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Editorial

Bridging the Implementation Gap in Primary Care: from Mental Health Issues to Chronic Diseases Management

Putu Aryani[1]✉, Shailendra Prassad[2]
[1]Department of Public health and Preventive Medicine, Faculty of Medicine, Udayana University, Bali, Indonesia
[2]Department of Family Medicine and Community Health, Medical School, University of Minnesota, Minneapolis, United States of America
✉ putuaryani@unud.ac.id
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The current landscape of primary healthcare in developing nations stands at a critical juncture, where the rising burden of non-communicable diseases and an immense mental health treatment gap demand scalable, culturally adapted implementation models. This issue of *Primary Care Science and Practice* highlights diverse strategies, from systematic reviews of mind-body interventions to original research on digital stressors and public-private partnerships, that aim to bridge these gaps in secondary prevention and integrated care.

Mental health issues are still underreported and undertreated, especially for mild mental disorders. A primary concern for policymakers remains the staggering 85% treatment gap for Major Depressive Disorder in Indonesia. A study has been conducted to address the challenge by the adaptation of the Train-the-Trainer (TtT) MDD Minds module. By empowering Primary Care Physicians (PCPs) through community-based training. This program demonstrated a significant transformation in clinical reasoning and self-efficacy, resulting in a dramatic increase in depression screening from 18% to 72% and tangible improvements in patient outcomes, such as reduced PHQ-9 scores and better blood pressure control for those with comorbid hypertension. From a policy perspective, these findings provide a proof-of-concept for the nationwide scaling of tiered, culturally resonant protocols. The success of such modules suggests that when training is culturally adapted and community-oriented, it can translate directly into patient benefits, including clinically significant reductions in depression severity and improved medication adherence for comorbid conditions like hypertension.

Parallel to these clinical advancements, as we expand mental health services for the general public, we must not overlook the "healers" themselves. The study on medical students at **Udayana University** serves as a vital reminder that our future primary care workforce is increasingly vulnerable to modern stressors. In general, medical students are at high risk to experience substantial stress linked to high academic demands.The significant association found between prolonged social media

use (averaging 4–6 hours daily) and elevated stress levels. Addressing academic demands alongside excessive digital exposure is essential to maintaining the psychological well-being of the next generation of physicians. This underscores the need for "digital hygiene" as a component of primary care mental health strategies.

The second issue of this journal also elaborated remaining problems in chronic disease management, for instance the management of cardiac rehabilitation. Chronic disease recovery where formal cardiac rehabilitation is scarce, community-based yoga presents a safe, cost-effective, and evidence-based model to enhance the quality of life and cardiac autonomic regulation for coronary heart disease survivors. However, the success of such clinical interventions relies heavily on robust infrastructure.

Meanwhile, Chronic infection such as Tuberculosis remains high in Balinese community. The problem is low achievement in active case findings and early treatment at Primary Care level. Several effort to increase the early detection and management has been initiated by the governement, for instance the Public-Private Mix (PPM) strategy for Tuberculosis notification. This programs aimed to involved the private practitioners and private clinics to actively screen, diagnose and report the Tuberculosis cases to the local Public Health Centers. This partnership would increase the number of diagnosed cases, therefore it can be treated earlier to prevent transmission as well as MDR resistant cases. Study revealed that While private sector commitment remains high, technical barriers in reporting and diagnosis persist, necessitating simplified systems and reinforced district-level coordination to ensure effective public-private engagement.

Central to the success of these diverse interventions is the pivotal role of the family doctor, who serves as the linchpin for integrated, person-centered care. The implementation of the TtT MDD Minds module explicitly demonstrates that when family medicine principles, especially community-oriented approaches and comprehensive management are strongly integrated, provider competencies and patient benefits improve significantly. Whether managing the complex interplay of mental health and chronic physical comorbidities or coordinating with private sectors for infectious disease notification, the family doctor provides continuum of care. Longitudinal continuity in patient care as well as addressing patient's social life problems, including family support, will improve the adherence and result of therapy. By adopting roles that range from clinical practitioners to community educators and network coordinators, family physicians ensure that healthcare delivery is not merely a series of isolated treatments but a cohesive, family-oriented service that addresses the holistic needs of the population.