The Impact of Integrating Mental health Services into Primary Care on Health Care Outcomes

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Abstract- ***Mental health integrated care in primary care is a new way of organizing the delivery of health care that has the theoretical possibility to make a great difference. Our research aims to examine issues arising from this integration, including patients' health status in terms of access, compliance with treatment, level of satisfaction, and quality of care received. The study employs survey data from healthcare organizations that have already introduced integrated care models, which is accompanied by interviews with healthcare practitioners and patients. The findings prove that delivering mental health care in primary care settings results in significant enhancements to the patient's status. According to the study, there was a reduction in hospitalization rates for patients who received integrated care by 20% and an increase in percentage compliance with medication prescriptions by 15%, together with an 85% satisfaction rate among patients who received integrated care as compared to those who received traditional non-integrated care. These findings imply that integrated care models can work appropriately, particularly in cases of patients with co-morbid conditions, and infer that such models are crucial in creating patient-centered care that delivers high-quality and complete care. At the same time, the study points to the gaps in integrated care delivery such as requirements for adequate education for primary care practitioners, the emphasis on the inter-professional teams, and the question of financing. The discussion also recapitulates how policy support can augment these barriers and enlists the long-term impact and sustainability of integrated care models in patients during further research. These findings add evidence to the argument that the delivery of mental health care in primary care settings is useful in improving on general quality of health care delivery.***

Indexed Terms- ***Integrated Care, Mental Health Services, Primary Care, Healthcare Outcomes, Patient-Centered Care, Co-morbid Conditions, Hospitalization Rates, Treatment Adherence, Patient Satisfaction, Inter-professional Collaboration, Healthcare Delivery Systems, Policy Support, Holistic Care, Healthcare Integration, Sustainable Healthcare Models***

I. INTRODUCTION

Primary and mental health care is one of the areas that remain at the forefront of contemporary health care systems in terms of their development, primarily due to the current global trends regarding the scaling of integrated care. Depression, anxiety disorder, and schizophrenia are prevalent, and often the patients suffer from coexisting CSDs and CMDs, affecting the overall quality of life and demanding more healthcare resources (Solmi, et al, 2023). The prevalence of mental health disorders has increased, but access to care remains limited due to various factors, which is concerning as millions of individuals do not receive necessary treatment. This deficiency is mainly due to the compartmentalization of health care systems, whereby mental health care is a distinct sub-system of health thus impaired care provision.

Integrating mental health services into the primary care approach results in the ability of providers to offer patients improved care by maintaining their health issues together with mental disorders, this is well elaborated by Isaacs and Mitchell in 2024. This integration is especially important when people have co-morbid conditions since physical and mental primary illnesses are related and therefore are challenging to address separately. For instance, depression is expected in patients with diabetes and heart diseases, and lack or refusal of anti-depression treatment worsens morbidity and mortality rates of

both diseases. This is why consultation-based integration of mental health in the primary care setting can stop such negative outcomes as it contributes to the identification and early treatment, of physical health conditions.

There are several models of integrated care, which have been created and adopted in different healthcare systems and they all focus on the problem of mental health and primary care gap, but in different ways. The above model is just known as the name Collaborative Care Model or CCM, which is rapidly growing and acknowledged across the globe (Ee, C, et al, 2020). CCM is conducted by a team of primary care clinicians, mental health workers, and care managers. It is effective in addressing the clinical condition of patients with depression and anxiety, increasing the rate of compliance to the treatment and decreasing the rate of hospitalization and visits to the emergency. This is with the stepped care model which entails delivering a set of interventions that depends on the level of the patient's health need, with escalated service delivery if required. Both models incorporate components of integrated care and highlight issues such as teamwork, patient-centered care, and constant assessing the patient's needs and progress.

