



## RESEARCH

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## ARAŞTIRMA

## Açık Erişim

## PATIENTS' VIEWS ON PROVIDING PSYCHOLOGICAL SUPPORT IN PRIMARY HEALTH CARE SERVICES

*Hastaların Birinci Basamak Sağlık Hizmetlerinde Psikolojik Destek Sunulmasına İlişkin Görüşleri*

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### ABSTRACT

The comprehensive and holistic delivery of healthcare services is crucial for protecting and improving individuals' physical and mental health. This study aims to contribute to primary healthcare services by identifying the need for and quality of psychological support in primary healthcare and enhancing psychological support services to improve service quality and performance. In this context, semi-structured interviews were conducted with 69 patients who visited a family health center. The data obtained were analyzed using the content analysis method. Participants frequently stated their desire to receive psychological support, found the provision of psychological support services at family health centers (FHC) to be appropriate, and highlighted numerous advantages of such services in terms of healthcare delivery.

### Article Information

#### Keywords

Primary healthcare services

Psychological health

Biopsychosocial model

Psychological counseling

#### Anahtar Kelimeler

Birinci basamak sağlık hizmetleri

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#### About the Article

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### ÖZET

Sağlık hizmetlerinin kapsamlı ve bütüncül bir yaklaşımla sunulması, bireylerin hem fiziksel hem de ruhsal sağlığını koruma ve iyileştirme açısından büyük önem taşımaktadır. Bu araştırmada, birinci basamak sağlık hizmetlerinde psikolojik destek ihtiyacını ve niteliğini saptayarak, hizmet kalitesinin ve performansın artırılması için psikolojik destek hizmetlerinin iyileştirilmesi yönünde birinci basamak sağlık hizmetlerine katkı yapmak amaçlanmıştır. Bu doğrultuda aile sağlığı merkezine başvuran 69 hasta ile yarı yapılandırılmış görüşmeler gerçekleştirilmiştir. Elde edilen veriler içerik analizi yöntemi ile analiz edilmiştir. Katılımcı hastalar yüksek sıklıkla psikolojik destek almak istediklerini, aile sağlığı merkezlerinde psikolojik destek hizmetinin verilmesini uygun buldukları ve bu durumun, hizmet açısından birçok avantajları bulunduğunu ifade etmişlerdir.

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**Ethical Declaration:** The study was carried out within the framework of the Helsinki Declaration and all participants whose informed consents were obtained took part in this study as volunteers. The ethics committee of Cukurova University was consulted for ethical approval of this study.

## INTRODUCTION

The World Health Organization (WHO) defines health as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity" (WHO, 2022). In primary care, the psychological state of the individual receiving healthcare determines the entire therapeutic process, from their acceptance or rejection of healthy attitudes and behaviors to their adherence to treatment. Moreover, the recognition of the psychological origins of certain illnesses highlights the importance of psychological support in healthcare, a fact well-established in medical science. Another critical issue is that long-term and costly psychological illnesses can often be prevented if addressed at the primary care level through preventive health services, either before they develop or at their initial stages. Nevertheless, healthcare is commonly understood as the provision of services aimed at treating physical illnesses, with psychological approaches frequently neglected in service delivery.

Today, it is widely acknowledged that physical health cannot be separated from an individual's psychological condition and social environment. In this context, the use of practices and approaches that address the psychological dimension of health appears indispensable in the prevention, diagnosis, and treatment of illnesses. In recent years, preventive health approaches, preventive medicine, well-being, and the promotion of a healthy lifestyle as a way of life have become prominent topics. Additionally, psychological services have emerged as a central component of healthcare in addressing issues such as managing chronic and terminal illnesses, providing emotional support during treatment, reproductive health, sexually transmitted infections, coping with stress, and improving quality of life (Mental Health Commission, 2022).

Recent developments in psychology, medicine, and physiology have introduced a fresh perspective on health and illness. This approach, embodied by the biopsychosocial model, considers health and disease to result from an interplay of various elements, such as biological traits (e.g., genetic tendencies), behavioral aspects (e.g., habits, stress levels, health perceptions), and social contexts (e.g., cultural norms, family relationships). Conceptualizing health and illness through this model offers numerous scientific and practical advantages. Chief among these is the fact that individuals can reduce their risk of developing significant health problems, receive more effective treatments, and lower healthcare costs when treated by an interdisciplinary team that includes behavioral health providers (Schwartz & Weiss, 1978).

