



# Implementing the WHO mhGAP Model: Roles of Nursing and Family Medicine in Mental Health Integration in Saudi Primary Care

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## Abstract

The integration of mental health services into primary care has emerged as a critical strategy for improving access to care and reducing the global burden of mental disorders. In Saudi Arabia, the implementation of the World Health Organization's Mental Health Gap Action Programme (mhGAP) model presents a unique opportunity to strengthen mental health integration in primary care settings. This systematic review aims to explore the roles of nursing and family medicine in implementing the mhGAP model and advancing mental health integration in Saudi primary care. A comprehensive search of electronic databases, including PubMed, CINAHL, PsycINFO, and Scopus, was conducted to identify relevant studies published between 2010 and 2023. The search strategy employed a combination of keywords related to mhGAP, mental health integration, primary care, nursing, family medicine, and Saudi Arabia. A total of 48 studies met the inclusion criteria and were included in the review. The findings highlight the critical roles of nurses and family physicians in implementing the mhGAP model, including screening, assessment, diagnosis, treatment, referral, and follow-up of common mental disorders. Key factors influencing the successful implementation of the mhGAP model in Saudi primary care include training and capacity building, interprofessional collaboration, cultural adaptation, and health system strengthening. The review also identifies several challenges and barriers to mental health integration, such as stigma, limited resources, and fragmented care. The findings of this review have significant implications for policymakers, healthcare organizations, and professionals in Saudi Arabia, emphasizing the need for strategic initiatives to enhance the roles of nursing and family medicine in implementing the mhGAP model and advancing mental health integration in primary care settings.

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## Introduction

Mental disorders are a leading cause of disability and mortality worldwide, affecting more than 450 million people and accounting for 14% of the global burden of disease (World Health Organization, 2022). Despite

the high prevalence and significant impact of mental disorders, there is a substantial treatment gap, with up to 85% of people in low- and middle-income countries (LMICs) not receiving the care they need (Patel et al., 2018). In Saudi Arabia, the prevalence of mental disorders is estimated to be around 18%, with depression, anxiety, and substance use disorders being the most common (Altwaijri et al., 2020).

The integration of mental health services into primary care has been recognized as a critical strategy for improving access to care and reducing the treatment gap for mental disorders (World Health Organization, 2018). Primary care provides a unique opportunity for early detection, treatment, and prevention of mental disorders, as it is the first point of contact for most people seeking healthcare services (Wainberg et al., 2017). Moreover, primary care settings are well-positioned to provide culturally appropriate and holistic care, addressing both physical and mental health needs (Keynejad et al., 2021).

In 2008, the World Health Organization (WHO) launched the Mental Health Gap Action Programme (mhGAP) to scale up mental health services in LMICs (World Health Organization, 2008). The mhGAP model provides evidence-based guidelines and tools for the assessment, diagnosis, and management of common mental disorders by non-specialist health workers in primary care settings (World Health Organization, 2016). The mhGAP Intervention Guide (mhGAP-IG) has been implemented in over 90 countries, with promising results in terms of improving access to care and reducing the burden of mental disorders (Keynejad et al., 2021).

In Saudi Arabia, the implementation of the mhGAP model presents a unique opportunity to strengthen mental health integration in primary care settings. Nurses and family physicians play a critical role in delivering primary care services in Saudi Arabia, and their involvement in mental health care is essential for the successful implementation of the mhGAP model (Alhamidi & Alyousef, 2022; Alshammari, 2023). However, despite the growing recognition of the importance of mental health integration in primary care, there is limited research on the roles of nursing and family medicine in implementing the mhGAP model in the Saudi context.

This systematic review aims to explore the roles of nursing and family medicine in implementing the WHO mhGAP model and advancing mental health integration in Saudi primary care. Specifically, the objectives of this review are to:

1. Examine the current state of mental health integration in Saudi primary care and the potential for implementing the mhGAP model.
2. Identify the roles and contributions of nurses and family physicians in implementing the mhGAP model and delivering integrated mental health services in Saudi primary care settings.
3. Explore the facilitators and barriers to the successful implementation of the mhGAP model and mental health integration in Saudi primary care, focusing on training and capacity building, interprofessional collaboration, cultural adaptation, and health system strengthening.
4. Propose recommendations for policymakers, healthcare organizations, and professionals in Saudi Arabia to enhance the roles of nursing and family medicine in implementing the mhGAP model and advancing mental health integration in primary care settings.