The incorporation of mental health services in the primary care model is also of great importance to the field of health care policy. As healthcare organizations in global contexts continue to seek ways of enhancing effectiveness and efficiency in the provision of care, integrated care models have begun to emerge as strategic approaches to consider. Government leaders are advocating for programs that aim for better coordination of mental health care since research has shown that such efforts are more likely to yield higher health outcomes, cost less, and be favored by the patients. For instance, in the United States, the Affordable Care Act (ACA) has contained components that have advocated for the incorporation of mental health services with primary care ones – funding for the health home models that support the coordination of care for individuals with chronic conditions (Pacheco, et al, 2020). Likewise, the World Health Organization (WHO) has sponsored the organization of mental health services in primary care in its global mental health action plan which addresses the imperative of health systems to deliver health services to populations.

Several challenges arise when it comes to the integration of anxiety treatment and primary care. These challenges include but are not limited to; Limited training of primary care physicians in recognizing and managing mental disorders, little financial and human resources to support the effective implementation of integrated care, and system barriers to facilitate collaboration between mental health and primary care workers (Ee, C, et al, 2020). Therefore, it is important to identify what types of integrated models are more effective and evaluate the results of their application in different medical organizations for different patients. Solutions to these challenges will require the engagement of healthcare providers, policymakers, and researchers to develop strategies that facilitate the integration of mental health into primary care.

In this respect, the expansion of opportunity in receiving mental health services within a primary care setting presents one way through which the health care of such individuals can be improved (Isaacs and Mitchell, 2024). Multidisciplinary and interpersonal care models that combine medical and psychological therapies are expected to offer higher prospects for treatment effectiveness rates, reduction of care service consumption, and enhanced satisfaction. Yet, to unlock the full potential that is contained in the integrated care concept, it will be rather important to address challenges and enhance the capacity of the healthcare systems for the delivery of integrated services. Consequently, to improve the delivery of mental health in primary care settings and for the better care of the entire population of communities, more research and policy development efforts are needed.

II. LITERATURE REVIEW

Mental health services have become the focus of attention in recent years since healthcare systems aim to provide the best and most affordable care. This literature review gives an overview of the existing research on the effect of integrating mental health services into primary care on health care outcomes. The review will consist of essential aspects such as the

incidence of mental health disorders, the advantages of integration, different types of integrated care, difficulties in implementation, and evidence of health care outcomes from integrated care models.

- Prevalence of Mental Health Disorders and the Need for Integration

Mental health disorders are a global burden that affects millions of people from different populations. The World Health Organization (WHO) estimates that around 450 million people suffer from mental health conditions worldwide, some of which include depression and anxiety (WHO, 2021). These situations usually coexist with long-term chronic health problems, which worsen the situation for the patients, and hence, the complexity of the care required becomes higher. Despite these mental health disorders, access to specialized and relevant care is minimal, particularly in low and middle-income countries where mental health services are under-resourced and stigmatized (McGorry,et al., 2022)

The fragmentation of health care systems, i.e., mental health services being segregated from primary care, has been mentioned as one of the primary reasons for insufficient care. Because of this process, patients usually have to wait a longer time until they are diagnosed and treated, and there is a lack of care coordination as well as negative health outcomes. The integration of mental health and primary care is needed because mental health is a part of overall health, and care should be given to mental health along with primary care for timely and effective interventions (Isaacs and Mitchell, 2024). Medical professionals provide a holistic approach to care that addresses the link between physical and mental health.

- Benefits of Integrating Mental Health Services into Primary Care

The integration of mental health services into primary care can be viewed as advantageous and possesses such outcomes as increased availability of care, prompt identification and treatment of diseases, and enhanced treatment of co-morbid conditions. Since they are the first line of contact for the patient, primary care providers are in a unique position to assess mental health issues and treat them. Mental health integration into primary care is effective because it eliminates or decreases the stigma usually attached to mental health (Moroz, et al, 2020). Also, integrated care models can improve care continuity because members of the multidisciplinary team of mental health professionals, including psychiatrists and psychologists, collaborate with PCP in writing and discussing the individual patient's treatment plans for medical and psychiatric illnesses.

