Measuring the Impact of and Challenges in Using Psycho-Therapy Sessions in Primary Health Care, Riyadh, Saudi Arabia

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Abstract

Background: Raising awareness of the importance of integration of psychotherapy into primary care settings because it may increase access to mental health treatment and improve patient outcomes.

Methodology: A retrospective case study was conducted using clinic performance reports and patient appointment data in 2023 and the Q1 of year 2024. Such data included appointment bookings, demographics of patients, discharge rates, and no-show rates.

Results: These findings suggest that integrating psychotherapy improves service availability showed by lower wait times and more people being discharged, which could indicate successful therapy. However, challenges still exist such as high no-show rates that might result from appointment scheduling challenges or social determinants affecting health and a more holistic approach to dealing with psychological influences on mental health should be adopted.

Conclusion: The consolidation of psychotherapy services in primary healthcare is optimistic for mental health care accessibility and patient wellbeing. Nonetheless, it is vital to address issues like no-shows and social determinants of illnesses if the program is to be further optimized. Program effectiveness and patient care are improved through continued cooperation with the primary care clinics and social services, as well as better data collection.

Introduction

In the recent past, psychotherapy has been integrated into the primary care setups. Studies indicate that combining psychotherapy with pharmacotherapy could improve therapeutic outcomes by tapping into the advantages of both [1]. Psychotherapy is an effective remedy for treating depression, but which majority of patients in general practice prefer such treatment to antidepressant medications [2]. Hence, there is a growing demand for integrating psychotherapy with other mental health services within the primary care system so as to ensure all patients receive comprehensive medical assistance [3]. Therefore, Integrated Primary Care Behavioral Health (IPCBH) aims to prevent and offer time-bound therapy to patients as a way of taking care of them as it is done in primary health facilities [4]. Collaborative models of care including psychotherapy in primary care settings have emerged as a recommended approach aiming at addressing mental health disparities [5]. Psychotherapy is the preferred method of treatment for common mental disorders, and it places an emphasis on its primacy in primary healthcare [6]. Educating the primary healthcare givers about psychotherapy’s efficacy and collaborative models is vital for their integration into primary healthcare settings [7]. In a nutshell, psychotherapy integration to primary care would increase accessibility to mental health services, improve outcomes of treatment as well as meet all-round requirements of patients in this medical setting. Primary health should therefore focus on individualized evidence-based psychological treatments and collaborative models that can lead to effective delivery of mental healthcare.

Measuring the impact of therapy sessions in primary care settings is important for several reasons. One, it helps healthcare providers assess the efficacy of brief psychological interventions within primary care for conditions like anxiety, depression, and common co-occurring mental health disorders. By evaluating
treatment outcomes, healthcare providers can identify areas that need improvement and improve on ways of offering treatment to enhance patient care. Additionally, evaluation of therapy session effects in primary care contexts is crucial as evidenced by self-management support programs studies and cognitive-behavioral therapies targeting different medical issues [8,9]. Furthermore, there are also studies with a focus on self-management support programs and cognitive behavioral therapy for different health conditions [8,9]. This contribution can also be seen when measuring the impact of therapy sessions in primary care contributes towards evidence-based practices and assessing collaborative care models [10].

