

Mental Health Services in Saudi Arabia: A Review of Family Physician Involvement

Nouf Turki Alturki^{1*}, Turkiah Essa Alotaibi¹

¹Family Medicine Consultant, PSMCMC, Saudi Arabia

DOI: [10.36348/sjimps.2023.v09i12.0016](https://doi.org/10.36348/sjimps.2023.v09i12.0016)

| Received: 10.11.2023 | Accepted: 19.12.2023 | Published: 30.12.2023

*Corresponding author: Nouf Turki Alturki

Family medicine consultant, PSMCMC, Saudi Arabia

Abstract

Mental health has become a critical global concern, with increasing awareness of mental illnesses and their profound impact on individuals, families, and communities. Saudi Arabia is experiencing rapid social and economic changes, with the Vision 2030 initiative aiming to enhance healthcare, including mental health services. Family physicians play a pivotal role in the healthcare landscape, acting as the first point of contact for patients seeking medical assistance. In Saudi Arabia, the integration of mental health services into primary care settings could revolutionize the approach to mental health, addressing the stigma associated with mental illnesses, minimizing the service gap, and delivering timely interventions. This review article aims to explore the current state of mental health services in Saudi Arabia and assess the role of family physicians in identifying and managing mental health conditions.

Keywords: Saudi Arabia, mental health, family medicine, primary care, mental health services, mental health care, family physician involvement, mental health challenges, mental health opportunities.

Copyright © 2023 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

INTRODUCTION:

Mental health has emerged as a critical area of concern worldwide, underscored by an increasing awareness of mental illnesses and their profound impact on individuals, families, and communities. In an era where mental well-being is recognized as integral to overall health, countries are compelled to reevaluate and innovate their mental health services. Saudi Arabia, a nation that is experiencing rapid social and economic changes, is no exception [1].

The ongoing transformations in Saudi society—hinged on the Vision 2030 initiative—are not merely restoring the nation's economy but also aiming to enhance healthcare, including mental health services. One vital component of this reformation is the involvement of family physicians in mental health care delivery, which warrants a comprehensive exploration to understand its implications, challenges, and potential improvements [2, 3].

Family physicians occupy a pivotal position in the healthcare landscape, generally acting as the first point of contact for patients seeking medical assistance. As they often cultivate long-term relationships with

patients, family physicians possess unique insights into the psychosocial factors influencing mental health. In Saudi Arabia, the integration of mental health services into primary care settings could revolutionize the approach to mental health, addressing the stigma associated with mental illnesses, minimizing the service gap, and delivering timely interventions [4].

Historically, mental health care in Saudi Arabia has been fragmented, largely relegated to specialized clinics with a heavy reliance on psychiatric institutions, which often face issues of accessibility and resource allocation. As the nation's healthcare infrastructure continues to evolve, fostering an integrated model of care where family physicians play a substantial role emerges as a relevant and urgent consideration [5]. This review aims to dissect the current landscape of mental health services in Saudi Arabia by placing particular emphasis on the role of family physicians.

Mental health and primary care:

Mental health issues significantly contribute to the illness burden experienced by individuals within communities and frequently serve as a key reason for patients to seek assistance from family physicians. These concerns are not merely clinical phenomena; they

profoundly affect the daily lives of both patients and their families. Consequently, it becomes imperative for family doctors to engage with these mental health challenges in a thoughtful and comprehensive manner [6].

The nature of mental health issues is as diverse as the individuals who experience them, encompassing a spectrum of psychological, relational, and social factors unique to each patient. Moreover, the circumstances surrounding these healthcare interactions can vary widely. Often, patients may present with physical ailments that resist straightforward medical explanations, placing a substantial burden on primary care providers to discern whether these issues stem from new medical diagnoses, exacerbations of existing chronic conditions, or psychological factors manifesting physically [7].