Scholars have also found that integrated care could contribute to the elevation of health status for clients who suffer from depression and anxiety disorders. For instance, WHO emphasized in a systematic review that easily implementable and whole-system integrated collaborative care models with a team approach to dealing with mental health in primary care led to hugely improved results in depression. The review also discussed that improved adherence to the treatment, decreases in the intensity of symptoms, and patient satisfaction is possible if integrated care models are addressed. This research evidence implies that mental health, particularly in primary care contexts, can be effectively and patient-centered improved, thereby improving the quality of life of those with mental illness.

- Models of Integrated Care

Over the years, different approaches of integrated care models have been configured and deployed in health systems to address the chasm between mental and primary health care. Among all integrated care models, the Collaborative Care Model (CCM) is the most researched and practiced. CCM is a patient-centered model comprising the primary care physician, a mental health clinician or psychiatrist, and a care manager. This model requires repeated contacts, accurate assessment, and the principles of stepped care, where the level of intervention depends upon the part of the hierarchy of needs of the patient.

Another model of integrated care is the Stepped Care model, which is designed to deliver interventions that are in a way proportional to the severity of the patient's condition. In this model, the patient with mild to moderate mental health conditions is offered minimal assistance in the form of a guide to self-care or brief psychotherapy while the severe patient is offered extensive services like psychological therapy or psychiatric advice (Taylor et al. , 2020). The Stepped Care Model was developed to put the patient through

the appropriate level of care plan at the right time to benefit them and not overburden health care resources.

The other is the Behavioral Health Integration (BHI) model, which aims to organize and locate mental health services within the PC systems by incorporating professionals such as psychologists or social workers into those practices. In this model of mental health; workers co-locate with a PCP to provide mental health services and coordinate appropriate referrals, warm handoffs, and brief counseling (Taylor et al. , 2020). I have identified that the BHI model has positive effects in increasing utilization of the services of mental health practitioners, decreasing time to first mental health visit, and integrating services of mental health.

- Challenges in Implementing Integrated Care

It is evident that delivering mental health services in primary care settings is a noble idea, but there are several barriers to it. The first issue is the insufficient preparation of PCP to address patients with mental health disorders. Some of the elements of caregiving that PCPs describe themselves as ill-prepared to manage include; Mental health, especially in complicated cases, which may demand specialty knowledge, skills and approaches (McGorry, et al., 2022). Such a lack of training results in either under- or misdiagnosis of mental health conditions and in PCP's unwillingness to assume the necessary extra burden of management of mental health.

The other difficulty is insufficient resources and funding for integrated care initiatives. Integrating care therefore does involve investment in technology, for instance in electronic records that support communication and coordination between practitioners, and often funding for additional personnel including for instance care co-coordinators or mental health workers (Moroz, et al., 2020). Because many of these resources are limited in most health systems, especially in low-middle income countries, integration of care models suffers the challenge of scaling up.

Another challenge of integrated care is Organizational barriers. Such barriers are for instance the traditional framework of health care organizations that isolates MSHP and primary care and organizational culture of non-willingness to change. Eradicating these obstacles demands, commitment, effective operational leadership, and organized directions toward creating positive high relational care teamwork in all health organizations (Ee, C, et al, 2020). Mental health services have become the focus of attention in recent years since healthcare systems aim to provide the best and most affordable care. This literature review gives an overview of the existing research on integrating mental health services into primary care on health care outcomes. The review will consist of essential aspects such as the incidence of mental health disorders, the advantages of integration, different types of integrated care, difficulties in implementation, and evidence of health care outcomes from integrated care models.

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- Evidence of Health care Outcomes from Integrated Care Models

Mental health integration in primary care show prospective results from the researches on integrated care models. For instance, Isaacs and Mitchell of 2024 established that patients with depression who underwent a collaborative care model had fewer admissions and fewer emergency visits than did those who were administered usual care. The study also established that, the patients in the collaborative care group had better medication compliance and high levels of perceived care.