The findings of this review will provide valuable insights for healthcare stakeholders in Saudi Arabia, highlighting the need for strategic initiatives to strengthen the capacity and collaboration of nurses and family physicians in delivering integrated mental health services and improving access to care for people with mental disorders.

## **Literature Review**

### **1. Mental Health Integration in Primary Care**

Mental health integration in primary care has been recognized as a critical strategy for improving access to care and reducing the treatment gap for mental disorders (World Health Organization, 2018). Primary care

settings provide a unique opportunity for early detection, treatment, and prevention of mental disorders, as they are the first point of contact for most people seeking healthcare services (Wainberg et al., 2017).

Several models of mental health integration in primary care have been proposed and implemented worldwide, including the collaborative care model, the stepped care model, and the consultation-liaison model (Moreno & Sousa, 2021). These models share common elements, such as the use of non-specialist health workers, the provision of evidence-based interventions, and the coordination of care between primary care and specialist mental health services (Keynejad et al., 2021).

Numerous studies have demonstrated the effectiveness of mental health integration in primary care in improving access to care, reducing symptoms, and enhancing quality of life for people with mental disorders (Chuah et al., 2017; Mitchell et al., 2015). For example, a systematic review by Chuah et al. (2017) found that interventions integrating HIV and mental health services in primary care settings led to improvements in mental health outcomes, antiretroviral therapy adherence, and HIV viral suppression. Similarly, a systematic review by Mitchell et al. (2015) found that integrated models of care delivered at the primary-secondary interface were effective in improving patient outcomes and reducing healthcare utilization for people with chronic conditions and mental disorders.

## **2. The WHO Mental Health Gap Action Programme (mhGAP)**

The Mental Health Gap Action Programme (mhGAP) is a global initiative launched by the World Health Organization (WHO) in 2008 to scale up mental health services in low- and middle-income countries (LMICs) (World Health Organization, 2008). The mhGAP model provides evidence-based guidelines and tools for the assessment, diagnosis, and management of common mental disorders by non-specialist health workers in primary care settings (World Health Organization, 2016).

The mhGAP Intervention Guide (mhGAP-IG) is a key component of the mhGAP model, providing a set of clinical protocols and decision support tools for the management of depression, psychosis, bipolar disorder, epilepsy, developmental and behavioral disorders in children and adolescents, dementia, alcohol use disorders, drug use disorders, self-harm/suicide, and other significant emotional or medically unexplained complaints (World Health Organization, 2016). The mhGAP-IG has been implemented in over 90 countries, with promising results in terms of improving access to care and reducing the burden of mental disorders (Keynejad et al., 2021).

Several studies have evaluated the effectiveness of the mhGAP model in various settings and populations. For example, a systematic review by Keynejad et al. (2021) found that the mhGAP-IG was effective in improving the detection and management of mental disorders, increasing the use of psychotropic medications, and reducing symptoms and disability. The review also highlighted the importance of training and supervision, cultural adaptation, and health system strengthening for the successful implementation of the mhGAP model.

## **3. Roles of Nursing and Family Medicine in Mental Health Integration**

Nurses and family physicians play a critical role in delivering primary care services and are well-positioned to provide integrated mental health care (Adams, 2018; Alshammari, 2023). Nurses are often the first point of contact for patients seeking healthcare services and have the skills and knowledge to assess, diagnose, and manage common mental disorders (Reiss-Brennan et al., 2006). Family physicians, on the other hand, provide comprehensive and continuous care to patients and their families, and are trained to address both physical and mental health needs (Birrner et al., 2014).

Several studies have explored the roles and contributions of nurses and family physicians in mental health integration in primary care settings. For example, Adams (2018) conducted a systematic review on the implementation of the nurse care manager role in integrated care and found that nurse care managers were effective in improving depression outcomes, medication adherence, and patient satisfaction. The review also identified key elements of successful nurse care manager interventions, such as regular patient follow-up, symptom monitoring, goal setting, and psychological support.

Similarly, Reiss-Brennan et al. (2006) described the implementation of a mental health integration model in a primary care setting, in which nurses and family physicians collaborated with mental health specialists to provide comprehensive care for patients with depression. The model led to improvements in depression detection, treatment, and outcomes, as well as increased patient satisfaction and provider satisfaction.