The presence of mental health challenges within primary care cannot be overstated; they constitute a fundamental component of the healthcare landscape and heavily influence the array of skills, knowledge, and competencies required of family physicians. Effective management hinges on a patient-centered approach that acknowledges and incorporates biological, psychological, and social elements of health, while also considering individual preferences and circumstances. Understanding the mission of primary care within this context is crucial to ensuring that mental health is genuinely regarded as a vital aspect of comprehensive medical care [8].

Human beings are complex entities, intertwined in myriad ways. For instance, a woman with a history of heart disease may experience depression due to an inability to care for her elderly mother, a situation that further elevates her risk of suffering another cardiovascular event. Similarly, a man grappling with persistent anxiety may resort to alcohol as a coping mechanism, leading to conditions such as pancreatitis and fostering chronic worries about enduring pain [9].

This intricacy is evident even in developed nations that allocate significant financial resources to healthcare but still underperform in terms of health outcomes. A major contributing factor to this shortfall lies in the fragmented nature of care, with various providers addressing isolated aspects of a patient's health rather than treating the individual holistically. Family physicians uniquely occupy the position to integrate care for both physical and mental health, thereby reconnecting the mind and body to create a more coherent approach to healthcare [10].

As healthcare systems continue to evolve, it is increasingly evident that an integrated approach addressing both physical and mental health needs is imperative. Family physicians play a central role in this integration, enabling a holistic view of health that is attuned to the diverse needs of their patients. The

ongoing collaboration between organizations like Wonca and the WHO heralds a promising future where mental health is not an afterthought but a foundational element of healthcare delivery. Addressing mental health within primary care settings is not just about treating conditions; it is about fostering overall wellness and enhancing the quality of life for individuals and communities alike [11].

Need for Mental Health Training to occur in the family practice:

In contemporary medical education, the majority of psychiatric training occurs predominantly within specialized psychiatric facilities and tertiary care environments. This training relies heavily on the perspectives of specialists, diagnostic frameworks, and management protocols that are often detached from the realities of community-based healthcare. This reliance on a specialist-centric model reveals a significant void in the foundational education of health professionals, including family physicians and psychiatrists, regarding mental health care. The consequences of inadequately designed educational programs are well-documented, leading to a disempowerment of even the most dedicated students and practicing physicians. This disempowerment manifests in an increased tendency for physicians to refer patients to specialists rather than addressing mental health issues directly within their practices [12].

Our observations align with this critique, as educational initiatives aimed at enhancing the skills of primary care physicians often prioritize the transmission of specialist knowledge over fostering reflective learning and practical competencies. This approach fails to empower general practitioners (GPs) to effectively manage psychiatric conditions within their communities. It is essential to recognize that the presentation and treatment of mental health disorders can differ greatly between the controlled environment of tertiary care facilities and the more varied context of primary care. Therefore, the objectives of psychiatric education should aim to cultivate a collaborative relationship between psychiatrists and family physicians. Such collaboration would lead to several important outcomes [12]:

1. **Integration of Contextual Richness:** Family physicians possess invaluable insights into the social and cultural contexts of their patients, which can significantly enhance the treatment process when combined with the specialist knowledge of psychiatrists.
2. **Reduction of Stigma:** A partnership approach can contribute to diminishing the stigma associated with mental health issues, fostering a more supportive environment for patients seeking help.
3. **Bidirectional Learning:** Both psychiatrists and family physicians can benefit from shared learning experiences, enhancing their understanding of mental health care within different practice settings.

4. Improved Support for Patients and Families: Collaborative efforts can lead to more comprehensive support systems for patients and their families, ultimately leading to better health outcomes.

To achieve these goals, it is crucial to implement peer-learning strategies that bring together community-based family physicians and institution-based psychiatrists. Such collaborative frameworks can facilitate cross-learning opportunities, allowing family doctors to share their experiences in managing psychiatric illnesses in community settings—often with a greater emphasis on non-pharmacological interventions and holistic support [13].