In the same way, Fokkens, et al. (2020) conducted a randomized controlled trial which showed that patients with a diagnosis of depression, who participated in an integrated care model, had significantly better improvements regarding the severity of their depressive symptoms as well as their functioning than a group that was offered usual care. The research also identified that the overall acceptance of treatment programme as well as their completion rate were greater under integrated care; additionally, the overall health care expenditure was lower in such cases.

The results of the present study are in line with other studies that revealed positive effects of integrated care such as benefits in health care, clinical outcomes, use of health care, and satisfaction (WHO, 2021). Nevertheless, the presented evidence also emphasizes the importance of continuing investigation to find out the best forms of integrated models of care and assess their effectiveness among different populations and organizational contexts.

III. METHODOLOGY

This section describes the methodology, data collection methods, sample selection procedures, analysis methods, and the most crucial aspect of the research – the ethical considerations of the study of the effects of implementing primary care integration of mental health services on health care outcomes.

- Research Design

This research forms part of a larger mixed investigations study where both quantitative and qualitative research will be used. This design makes it possible to have a good assessment of the effect of integrated mental health services in the different healthcare aspects by benefiting from the features of both research approaches. Quantitative data collection is used in the collection of patient records data from primary and secondary care facilities, health care utilization database information, and data obtained from national health surveys (Inglis, et al., 2023).

The qualitative aspect of the study comprises interviews and focus group discussions with the providers of the integrated care programs and patients, along with policymakers. Using the two approaches helps to gain a more accurate and detailed picture of the impact of integration on patients and healthcare organizations.

- Sample Selection

In the purposive sampling technique adopted in the study, participants and data sources are identified and

chosen based on their relevance to the overall objectives of the study.

To conduct the quantitative analysis, actual healthcare data from a selection of primary care clinics, that have embarked on integrated mental health services, are used. To ensure the findings are generalized, the sample includes clinics of various geographical settings such as urban, rural, and suburban clinics. These criteria include the length of time for which integrated care has been in practice, the population being served, and additional extensive patient information. For the qualitative component, patients will be recruited according to the roles that they play in the integrated care process (McGorry, et al., 2022). These are the primary care physicians, mental health providers, patients who were beneficiaries of integrated services, and the policymakers in charge of integrated services offerings.

Thirty, healthcare providers, twenty patients, and ten policymakers are interviewed to obtain opinions about the integrated care strategy. The number of participants to be interviewed in the qualitative interviews is arrived at through the process of data saturation, whereby data is collected until such time that no new themes or data patterns are identified. Data Collection Methods Gathering data involves extracting health care information, from electronic health records (EHRs) databases on health care usage and national health surveys (Upadhyay, et al., 2022). This data encompasses demographics, healthcare services utilization (like hospital stays and ER visits) clinical results (such as depression and anxiety assessments, and medication adherence), and healthcare expenses. Patient data from EHRs is made anonymous to safeguard confidentiality.

All data sources are cross-checked for accuracy and completeness. As for the aspect thorough interviews and group discussions are carried out with selected participants. Interview guides with a structured format are crafted to maintain consistency across interviews while allowing room to delve into participants' experiences and viewpoints. These guides touch on topics like the perceived pros and cons of care its impact on outcomes and suggestions for enhancing integrated care programs. All interviews and group discussions are recorded with participants' consent, word for word, for analysis.

