative care services in primary care and high-quality professional processes were the dimensions that presented a significant correlation with the care intensity coefficient<sup>16</sup>.

It is important to highlight that the evaluation conducted by Badu<sup>17</sup> utilized Donabedian's theory to explain the contextual factors and mechanisms that could improve the quality and outcomes of mental health services in Ghana. Consequently, the analysis identified five configurations of effects resulting from a lack of funding; unavailability of equipment and logistics to support services; awareness of mental health quality; the need for greater intersectoral integration, especially regarding primary care; and monitoring and evaluation to improve service quality. Thus, evaluation frameworks are relevant for understanding the views of health service providers regarding existing services and potential improvements, but their application to mental health services is limited<sup>17</sup>.

The author Albreck comprehensively characterizes the necessity of exploring the role of quality in modern health management, focusing on the analysis of current trends and the identification of key challenges, while also highlighting emerging opportunities in quality improvement initiatives. These findings emphasize that adopting a holistic, adaptive, and inclusive approach to quality is essential to meet the growing demands of health systems worldwide and ensure that improvements translate into better health for all populations<sup>1</sup>.

With regard to a localized study conducted to validate the Donabedian model of quality health services in selected states of Nigeria, the results of this research reveal the need to adopt the Donabedian model in Ni-

geria's other three geopolitical zones, extending to primary care in order to improve the quality of health services<sup>18</sup>.

## CONCLUSION

Upon identifying various strategies grounded in Avedis Donabedian's triad for addressing the needs of PHC users, it was found that there are several innovative practices to meet exist-

ing demands that can be implemented to promote their mental health.

In this sense, the analysis of the actions presented here underscores the need to break down the barriers that prevent such strategies from being scaled up, so that they are not restricted to isolated experiences or movements driven by academic trials.

To this end, public policies for promoting mental health are needed that are grounded in evidence such as

that found in this study, based on theories widely validated in professional practice—especially among PHC providers—across numerous countries, such as those grounded in Avedis Donabedian's triad.

It is further concluded that studies of this nature should be conducted regularly to promote more up-to-date practices to meet the demands of PHC users.

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