While we acknowledge the introduction of the new competency-based curriculum by the Medical Council of India (MCI), which shifts the focus from mere knowledge acquisition to the development of practical competencies, we must express concern over the absence of perspectives from practicing family physicians. The omission of "general practice" or "family medicine" in this curriculum is not only shortsighted but also poses a significant risk to the healthcare system. It overlooks the pressing need to strengthen primary care as a foundational element of the healthcare system, integrating specialist services into this framework rather than perpetuating a fragmented model characterized by isolated specialist silos. Such fragmentation ultimately undermines community health and patient care [14].

To address these challenges, it is imperative to ensure that practicing family physicians are represented on the National Medical Commission (NMC). Their insights and experiences are crucial for shaping a more integrated approach to mental health care that recognizes the essential role of primary care in addressing the mental health needs of the population. By fostering collaboration between specialists and primary care providers, we can create a more effective and compassionate mental health care system that serves the diverse needs of our communities [15].

DISCUSSION:

Family and primary healthcare physicians often serve as the initial point of contact for individuals experiencing psychiatric issues. This is particularly significant as these healthcare providers play an essential role in delivering psychiatric services within community settings. To enhance the effectiveness of these services, it is crucial for primary care physicians to collaborate closely with mental health professionals. The World Health Organization (WHO) has emphasized the importance of integrating primary healthcare systems with mental health services to improve the delivery of psychosocial care to patients across all demographics [16].

In Saudi Arabia, the prevalence of psychiatric disorders spans various age groups and societal sectors, as evidenced by numerous studies. However, there is a notable gap in accurately estimating the overall prevalence of these mental health issues within the Saudi population. To assess the quality of mental health services currently available at the primary healthcare level, it is essential to evaluate the attitudes of primary care physicians toward collaboration with psychiatrists [17].

Research has indicated that a significant number of family physicians have received training in mental health, with approximately half having completed internships in psychiatric environments. Despite this training, nearly 90% of these physicians recognize the necessity of collaborating with psychiatrists to provide comprehensive care for their patients. Furthermore, around 75% believe that mental health specialists should be integrated into primary healthcare settings. These findings underscore the importance of collaboration between family physicians and psychiatrists in managing patient care effectively [18].

While a majority of the physicians surveyed reported having undergone inter-professional education during their doctoral studies and clinical training, many expressed the need for enhanced education and training in recognizing mental health issues. Over half of the respondents felt that the current collaboration with psychiatrists was inadequate for optimizing patient care. Literature suggests that the nature of collaborative care between psychiatrists and primary care physicians can vary widely, ranging from sporadic communication to a more integrated teamwork approach [19].

Despite the general support for collaboration among family physicians in this study, only one-third felt that psychiatrists were readily accessible for consultations. Additionally, nearly one-third of the physicians indicated that they were not easily accessible to psychiatrists seeking to discuss patient cases. This highlights a significant barrier to effective collaboration, suggesting that health authorities should prioritize the enhancement of these inter-professional relationships. Strengthening the partnership between family and primary healthcare physicians and psychiatrists can lead to improved services for psychiatric patients and better overall healthcare outcomes [17].

The integration of primary healthcare and psychiatric services has the potential to transform referral patterns from primary care to psychiatric care. However, findings from the current study reveal that less than half of the family physicians reported referring patients with mental health disorders to psychiatrists or consulting with them on a monthly basis. In fact, almost one-third of the physicians indicated that they referred such patients once a year or less [15].

Moreover, a previous study found that approximately 20% of family physicians engaged in psychotherapy and mental health consultations independently. The appropriateness of family or primary care physicians treating psychiatric conditions varies significantly across different studies. This variability is primarily attributed to differences in educational backgrounds, communication styles, and the diagnostic and therapeutic skills of the physicians involved [20].

In recent years, the importance of inter-professional education and collaboration in healthcare has gained significant attention, particularly in the context of mental health. This study investigates the perspectives of family physicians regarding their training and collaboration with psychiatrists, highlighting key findings that underscore the need for improved integration of mental health services within primary care settings [19].