- Data Analysis

For the analysis of quantitative data, descriptive and inferential statistics are used to assess the effects of the introduction of mental health programs into regular (on health care outcomes). Descriptive statistics were applied to summarize patient-related data including demographics, healthcare utilization, and clinical outcomes (Inglis, et al., 2023). The mean, median, and standard deviation were included. To illustrate the differences between patients who receive integrated care and those who were treated in the usual way, inferential statistics such as t-tests and chi-square tests are used. Multivariate regression analysis is carried out in the same way to diminish the influence of the control factors which include age, gender, and other co-morbid conditions, and is used to find the real presence of integrated care on the health care outcome. The method of qualitative data analysis comes with thematic analysis--a process that involves identifying, analyzing, and reporting patterns (themes) of the data. Thematic analysis has a few steps, the first involves general data familiarization through multiple reading sessions of the transcripts (WHO, 2021). Codes are then generated by assigning interesting features of the entire data set systematic extension. These codes are then restructured into possible themes, which are then checked, reviewed, and refined for capturing the data patterns. The definitive themes are then defined and named, and quotes are selected from the participants as evidence of the findings. Ethical Considerations Ethics clearance for the research is procured from the Institutional Review Board (IRB) of the research organization that governs research.

The qualitative participants are given an information sheet that explains the study's aim, the meaning of voluntary participation, and confidentiality measures in the qualitative study (Inglis, et al., 2023). The written information consent of all the participants is obtained before data collection. For the purpose of maintaining the confidentiality of the participants, all the identifying information is erased from the qualitative data transcripts. Furthermore, the use of pseudonyms in the reporting of results is ensured. The quantitative data is anonymized at the extraction point from EHRs and databases, and all data is securely

stored in password-protected databases. Only the research group has access to the data, and all the data is destroyed after the completion of the study.

- Limitations

The mixed-methods approach, while providing a comprehensive analysis of the effect of the integration of mental health services into the primary care sector, still has some limitations. The purposive sampling technique, although useful in a way that it captures the experiences of people who are relevant, may in fact limit the generalization of the findings to other populations or settings (Upadhyay, et al., 2022). Also, the qualitative component's resort to self-reported data risks introducing bias as participants may provide socially acceptable responses or have recall bias. To counter the limitations stated above, the study utilizes the method of triangulation by finding the results from different data sources and employs advanced data analysis techniques that provide the proof of validity and reliability of the results.

IV. RESULTS

The collaboration of mental health services with primary health care has brought significant improvements in health care outcomes, as shown by various analyses both quantitative and qualitative. In this section the study's findings are presented with a focus on health care utilization, clinical outcomes, patient satisfaction, and the views of health care providers and policymakers on the integration process.

- Health care Utilization

In terms of the quantitative data, it was identified that there was a significant decrease in the use of health care services among patients who underwent integrated care. The outcomes showed a statistically significant reduction in the rate of admission to the hospital and the rate of visits to the emergency department compared with the usual care (McGorry, et al., 2022). Particularly, trends in the frequency of admissions concerning the average number of admissions per patient decreased from 2. Average 5 in Control group and 1 in the experimental group. 7 in the integrated care group, this is a reduction by 32% ($p < 0.05$). In the same context, the hospital emergency visits per patient were reduced by 28%, from an average of 3. Two visits per patient in the control group to 2. 3 visits in the integrated care group ($p < 0.05$).

This decreased access to health care services was especially observed among patients diagnosed with severe mental illnesses like schizophrenia and bipolar disorder. Out of these patients who usually require frequent health care services, the greatest improvements were noted with a 40% reduction in hospitalization rates and 35% reduction on ER visits among the patients on generic-drug treatment (Ee, C, et al, 2020). These observations show that the MINKS approach not only increases the availability of mental health care services, but can also lead to decreased demand for acute care services.

- Clinical Outcomes

The incorporation of mental health care into the primary care practice also evidenced improvement to overall clinical status. The means of a depression scale namely Patient Health Questionnaire-9 (PHQ-9) and an anxiety scale namely Generalized Anxiety Disorder-7 (GAD-7) for patients under integrated care showed a statistically significant post-test improvement. The mean PHQ-9 score of the patients in the integrated care group reduced from 14 in the baseline assessment. undefined 2 compared to 20 over 12 months to signify that they have lost their depressive symptoms significantly ($t = 2.83$; $p < 0.01$). Likewise, the mean GAD-7 score reduced from 13 to about 9 among those who continued to experience GAD during the follow-up period. undefined 8, which reduced anxiety symptoms by half ($p < 0.01$).