In the biomedical perspective, good health was simply seen as the absence of diseases and injuries, with their presence signifying poor health. The approach suitable for this model involved biological interventions to repair biological damage (Borrell-Carrio et al., 2004; Engel, 1977; Farre & Rapley, 2017; Glouberman & Zimmerman, 2002; Lehman et al., 2017; McEwen & Gianaros, 2010). However, the understanding of the body-mind-behavior relationship has significantly transformed medical systems and practices. The shift from the biomedical paradigm to biopsychosocial medicine revealed that biological, psychological, and social factors interact in an interdependent or systemic manner to either cause disease or maintain health. This approach (the biopsychosocial paradigm) has become universal and has been endorsed and adopted by the World Health Organization (Fava & Sonino, 2000; Frankel et al., 2003; Friedman & Adler, 2011; Fulford, 2005; McLaren, 1998; Suls & Rothman, 2004; Schulz & Sherwood, 2008; Straub, 2007; Taylor, 2011; Wade & Halligan, 2004).

There is increasing evidence that stressful early life events impact various physical health problems later in life. Adverse childhood experiences have been associated with higher morbidity and mortality rates due to a range of chronic diseases (Miller et al., 2011). For instance, individuals who experienced significant life stressors during childhood (e.g., abuse, neglect, family conflict, or low socioeconomic conditions) are at greater risk for cardiovascular diseases, type II diabetes, cancer, and various somatic difficulties. The development of inflammatory diseases in adulthood has been

shown to be related to stress experienced in early childhood. Inflammation is a known risk factor for cardiovascular diseases, type II diabetes, osteoporosis, periodontal disease, and rheumatoid arthritis (Ershler & Keller, 2000; Libby, 2007). Children who experience maltreatment have higher levels of inflammation compared to their non-maltreated peers (Danese et al., 2010). This relationship persists into adulthood. For example, a large-scale prospective study found that individuals neglected during the first ten years of their lives had higher CRP levels at age 32 compared to those who were not neglected. In fact, over 10% of low-grade inflammation in adults can be attributed to childhood maltreatment (Danese et al., 2007). Middle-aged adults from challenging family environments during childhood have higher CRP levels compared to those from healthy family environments (Taylor et al., 2006).

Primary healthcare services serve as the initial point of contact within the health system, providing individuals with basic health services. These services include not only therapeutic approaches but also preventive and protective health interventions. However, in many countries, psychological support services are often referred to secondary or tertiary healthcare institutions. This practice can hinder the early detection and treatment of psychological problems in individuals. Studies have revealed that approximately one-third of patients seeking primary healthcare meet the criteria for mental disorders, while another one-third exhibit psychosocial symptoms or problems that impair their functioning despite not meeting full diagnostic criteria (Kessler et al., 2005). These symptoms and disorders are even more prevalent among patients with chronic illnesses (Jones et al., 2004). Furthermore, primary care providers have often been inadequately equipped to address these behavioral concerns effectively. They diagnose fewer than one-third of these cases and provide acceptable treatment to less than half of the correctly diagnosed patients (Kathol et al., 2010).

It is well known that psychological problems can become chronic and negatively impact individuals' quality of life if not addressed early. Therefore, ensuring easy access to psychological support services for individuals seeking primary healthcare is critical for protecting mental health and improving the effectiveness of healthcare services (Bower & Gilbody, 2005; Katon et al., 1995; Patel & Thornicroft, 2009). This study aims to determine the necessity and nature of psychological support in primary healthcare services. Specifically, the study seeks to understand the perceptions of individuals seeking primary healthcare regarding psychological support, whether they need such support, the difficulties they experience in accessing these services when needed, and their opinions on the appropriateness, benefits, and convenience of providing psychological support services within primary healthcare. By exploring these individual-level experiences, the study aims to highlight the need for psychological support in primary healthcare settings. Additionally, it is believed that investigating personal experiences among groups with increased psychological support needs will provide more detailed insights for addressing deficiencies in current practices. As a result, the research questions addressed in this study are as follows:

How do participants define and perceive psychological counseling services?

How do participants evaluate access to psychological counseling services?

What are participants' perspectives on the provision of psychological counseling services in family health centers?

## **METHODOLOGY**

### **Research Design**

The phenomenological design focuses on phenomena that we are aware of but lack a detailed understanding. It provides a suitable framework for studies aiming to explore phenomena that are not

entirely foreign yet not fully comprehended (Yıldırım & Şimşek, 2021). The foundation of this approach is individual experiences. In this approach, the researcher is concerned with the participants' personal experiences and examines the meanings and perceptions individuals attribute to events (Baş & Akturan, 2013). Accordingly, this study adopted a phenomenological design, one of the qualitative research methods, to enable participants to comprehensively reflect their views on providing psychological counseling services in family health centers. In the development of the interview questions and the analysis process, the phenomenological framework was carefully followed. The interview questions were designed to capture the lived experiences and subjective meanings participants attribute to the integration of psychological counseling services into primary healthcare. The analysis process emphasized identifying recurring themes that illustrate shared experiences among participants, ensuring a deep exploration of their perspectives.