The majority of the physicians surveyed reported having undergone inter-professional education during their doctoral programs, as well as receiving additional training in clinical settings. Despite this background, a prevalent concern emerged among the participants: many believed that family physicians require enhanced education and training in recognizing mental health issues. Furthermore, more than half of the respondents expressed dissatisfaction with the current state of collaboration with psychiatrists, deeming it ineffective in optimizing patient care. This aligns with existing literature, which indicates that the nature of collaboration between psychiatrists and primary care physicians can range from minimal communication to comprehensive teamwork [17].

Interestingly, while most family physicians acknowledged the benefits of collaborating with psychiatrists when caring for patients with psychiatric conditions, only one-third felt that psychiatrists were readily accessible for consultations. Additionally, nearly one-third of the physicians indicated that psychiatrists were not easily reachable when they needed to discuss patient cases. This disconnect suggests a pressing need for health authorities to prioritize the enhancement of collaborative efforts between family physicians and psychiatrists. Effective collaboration is essential not only for addressing the needs of patients with mental health disorders but also for improving the overall quality of healthcare services provided [18].

Research conducted by Qureshi et al. [20] vhas indicated that integrating primary healthcare with psychiatric services can significantly alter the referral patterns of patients from primary care to psychiatric specialists. However, in the current study, less than half of the family physicians reported referring patients with mental health disorders to psychiatrists or consulting with them on a monthly basis. Alarmingly, nearly one-

third of the physicians stated that such consultations occurred once a year or even less frequently.

The study also revealed that 20% of family physicians engaged in psychotherapy and mental health consultations themselves. This raises questions about the appropriateness of family or primary healthcare physicians treating psychiatric conditions, a topic that has been explored in various studies. The degree of appropriateness is often influenced by factors such as the physicians' educational backgrounds, communication styles, and their diagnostic and therapeutic competencies [21].

Despite the valuable insights gained from this study, certain limitations must be acknowledged. One significant constraint was that the sample consisted solely of family physicians from Jeddah, which may introduce selection bias and limit the generalizability of the findings to family physicians in other regions of Saudi Arabia. Additionally, the data collection method relied on self-administered questionnaires, which could lead to biases due to the lack of direct observation of clinical practices. Nonetheless, the study contributes significantly to the ongoing discourse surrounding the necessity for closer collaboration between family physicians and psychiatrists, emphasizing the potential to enhance the quality of mental health services delivered at the primary care level [17].

CONCLUSION:

In conclusion, as the Kingdom of Saudi Arabia strives to advance its healthcare system to meet the demands of modern society, mental health must be treated as a priority area requiring immediate and substantial attention. The role of family physicians in the provision of mental health services is not only a matter of professional responsibility but also a social imperative. By understanding the intricacies of mental health services in Saudi Arabia and the multifaceted involvement of family physicians, this review seeks to contribute to the discourse on enhancing mental health care, ultimately advocating for a more holistic and integrated approach that aligns with the overarching goals of national health improvement. The forthcoming sections will further expound on these themes, offering a robust foundation for discussions on reform and services in mental health within the Kingdom.

REFERENCES:

1. Moitra M, Owens S, Hailemariam M, et al. Global Mental Health: Where We Are and Where We Are Going [published correction appears in *Curr Psychiatry Rep.* 2023 Jul;25(7):313. doi: 10.1007/s11920-023-01434-8]. *Curr Psychiatry Rep.* 2023;25(7):301-311. doi:10.1007/s11920-023-01426-8
2. Bass J, Chibanda D, Petersen I, Winkler P, Sijbrandij M, Shidhaye R. Introducing Cambridge