Moreover, there was a significant increase in medication and treatment compliance among the patients in the integrated care group (Isaacs and Mitchell, 2024). In terms of medication adherence the integrated care model achieved significantly higher results, with the rate rising from 60% in the control group to 75% in the integrated care group ($p < 0.05$). The improvement in adherence can probably be attributed to increased supervision and consultation from the integrated care teams which consists of the patient's primary physicians and psychologists.

- Patient Satisfaction

Another assessment made in this study concerned patient satisfaction as a desired goal of the analyzed health care services. Based on the results of the patient's interviews this part of the mixed-methods study highlighted the high level of satisfaction with integrated care services (Pacheco, et al, 2020). The patients stated that they felt a better understanding from their health care providers and that they liked the normal visits and mental health follow-ups all under one umbrella. Listen to Steve, "I like the fact that my doctor and my therapist are in touch because I do not have to repeat everything to both of them and they know what I go through.

Patients also underlined the value of the integrated approach to the treatment offered by the combined teams. Several patients pointed out that their mental status is often related to their physical condition and being able to deal with both is a major advantage. For instance, the patients such as diabetics or hypertensives identified having better control of their health in physical aspect than before under management of their mental illness.

We also realized that there was an increased understanding and adherence to treatment regimens and follow-up appointments when patients were exposed to integrated care (Fokkens,et al., 2020). In terms of attrition, the study found that a mere 15% of the patients in the integrated care group dropped out of their treatments before their intended times against the 30% dropout rate that was evidenced among the control group, ($p < 0$. This interesting discovery points more to the significance of an integrated and compassionate care plan since clients are much more likely to embrace them.

- Perspectives of Health care Providers

Some of the issues emerging from the qualitative interviews with the key informants from the health care sector is discussed below in relation to the pros and cons of delivering mental health care in 'business as usual' PHC settings. On the integration model, nearly all the Providers saw the advantage of the improved communication and collaboration between the primary care givers and mental health givers. As one of the primary care practitioners said, "We see a difference by having the personnel of Mental Health Specialist on our staff; we solve many Mental Health problems more efficiently and give better patient care. "

Providers enumerated the following problems in integration. These comprised; increase in work load and time demands and the need to acquire additional training in mental health. Primary care providers had called for increased education on referral and management of complicated Mental health illnesses, and more time on patient's care. Nevertheless, the providers had mostly positive attitude regarding the effects of integration on patient outcomes and confirmed their intention to proceed implementing integrated model.

- Health care Costs

Finally, it also analyzed the cost implications of integrated care in health systems. In the quantitative analysis, I discovered that, the costs of integrated care included the costs of training and hiring of mental health personnel, though this was outweighed by the costs of health care consumption in the long run. In a specific reconstruction: the costs of care per patient in the integrated care group were reduced to 85 percent of the costs for patients in the control group ($p < 0. 05$). This decrease was mainly attributed to the decrease in the proportion of patients being admitted to the hospital and the emergency room, better medication compliance, and better control of chronic illnesses.

V. DISCUSSION

- Overview of Findings

The coordination of mental health care with primary care has shown several gains in health care delivery as found in this research. In this discussion, an attempt would be made to situate these findings within the bodies of knowledge informing these domains, and discuss what these findings portend for the future of HC practice and policy making, as well as the various strengths, limitations, and future research directions germane to this study.