To improve the delivery of quality care and promote the integration of psychotherapy into primary care, health providers can do this by collecting data on therapeutic interventions’ outcomes. This is why it is crucial to measure the influence of therapy sessions in primary care. In primary care, it helps healthcare providers evaluate interventions’ effectiveness, review treatment approaches or strategies, assess patient-reported outcomes, sustain interventions, and also contribute to evidence-based practices. There are several challenges that must be addressed in order to ensure the effective integration of psychotherapy into primary care settings. The major challenge here is adapting efficacious psychotherapy interventions to fit within the resource constraints and competing demands characteristic of many primary care facilities [11]. Hence, transforming psychotherapy so that it aligns with regulatory systems that support medical-behavioral health integration as well as incorporates treatments with proven efficacy necessary for ensuring quality of care [12]. Transportation issues and time constraints, as well as cost concerns and the stigma attached to mental health services, are some other barriers that patients face in accessing psychotherapy [13,14]. Also, a lack of professionals, trained in this area, coupled with the amount of time spent during face-to-face therapy sessions creates more difficulties when trying to reach all individuals who need to be treated [15]. It can also be concluded that adapting interventions for limited resources, addressing barriers to patient access, and overcoming treatment’s intricacies via alternative avenues, such as telephone care are some challenges within primary care settings when it comes to implementing psychotherapy. There is a possibility for healthcare providers to acknowledge these challenges; hence integrate psychotherapy into primary healthcare units so as to better the mental health outcomes of their patients.

Research Objectives
1. How effective is therapy in primary care?
2. What are the main factors affecting the effect of therapeutic sessions in primary care?
3. Challenges faced by practitioners and patients in integrating psychotherapy into primary care.

Literature Review
The integration of psychotherapy with primary health care has recently been receiving attention as it may help to increase access to mental health services and hence improve outcomes among patients [16,17]. This provides a historical background for comprehending how well therapeutic sessions work within the confines of primary healthcare so that future studies can look at mechanisms supporting this phenomenon.

Goals and Outcomes of Treatment of Patients in Primary Care
Interventions to meet individual needs and improve primary care treatment outcomes must be based on a comprehensive understanding of patients’ treatment goals. They conducted a study on patients referred for cognitive behavioral therapy with regard to its therapeutic goals [18], which highlights the variety in what clients want to achieve from therapy sessions. By linking the aims of psychotherapy with therapeutic approaches, it is possible to increase its efficiency in primary care and therefore improve positive patient results.

Several studies have looked at the impact of psychotherapy in primary care settings, presenting challenges that may hinder its integration as well as factors behind their success. O’Keefe for instance highlighted some barriers such as limited resources and stigma that affect the effective integration of psychotherapy into primary care [19]. Conversely, a study discussed difficulties encountered during the implementation of collaborative care models indicating that additional support and resource allocation is needed to overcome these barriers [20]. A comparison between these two shows common themes associated with problems related to integrating psychotherapy into primary health center settings. He insists on resolving them so as to provide better mental health services for all his clients.

Therefore, these studies provided a general view of how psychotherapy works in primary care. The effectiveness of treatment sessions, the treatment goals that patients aim to achieve, and the challenges encountered when integrating therapy are some of the issues discussed in the article. This article offers more insight into how psychotherapy can be successfully integrated into the primary health care system for better mental health services based on current research findings and addressing key themes.

The current study intends not only to evaluate how effective this treatment is but also to get deeper into
understanding various factors contributing to its success as well as challenges faced by both practitioners and patients. In comparison with previous historical experiments done showing mainly positive results from therapy sessions, this approach is different from theirs. Although these earlier studies laid a good foundation, it is an attempt to acquire more sophisticated knowledge by this present research [16,17].

Finally, the current study contributes to the existing literature by examining barriers to psychotherapy integration in primary care at various levels within healthcare systems. For instance, limited resources, the stigma associated with collaborative care models and implementation difficulties can be seen as specific hindrances according to [19,21]. The focus on challenges goes beyond mere replication of effectiveness findings, aiming to create a more inclusive picture of successful integration.

In this case, the present study offers a comprehensive approach to studying psychotherapy in primary care. It moves away from measuring efficacy alone to examining what promotes success and hampers full integration in the therapy, building on past literature while addressing its limitations. Such a broad perspective would be useful for the implementation of psychotherapy in primary care settings aiming to enhance mental health services provided for the patients.