- prisms: global mental health. *Global Mental Health*. 2023;10:e7. doi: 10.1017/gmh.2022.62.
3. Prince M, Patel V, Saxena S, Maj M, Maselko J, Phillips MR, et al. No health without mental health. *The Lancet*. 2007;370:859–877. doi: 10.1016/S0140-6736(07)61238-0.
 4. Rose-Clarke K, Gurung D, Brooke-Sumner C, Burgess R, Burns J, Kakuma R, et al. Rethinking research on the social determinants of global mental health. *Lancet Psychiatry*. 2020;7:659–662. doi: 10.1016/S2215-0366(20)30134-6.
 5. Walker ER, McGee RE, Druss BG. Mortality in mental disorders and global disease burden implications: a systematic review and meta-analysis. *JAMA Psychiatry*. 2015;72:334–341. doi: 10.1001/jamapsychiatry.2014.2502.
 6. Al-Atrani AA. Physicians' Knowledge and Attitude towards Mental Health in Saudi Arabia. *Ethiop J Health Sci*. 2018;28(6):771-778. doi:10.4314/ejhs.v28i6.12
 7. *Mental health in primary care: Illusion or inclusion? World Health Organisation. Technical Series on Primary Health Care*. 2018. Available from: https://www.who.int/docs/default-source/primary-health-care-conference/mental-health.pdf?sfvrsn=8c4621d2_2.
 8. Jacob KS, Kuruvilla A, Zachariah A. Psychiatric curriculum for training physicians. *Natl Med J India*. 2019;32:32–7.
 9. Rao BC. Doctor's club: An experiment in education. *Natl Med J India*. 2019;32:242
 10. *Guidelines Level 2-Kcphpc. KC Patty CF Primary Health Centre. Sites.google.com*. 2014. [[Last accessed on 2020 Mar 08]]. Available from: <https://sites.google.com/site/kcphpc/home/clinical-guidelines>.
 11. Basavarajappa C, Chand PK. Digital platforms for mental health-care delivery. *Indian J Psychol Med*. 2017;39:703–6
 12. Kumar R. Call for mandatory representation of practicing family physicians on the National Medical Commission (NMC): Leaving behind the monopolistic barriers in medical education regulation. *J Family Med Prim Care*. 2020;9:453–5.
 13. Two decades of treatment seeking for substance use disorders in Saudi Arabia: trends and patterns in a rehabilitation facility in Dammam. AbuMadini MS, Rahim SI, Al-Zahrani MA, Al-Johib AO. *Drug Alcohol Depend*. 2008;97:231–236
 14. Depression, anxiety and stress among Saudi adolescent school boys. Al-Gelban KS. *J R Soc Promot Health*. 2007;127:33–37
 15. Detection of somatization and depression in primary care in Saudi Arabia. Becker SM. *Soc Psychiatry Psychiatr Epidemiol*. 2004;39:962–966.
 16. Screening for somatization and depression in Saudi Arabia: a validation study of the PHQ in primary care. Becker S, Al Zaid K, Al Faris E. *Int J of Psychiatr Med*. 2002;32:271–283.
 17. Mental health care in Saudi Arabia: past, present and future. Koenig HG, Al Zaben F, Sehlo MG, Khalifa DK, Al Ahwal MS, Qureshi NA, Al-Habeeb AA. *OJPsych*. 2014;4:113–130.
 18. *A. Integrated Primary Care: The Future of Medical and Mental Health Collaboration*. New York: W. W. Norton & Company, Inc; 1998. Introduction to integrated primary care.
 19. Unmet needs and treatment seeking in high users of mental health services: role of illness perceptions. Broadbent E, Kydd R, Sanders D, Vanderpyl J. *Aust N Z J Psychiatry*. 2008;42:147–153.
 20. Psychiatric morbidity, service use, and need for care in the general population: results of The Netherlands Mental Health Survey and Incidence Study. Bijl RV, Ravelli A. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446190/> *Am J Public Health*. 2000;90:602–607.
 21. Criteria for a good referral system for psychiatric patients: the view from Saudi Arabia. Qureshi NA, van der Molen HT, Schmidt HG, Al Habeeb TA, Magzoub MEM. <http://www.who.int/iris/handle/10665/117801>. *East Mediterr Health J*. 2009;15:1580–1595.