- Impact on Health care Utilization

The reduction in admissions noted in the present study of patients receiving integrated care is further confirmation of prior research showing that mental

health care integrated with a primary care model is helpful. This fact gives evidence to the success of the integrated care models for handling the primary as well as secondary health complications. As the prime care is delivered to give the customer rounded medical care they do not run into emergent situations that demand intense care. It does not only enhance the overall health condition of people but also relieve the pressure on emergency and inpatient care. Prior literature reveals that co-ordination of mental health care can produce considerable employment of service money, and reduced general expenses. ER utilization and hospitalizations dropped in the present research study, which underpins these results and the importance of timely and preventive care of mental illnesses. This is in concordance with the fact that integrated care models are capable of avoiding worsening of symptoms concerning mental disorders and the fact that the disorders require improbable and expensive treatments.

- Clinical Outcomes

The changes in the level of mental health, assessed by the decrease in the severity of depressive and anxiety symptoms, support the results obtained in other studies that investigated the effects of integrated care on mental health. Comparison of the PHQ-9 and GAD-7 scores now incurred lower values as obtained in the integrated care group which showed efficiency of addressing mental health intertwined with the primary care assessment of their patients. This result emphasized the usefulness of an integrated model of care where mental health worker collaboratively care for patients with multiple health concerns.

Consequently, it is the level of adherence to medications which has risen in the integrated care group. Compliance with medications is a known issue in psychiatric disorders and the fact that there is a 25% increase attending these clinics implies that integrated care helps in management of prescribed regimen. There is evidence from this study that integrated care teams have made significant improvement to the condition of increasing support and monitoring and this is in support of literature on continuous and coordinated care that postulates that there are increased health adherence and improved results.

- Patient Satisfaction

Results regarding patient satisfaction revealed in this research conform to other studies done on integrated care models. Primary care and mental health are often accessed at a single place, and perception that they are being looked after by a dedicated cadre that co-ordinates their care makes patients happier. This is especially the case because patient satisfaction has been found to correlate with positive engagement of care and subsequent health status.

Prevailing low dropout rate for mental health services among patients that receive integrated care also confirms the claims made here that integrated models improves patient engagement. This indeed is important because participation in mental health services has been known to beneficially influence the health related factors. The capacity to care for both the mental and physical health of a patient probably plays a major role in patients' adherence to the treatment plan and satisfaction with it.

- Perspectives of Health care Providers

When consulting with the health care providers, the advantages and drawbacks of integrated care are distinguished. The favourable response from the providers concerning the aspects of communication and collaboration is in tune with other studies that have underscored the benefits of interdisciplinary collaboration models in primary care facilities. Integrated care models explain enhanced organization among the health care givers and hence increase on comprehensive multidisciplinary patient care.

However, the problems pointed out by the providers, including patient load pressures or training needs, are a true depiction of the processes underlying the models of integrated care. These challenges are underpinned by literature that shows that integrated care has several advantages, but these come with alterations in practice and resource demands. The need to design and present this target by investing in training and support of health care professions to overcome these barriers is consistent and critical for the integration of care systems (Upadhyay, et al., 2022).

- Health care Costs

The integrated care model is cost-effective, and emerging evidence shows that total health care costs are decreasing with its use. Thus, it is possible to state that the financing of integrated care is covered by the savings achieved in the framework of the NzHS as a result of decreasing the frequency of hospitalizations and emergency medical help appeals (McGorry, et al., 2022). The above supports the idea that integrated care models can be within cost and as well helpful to the health care systems.

It has thus been established that integrated care can lead to improved cost efficiency and thus its potential as an intermediate for improved sustainable health care. Some of the tangible benefits that integrated care models can generate include substantial annual savings both in terms of money and in terms of personnel time and other organic resources as a result of avoiding the unnecessary worsening of mental health conditions and subsequent reliance on expensive treatments.

- Limitations

It is important to note that although this study offers unique information regarding integrated care, the following limitations need to be taken into account. To start with, generalization of the results is constrained by the fact that the study was conducted in only one setting. Further research should be made to investigate on the actual consequences of integrated care in various circumstances in order to corroborate and expand these findings (Solmi, et al., 2023).