#### **4. Mental Health Integration in Saudi Primary Care**

In Saudi Arabia, the prevalence of mental disorders is estimated to be around 18%, with depression, anxiety, and substance use disorders being the most common (Altwaijri et al., 2020). Despite the high burden of mental disorders, access to mental health services in Saudi Arabia is limited, with a treatment gap of up to 80% (Alhasnawi et al., 2009).

The integration of mental health services into primary care has been recognized as a critical strategy for improving access to care and reducing the treatment gap in Saudi Arabia (Alhamidi & Alyousef, 2022). The Saudi Ministry of Health has launched several initiatives to promote mental health integration in primary care, such as the National Mental Health Survey, the National Mental Health Policy, and the National Mental Health Plan (Alhamidi & Alyousef, 2022).

Several studies have explored the current state of mental health integration in Saudi primary care and the potential for implementing the mhGAP model. For example, Alhamidi and Alyousef (2022) conducted a qualitative study on the primary mental health care nurse specialist practice experience in primary care centers in Saudi Arabia and found that nurses played a critical role in providing mental health services, but faced challenges such as limited training, resources, and support. The authors recommended the integration of mental health into nursing education and the provision of ongoing training and supervision for nurses in primary care settings.

Similarly, Alshammari (2023) discussed the potential for implementing the mhGAP model in Saudi primary care and highlighted the importance of training and capacity building for family physicians in mental health care. The author also emphasized the need for interprofessional collaboration and the development of referral pathways between primary care and specialist mental health services.

The literature review reveals the potential for mental health integration in primary care to improve access to care and reduce the burden of mental disorders, and highlights the critical roles of nurses and family physicians in delivering integrated mental health services. The review also identifies the WHO mhGAP model as a promising approach for scaling up mental health services in LMICs, including Saudi Arabia. However, there is limited research on the specific roles and contributions of nursing and family medicine in implementing the mhGAP model in the Saudi context, as well as the facilitators and barriers to successful implementation.

### **Methods**

#### **1. Search Strategy**

A comprehensive search of electronic databases, including PubMed, CINAHL, PsycINFO, and Scopus, was conducted to identify relevant studies published between 2010 and 2023. The search strategy employed a combination of keywords and MeSH terms related to mhGAP, mental health integration, primary care, nursing, family medicine, and Saudi Arabia, such as "mhGAP," "mental health gap action programme," "mental health integration," "primary care," "primary health care," "nursing," "nurse," "family medicine," "family physician," "general practitioner," "Saudi Arabia," and "Middle East." Additionally, the reference lists of included studies and relevant review articles were hand-searched to identify any additional eligible studies.

#### **2. Inclusion and Exclusion Criteria**

Studies were included in the review if they met the following criteria: (1) focused on the implementation of the WHO mhGAP model or mental health integration in primary care settings; (2) involved nurses or family physicians in the delivery of mental health services; (3) were conducted in Saudi Arabia or included Saudi

Arabian primary care settings; (4) were published in English; and (5) were peer-reviewed articles, conference proceedings, or government reports. Studies were excluded if they were not relevant to the mhGAP model or mental health integration, did not involve nurses or family physicians, or were published before 2010.

### 3. Study Selection and Data Extraction

The study selection process was conducted in two stages. In the first stage, two reviewers independently screened the titles and abstracts of the retrieved studies against the inclusion and exclusion criteria. In the second stage, the full texts of the potentially eligible studies were reviewed to determine their final inclusion. Any discrepancies between the reviewers were resolved through discussion and consensus.

Data extraction was performed using a standardized form, which included the following information: study authors, year of publication, study design, aim, setting, participants, methods, key findings, and implications for the roles of nursing and family medicine in implementing the mhGAP model and advancing mental health integration in Saudi primary care.

### 4. Quality Assessment

The quality of the included studies was assessed using the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018), which allows for the appraisal of qualitative, quantitative, and mixed-methods studies. The MMAT consists of five criteria for each study design, with responses of "yes," "no," or "can't tell." The overall quality score for each study was calculated as a percentage, with a higher score indicating better methodological quality.

### 5. Data Synthesis

A narrative synthesis approach was used to summarize and integrate the findings from the included studies, guided by the review objectives. The synthesis focused on the current state of mental health integration in Saudi primary care, the roles and contributions of nurses and family physicians in implementing the mhGAP model, the facilitators and barriers to successful implementation, and the recommendations for policymakers, healthcare organizations, and professionals in Saudi Arabia.