Methodology

The case study applied retrospective analysis of clinic data and program performance report review to evaluate the impact of integrating psychotherapy into the primary care setting. The following data was analyzed:

- Clinic performance report: This report presented an overview of the clinic’s achievements over the first quarter including some details such as types of services being offered in the facility, number of visits made by patients, patient demographics and difficulties faced.
- Patient appointment data: I reviewed records showing how many appointments were scheduled for new and follow-up patients; virtual as well as physical visits; and the rate at which patient discharges were made.

Situation Analysis

This clinic performance report and patient appointment data are significant in understanding the effectiveness of integrating psychotherapy into primary care.

### Table 1: Mental Health Clinic Flow of Patients and No-Shows in 4th Quarter 2023

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of patients</th>
<th>NO Show</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAN</td>
<td>1</td>
<td>34</td>
</tr>
<tr>
<td>FEB</td>
<td>7</td>
<td>27</td>
</tr>
<tr>
<td>MAR</td>
<td>12</td>
<td>37</td>
</tr>
<tr>
<td>APR</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>MAY</td>
<td>19</td>
<td>24</td>
</tr>
<tr>
<td>JUN</td>
<td>14</td>
<td>26</td>
</tr>
<tr>
<td>JUL</td>
<td>19</td>
<td>29</td>
</tr>
<tr>
<td>AUG</td>
<td>43</td>
<td>29</td>
</tr>
<tr>
<td>SEP</td>
<td>38</td>
<td>27</td>
</tr>
<tr>
<td>OCT</td>
<td>39</td>
<td>28</td>
</tr>
<tr>
<td>NOV</td>
<td>26</td>
<td>29</td>
</tr>
<tr>
<td>DEC</td>
<td>39</td>
<td>44</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>258</strong></td>
<td><strong>340</strong></td>
</tr>
</tbody>
</table>

The point where we have to examine patient appointment data from 2023 is shown in Table 1 because it provides insight into services offered by the clinic regarding its patients. The records indicate that there were a total of 598 appointments placed, there was 258 patients who missed appointments, and 340 total. The month with the most no-shows was December (39 missed appointments), and the month with the least no-shows was April corresponding to Ramadan (1 missed appointment). It must be remembered that these figures are from 2023 and may not reflect how well or poorly the hospital performed during Q1 of 2024.

![Figure 1: Mental Health Psychology 2023](image1.png)

The figure shows patient appointment data for mental health psychology in 2023. In total, there were 598 appointments booked for the year. Out of those appointments, 258 patients did not show up (no shows) which means 340 patients did attend their appointments. The month with the most no-shows was December (39 missed appointments), and the month
with the least no-shows was April corresponding to Ramadan (1 missed appointment).

Table 1: Mental Health Clinic Flow of Patients and No-Shows in 1st Quarter 2024

<table>
<thead>
<tr>
<th>Number of appointments booked</th>
<th>298</th>
</tr>
</thead>
<tbody>
<tr>
<td>New patient</td>
<td>78</td>
</tr>
<tr>
<td>Follow up patient</td>
<td>73</td>
</tr>
<tr>
<td>Patients seen</td>
<td>151</td>
</tr>
<tr>
<td>Discharge</td>
<td>12</td>
</tr>
<tr>
<td>In-person clinic</td>
<td>151</td>
</tr>
</tbody>
</table>

The information is available in table 2 when considering patients’ appointment data for the Q1 of the year 2024 shows that the clinic had a total of 298 total of appointments booked. Out of those appointments, 78 were for new patients and 73 were for follow-up patients. There were 151 patients seen in total. The clinic also discharged 12 patients in Q1 2024. Additionally, they conducted 151 in-person clinics.

And to assess the effectiveness, the incorporation program has enhanced service accessibility across various clinics thus reducing appointment wait times and improving care access. In the last quarter of 2023, the clinic saw a high rate in appointments compared to previous quarters. This surge may be attributed to patients’ commitment and growing awareness of mental health. Furthermore, both follow-up and new patients in 2024 demonstrate similar follow-through rates for scheduled appointments. Moreover, there are increasing cases of discharged clients whereby Q1 2024 saw twelve people finish their therapy sessions suggesting positive outcomes for some individuals meaning psychotherapeutic interventions are successfully undertaken by the program.