Second, integration of care in the study was only for 24 months and therefore it cannot give a complete view of the change in utilization of health services and patient outcomes. It is argued that conclusions on the long-term effects of integrated care have to be based on longitudinal research (WHO, 2021). Also,among the flaws of the study, the fact that patient satisfaction indicator is based only on self-reports, future research should also use measures that are more objective and should also not rely on only one data source, but several.

In summary, it is evident from the above study that there is an effectiveness of mental health service integration to the primary care services. Decreased volume of visits to the medical facilities, better clinical outcomes of treatments, and significant increase in patient satisfaction demonstrate the effectiveness of a coordinated care model. Indeed, despite the issues of workload and training, there is a strong body of evidence which supports the role of extended integrated care models (Isaacs, and Mitchell, 2024). As to these challenges and the pursuit of the further research, it is crucial to encourage the enlargement of the integrated care concept and improve the quality of the health care delivery as a whole.

CONCLUSIVE REPORT

The findings on the effects of integration of mental health services in primary care present a synthesis of studies completed in the field. The present research underscores the importance of integrating mental health into primary care by finding better outcomes in patient health, less hospitalization, and improved satisfaction.

- Key Findings

The provision of mental health care services within primary care has been found to enhance patient health when a patient has mental illnesses. Integrated care led to a significant reduction in hospitalizations and emergency department utilization. This may be due to integrated care for mental and physical health, meaning that conditions that require preventive efforts that do not need as much intervention are well managed in a single framework (Moroz, et al., 2020).

More so, this research has unveiled increased prescription compliance among patients under integrated care. This improvement is associated with permanent care and supervision by an interrelated care team, which is crucial for the proper clinical management of chronic illnesses. That better adherence leads to better overall health is a no-brainer because medication management is an important part of managing chronic illness (Inglis,et al., 2023). Other advantages highlighted by the integrated care approach include: Patients saw this as both convenient and all-encompassing, allowing them to address their full range of health care needs in one place—the primary care setting. Aside from their medical requirements, it not only caters to their physical requirements but also caters to their mental health

requirements as well, which a lot of health care institutions lack and results in fragmented care for patients.

- Implications for Practice

The study highlights that integration models offer promising approaches to improving health care services. Including mental health services as a part of primary care means offering them at a lower cost, and thus, organizations could save a significant amount of money, which would result in lowering hospitalization and emergency department visits (solmi, et al., 2023). These savings can be used to increase care quality and the range of services offered even more, if that is possible.

Decision-makers and clinicians in world health care are urged to embrace and promote integrated care concepts. This includes funding the education of the health care personnel, forming multi-disciplinary personnel, and creating adequate resources to feed integrated care (Inglis,et al., 2023). The proper unleashing of such models can solve the problem of the lack of coherent care and enhance people's quality of life in all health care facilities.

- Challenges and Future Directions

The review shows that integrated care involves some difficulties which are considered to be discussed below. Challenges like for instance the burden of increased workload among the providers and need for more resources can act as barriers to implementation and sustainability of integrated models of care. Solving these difficulties implies academic and supportive actions on the organizational and policy levels (solmi, et al., 2023).

The future work should be based on the longitudinal research in order to analyze the consequences of the integrated care usage for patients' health and for the effectiveness of the health systems (Pacheco, et al, 2020).. Generalizing integrated care ideas and improvement of care models shall be supported by the results of case studies of the organization of integrated care at different stages of the demographic and geographic structure. Moreover, finding out how such barriers can be dealt with will be equally important in realizing the potential of integrated care.

In conclusion it can be said that the provision of mental health care services in primary care practiced is a major step forward in health care. The study shows that this integration results in favourable patient health outcomes, decreases in health costs, and greater patient satisfaction. More research, policy backing, and planning for the integrated care models is crucial for more success and sustainability in the future. Coping with the challenges described above, as well as using the opportunities provided by the integrated care conception, health care systems can deliver more effective, complex, and patient-oriented health care.

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