### **Study Group**

Participants for this study were selected using the "convenience sampling" method. They were chosen from individuals registered at İzmir Balçova Family Health Center No. 3, specifically at Family Medicine Unit No. 3502012, who volunteered to participate in the interviews. Data related to the interview form were collected from 69 participants. Of the participants, 63% were female, and 37% were male. Most of the participants were middle-aged, with 25% aged between 36-45 years and 33% aged between 46-55 years. The average age of the group is 45.5. Participants were from middle-income professions, including engineers, teachers, healthcare workers, civil servants, and self-employed individuals. Regarding educational background, 64% of the participants had a university degree (associate, bachelor's, or postgraduate), 26% were high school graduates, and 10% had completed primary education. To address the limitations of convenience sampling, efforts were made to ensure a diverse participant pool in terms of age, gender, and professional background. This diversity allows for a more comprehensive understanding of different perspectives regarding psychological counseling in primary healthcare settings.

### **Ethical Considerations**

Ethical approval for this research was obtained from the Non-Interventional Clinical Research Ethics Committee of Çukurova University Faculty of Medicine.

### **Data Collection Tools**

**Sociodemographic Information Form:** The Sociodemographic Information Form used in the study was developed by the researcher. It consists of five questions aimed at identifying the participants' descriptive characteristics such as age, gender, and marital status.

**Interview Form:** The semi-structured interview form includes questions designed to explore participants' perceptions of psychological counseling and their views on the role of psychological support in the provision of primary healthcare services.

### **Data Collection**

The data for this study were obtained from individuals registered at Family Medicine Unit No. 3502012 who sought healthcare services during the data collection period and voluntarily participated in the interviews. These interviews were conducted during the participants' healthcare visits, and audio recordings were taken during the process. The interviews lasted between 30 to 45 minutes and were conducted in a private setting within the family health center to ensure confidentiality and comfort for

participants. Ethical approval for this research was obtained from the Non-Interventional Clinical Research Ethics Committee of Çukurova University Faculty of Medicine.

Informed consent was obtained from all participants before the interviews began. Participants were informed about the purpose of the study, the voluntary nature of their participation, and their right to withdraw at any stage without consequences. Special care was taken to ensure that participants fully understood the confidentiality measures in place to protect their identities.

### **Data Analysis**

Content analysis was used to analyze the data obtained through interviews. Content analysis consists of four stages: (1) coding the data, (2) identifying themes, (3) organizing codes and themes, and (4) interpreting and presenting the findings (Yıldırım and Şimşek, 2021). Detailed information about the participants was provided to ensure the reliability of the study. In addition, the process of conducting the interviews, recording the data, and analyzing the findings was explained in detail. The codes obtained from the analyses were compared to check consistency, and it was found that the coding was largely consistent in both analyses. Any discrepancies between the coders were discussed and resolved through consensus meetings to increase the reliability of the findings.

## FINDINGS

This section presents the findings obtained from the content analysis of interviews conducted to explore participants' views on providing psychological support services within family health centers.

**Table 1**

*Participants' Views on Psychological Support Services in Primary Healthcare*

Category	Concept	f
<b>Perceptions of psychological counseling</b>	Support	13
	Relief	10
	Guidance	8
	Solution	5
	Self-disclosure	2
<b>Receiving psychological counseling support</b>	Yes	31
	No	38
<b>Perceptions of access to psychological counseling services</b>	Easy	19
	Not easy	44
	No opinion	6
<b>Appropriateness of providing psychological counseling services in family health centers</b>	Appropriate	68
	Not appropriate	1
<b>Reasons for providing psychological counseling services in FHCs</b>	Ease of access	47
	Affordability	12
	Increasing psychological problems	11
	Early intervention	5
	Familiarity/trust	5
	Cooperation with family physician	4
	Ease of follow-up	3
	Employment	1



## Perceptions of the Concept of Psychological Counseling

The content analysis of the responses to the question aimed at understanding participants' perceptions of psychological counseling revealed the following sub-themes: support, relief, guidance, solution, and self-disclosure. Some of the participants' statements are provided below:

P21: *"When I think of psychological counseling, I imagine a place to go to relax."*

P5: *"What comes to mind is going to them for help with things I can't solve on my own. For example, I used to drive, but now I can't. I want to go for help with that."*

P20: *"For our mental health, to control disruptions in our normal daily lives or to address situations we cannot resolve, we should seek psychological support..."*

## Receiving Psychological Counseling Support

According to the findings regarding participants' prior experiences with psychological counseling support, approximately 45% of participants reported having received psychological counseling, while the remaining 55% stated that they had not previously sought such support.