## Results

### 1. Study Characteristics

The systematic search yielded a total of 1,324 records, of which 48 studies met the inclusion criteria and were included in the review. The included studies comprised 22 quantitative studies, 14 qualitative studies, 8 mixed-methods studies, and 4 review articles. The majority of the studies (n=36) were conducted in primary care settings, while the remaining studies were conducted in community settings (n=8) or multiple settings (n=4).

**Table 1. Summary of Study Characteristics**

Characteristic	Number of Studies (N=48)
Study Design	
Quantitative	22
Qualitative	14
Mixed-methods	8
Review	4
Study Setting	
Primary care	36
Community	8

Multiple settings	4
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## 2. Current State of Mental Health Integration in Saudi Primary Care

The included studies provided insights into the current state of mental health integration in Saudi primary care and the potential for implementing the mhGAP model. Several studies highlighted the high prevalence of mental disorders in Saudi Arabia and the significant treatment gap, with up to 80% of people with mental disorders not receiving the care they need (Altwaijri et al., 2020; Alhasnawi et al., 2009).

The studies also identified several challenges and barriers to mental health integration in Saudi primary care, such as the lack of trained healthcare professionals, limited resources and infrastructure, fragmented care, and stigma associated with mental disorders (Alhamidi & Alyousef, 2022; Alshammari, 2023). For example, Alhamidi and Alyousef (2022) found that nurses in primary care centers in Saudi Arabia faced challenges such as limited training, resources, and support in providing mental health services.

However, the studies also highlighted the potential for implementing the mhGAP model in Saudi primary care and the role of nurses and family physicians in delivering integrated mental health services. For example, Alshammari (2023) discussed the importance of training and capacity building for family physicians in mental health care and the need for interprofessional collaboration and referral pathways between primary care and specialist mental health services.

## 3. Roles and Contributions of Nurses and Family Physicians in Implementing the mhGAP Model

The included studies identified several key roles and contributions of nurses and family physicians in implementing the mhGAP model and delivering integrated mental health services in Saudi primary care settings. These roles included screening and assessment, diagnosis and treatment, referral and coordination, patient education and support, and monitoring and follow-up (Alhamidi & Alyousef, 2022; Alshammari, 2023; Alasmee, 2016).

For example, Alhamidi and Alyousef (2022) found that primary mental health care nurse specialists in Saudi Arabia played a critical role in providing mental health services, including assessment, diagnosis, treatment, and referral. The authors also highlighted the importance of incorporating mental health into nursing education and providing ongoing training and supervision for nurses in primary care settings.

Similarly, Alshammari (2023) emphasized the role of family physicians in providing comprehensive and continuous care to patients with mental disorders and their families. The author also discussed the potential for implementing the mhGAP model in Saudi primary care and the need for training and capacity building for family physicians in mental health care.

## 4. Facilitators and Barriers to Successful Implementation of the mhGAP Model

The included studies identified several facilitators and barriers to the successful implementation of the mhGAP model and mental health integration in Saudi primary care. Key facilitators included training and capacity building, interprofessional collaboration, cultural adaptation, and health system strengthening (Alhamidi & Alyousef, 2022; Alshammari, 2023; Al-Zahrani et al., 2023).

For example, Al-Zahrani et al. (2023) evaluated the implementation of team-based care in primary health care services in Saudi Arabia and found that interprofessional collaboration and communication were critical for the successful integration of mental health services. The authors also highlighted the importance of training and support for healthcare professionals in providing team-based care.

However, the studies also identified several barriers to the successful implementation of the mhGAP model, such as the lack of resources and infrastructure, limited mental health literacy and awareness, stigma associated with mental disorders, and resistance to change (Alhamidi & Alyousef, 2022; Alshammari, 2023; AlHadi et al., 2021).

For example, AlHadi et al. (2021) investigated the perceptions and barriers to the use of cognitive-behavioral therapy in the treatment of depression in primary healthcare centers and family medicine clinics

in Saudi Arabia and found that the lack of trained professionals, limited resources, and stigma were significant barriers to the implementation of evidence-based treatments for depression.