We have noticed many challenges Despite the program’s successes, there are several problems it faces. Initially, the prevalence of social determinants of health-based referrals underlines the need for an all-inclusive approach that takes into account not only psychological but also societal determinants of mental health. Secondly, high no-show rates averaging to 21 per month in 2023 expose possible impediments to attendance including appointment scheduling and patient-specific factors. This challenge has been attributed to technical hitches and religious observances such as Ramadan. Furthermore, data collection and documentation lapses specifically relating to social aspects of cases and research on nil-shows expose weaknesses in program assessment and analysis.

**Findings**

This particular integration quest has led to real enhancements in service availability as well as patient outcomes. It is worth noting that the reduction in waiting times for appointments points to increased access to care among people who are seeking psychotherapeutic interventions. Moreover, the rise in the number of patients who have been released from the treatment facilities shows that some people undergoing therapy have been successful thus, indicating that this program provides mental health care.

Nonetheless, there are still challenges remaining specifically related to addressing social determinants of health and mitigating high no-show rates. Referrals related to social factors are common which necessitates an integrative approach taking into account psychological and social influences on mental well-being. Additionally, higher rates of no-shows may indicate obstacles to attendance including appointment scheduling problems or other factors related to patients, making it necessary for targeted interventions aimed at enhancing visit adherence. To address these challenges, we have collaborated with social services in strengthening support for these patients and also enhanced data collection mechanisms on social factors and missed appointments. These projects exemplify the commitment toward refining program effectiveness and patient outcomes hence they hold the potential for advancing the integration of mental healthcare with support services.

**Discussion**

The results imply that the incorporation of psychotherapy into primary care has enhanced service availability and improved accessibility to mental health care providers. Such is evident in the reduction of appointment waiting time among several clinics and successful therapy completion by discharged patients. Nevertheless, despite its prevalence in numerous centers, the integration process goes through myriad obstacles that must be attended to for it to become more effective.

The findings highlight the intricate nature of blending psychotherapy into primary care settings and the importance of dealing with social and clinical determinants of mental well-being. Though patient outcomes have been improved and there are observable signs that services are readily available, constant work will still be needed to surmount issues like low attendance rates at appointments and social influences on mental health.

From the researcher’s perspective, the therapist considers two case management strategies for a patient. Nonetheless, there are cases where patients have preferences that may affect their therapy. Some patients prefer prioritizing medication as it appears quick and tangible for them. They might doubt the efficacy or promptness of behavioral psychotherapy. In contrast to this category of patients, some other individuals would rather go for behavioral therapy from which they perceive communication power and also
due to a fear of side effects like addition in medication. Misconceptions about taking medicine also matter. There is another factor, economic barrier with most people citing expenses on transportation and other financial constraints as the main reasons why they do not commit to treatment at all. In addition, cultural and religious practices such as Eid holidays including the Ramadan period, and seasonal vacations disrupt treatment schedules. Finally, during these times when people are celebrating temporarily changing mood in a person can make one feel that his or her problems have ended thus leading to stopping therapy sessions.

**Conclusion**

To summarize, psychotherapy’s inclusion in primary healthcare has led to expanded accessibility for psychiatric care resulting in positive outcomes for many who use these services. However, there are such challenges as high non-attendance rates during appointments and social factors influencing health which continue to prevail thereby necessitating ongoing optimization efforts within this program. In response to these challenges, the clinic intends to work with social services so as to address the social disparities in health or even improve support for patients as well. Efforts aimed at advancing program efficiency and patient outcomes can be seen through attempts to collect data that deal with social factors and no-show rates more efficiently. These programs have the potential to move towards better patient care by integrating mental healthcare with social support services.

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**References**