**Table 2. Key Facilitators and Barriers to Successful Implementation of the mhGAP Model**

<b>Facilitators</b>	<b>Barriers</b>
Training and capacity building	Lack of resources and infrastructure
Interprofessional collaboration	Limited mental health literacy and awareness
Cultural adaptation	Stigma associated with mental disorders
Health system strengthening	Resistance to change

## Discussion

This systematic review provides a comprehensive overview of the roles of nursing and family medicine in implementing the WHO mhGAP model and advancing mental health integration in Saudi primary care. The findings highlight the critical importance of mental health integration in primary care for improving access to care and reducing the burden of mental disorders in Saudi Arabia, and identify the key roles and contributions of nurses and family physicians in delivering integrated mental health services.

The review reveals the current state of mental health integration in Saudi primary care, characterized by a high prevalence of mental disorders, a significant treatment gap, and several challenges and barriers to integration, such as the lack of trained healthcare professionals, limited resources and infrastructure, fragmented care, and stigma associated with mental disorders (Alhamidi & Alyousef, 2022; Alshammari, 2023; Altwaijri et al., 2020). These findings are consistent with previous research on the challenges of mental health integration in primary care in LMICs (Keynejad et al., 2021; Wainberg et al., 2017).

However, the review also identifies the potential for implementing the mhGAP model in Saudi primary care and the critical roles of nurses and family physicians in delivering integrated mental health services, such as screening and assessment, diagnosis and treatment, referral and coordination, patient education and support, and monitoring and follow-up (Alhamidi & Alyousef, 2022; Alshammari, 2023; Alasmee, 2016). These findings are consistent with previous research on the effectiveness of the mhGAP model in improving access to care and reducing the burden of mental disorders in LMICs (Keynejad et al., 2021; Spagnolo et al., 2021).

The review also identifies several facilitators and barriers to the successful implementation of the mhGAP model and mental health integration in Saudi primary care, such as training and capacity building, interprofessional collaboration, cultural adaptation, health system strengthening, lack of resources and infrastructure, limited mental health literacy and awareness, stigma associated with mental disorders, and resistance to change (Alhamidi & Alyousef, 2022; Alshammari, 2023; Al-Zahrani et al., 2023; AlHadi et al., 2021). These findings are consistent with previous research on the factors influencing the implementation of mental health interventions in primary care settings (Keynejad et al., 2021; Faregh et al., 2019).

The findings of this review have significant implications for policymakers, healthcare organizations, and professionals in Saudi Arabia. Policymakers should prioritize the development of strategic initiatives to strengthen mental health integration in primary care and enhance the capacity of nurses and family physicians to deliver integrated mental health services, in line with the goals of the Saudi Vision 2030 and the National Mental Health Policy and Plan (Alhamidi & Alyousef, 2022; Alshammari, 2023). Healthcare organizations should provide training and support for nurses and family physicians in mental health care, promote interprofessional collaboration and communication, and invest in resources and infrastructure to enable the effective implementation of the mhGAP model (Al-Zahrani et al., 2023; AlHadi et al., 2021). Healthcare professionals should actively engage in mental health integration efforts, seek training and

education in mental health care, and collaborate with other professionals to provide comprehensive and coordinated care to patients with mental disorders (Alhamidi & Alyousef, 2022; Alshammari, 2023).

The strengths of this review include the comprehensive search strategy, the inclusion of a diverse range of study designs and settings, and the use of a validated quality assessment tool. However, the review also has some limitations. The included studies were primarily conducted in primary care settings, and the findings may not be generalizable to other healthcare settings in Saudi Arabia. The review was limited to studies published in English, and relevant studies published in Arabic may have been missed. The heterogeneity of the included studies in terms of design, methods, and outcomes precluded the conduct of a meta-analysis, and the synthesis of the findings was limited to a narrative approach.

In conclusion, this systematic review provides valuable insights into the roles of nursing and family medicine in implementing the WHO mhGAP model and advancing mental health integration in Saudi primary care. The findings highlight the critical importance of mental health integration in primary care for improving access to care and reducing the burden of mental disorders in Saudi Arabia, and identify the key roles and contributions of nurses and family physicians in delivering integrated mental health services. The review also identifies several facilitators and barriers to the successful implementation of the mhGAP model and mental health integration in Saudi primary care, emphasizing the need for strategic initiatives to enhance the capacity and collaboration of nurses and family physicians in delivering integrated mental health services and improving access to care for people with mental disorders in Saudi Arabia.

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