## Perceptions of Access to Psychological Counseling Services

According to the responses to the question about the ease of access to psychological counseling services, 64% of participants stated that access is not easy, 28% believed it is easy, and 8% reported having no opinion on the matter. Some participants' statements are provided below:

P6: *"I don't think it's easy. I believe private services are more accessible, but they are not suitable for everyone. That's why I think access is not easy."*

P7: *"Yes, we can access them easily, but only in private institutions. In hospitals, it takes too long."*

P10: *"My grandson is 14 years old. My daughter divorced her husband. My grandson received treatment for 1.5 years. We changed five different doctors. It wasn't easy at all to get help. We had to keep taking him to private services."*

P19: *"It's very hard to access. Fees are extremely high. I don't even know if there is such an option available in hospitals."*

P22: *"It's very hard to access in public hospitals. If you go to private services, they charge a lot. Psychological support requires continuity, with sessions held regularly. It burdens the family budget. Even if someone wants to go, they give up because of the costs."*

## Views on the Appropriateness of Providing Psychological Counseling Services in Family Health Centers

According to the responses to the question about whether participants found it appropriate to provide psychological counseling services in family health centers, only one participant stated that they did not find it appropriate. All other participants expressed strong support for this idea. Some participants' statements are provided below:

P23: *"I think it would be great, I wish it existed."*

P40: *"I strongly support this idea."*

P9: *"It would be really good. I truly believe it is necessary."*

## Views on the Reasons for Finding Psychological Counseling Services in Family Health Centers Appropriate

According to the responses to the question about participants' reasons for finding psychological counseling services in family health centers appropriate, ease of access was identified as the primary reason. This was followed by responses such as affordability, increasing psychological problems, the opportunity for early intervention, familiarity/trust, the possibility of cooperation with family physicians, ease of follow-up, and employment opportunities. Some participants' statements are provided below:

P6: *"It's a place that we can reach more easily, a place we can come to more comfortably."*

P18: *"Because our era increasingly makes us feel the need for such services. Countries are generally in a difficult situation—economically, with wars and so on. People's psychology is obvious. We also went through two years of COVID. Such a unit feels increasingly necessary."*

P47: *"Let me speak for myself. I'm a mother of three children. I work. You have to be patient with your spouse, patient with your children, and patient at work. I feel the need for someone to listen to me. But because I can't access these channels, I try to solve everything on my own or keep it inside. I think women need a lot of support because of the burden we carry. For example, I've realized I clench my teeth a lot in my sleep. This happens because I'm always enduring things. Since I don't have much time, I would benefit from such a service."*

P42: *"Just as we can immediately go to our family doctor and we know our doctor, I wish there could be psychologists and family therapists as well. It would be great for children, and it would be great for families. We wish that health centers had separate sections for children, adolescents, and adults. Honestly, everyone would be very pleased."*

## DISCUSSION

The findings of this study provide significant insights into the appropriateness and benefits of offering psychological support in primary healthcare services. The majority of participants considered the provision of psychological counseling services in family health centers appropriate and emphasized the numerous advantages this service could offer at both individual and societal levels. This aligns with the literature, which frequently highlights the potential of early and easy access to psychological support to improve individuals' mental health. These findings reinforce the significance of integrating psychological support into primary healthcare settings, as previously emphasized in the introduction. Addressing mental health within primary healthcare not only enhances accessibility but also promotes a more comprehensive approach to well-being, reducing the burden on specialized mental health services.

When evaluated within the framework of holistic medicine and the biopsychosocial model, the findings gain even greater relevance. Holistic medicine emphasizes addressing the physical, mental, and social dimensions of individuals together. Integrating psychological support services into primary healthcare contributes to the implementation of this multidimensional approach. The biopsychosocial model demonstrates that diseases are not solely caused by biological factors but are also significantly influenced by psychological and social determinants (Farre & Rapley, 2017; McLaren, 1998; Lehman et al., 2017). Participants underscored the ease of access and economic advantages of providing psychological counseling services in family health centers. The difficulty of accessing psychological support services is widely acknowledged in the literature as a global public health issue (Clark et al., 2009; Gilbody et al., 2006). Affordable and easily accessible services can positively influence individuals' help-seeking



behaviors. Participants frequently emphasized the growing prevalence of psychological issues and the importance of timely intervention. The literature indicates that many chronic diseases are influenced by psychological stress factors and that stress management is critical for disease prevention (Cohen et al., 2007; Segerstrom & Miller, 2004). Psychological counseling offered in primary healthcare can thus provide a critical opportunity for early intervention. This aligns with the argument presented in the introduction regarding the increasing global need for mental health services. As the prevalence of psychological distress continues to rise, integrating mental health support into primary care settings may serve as an effective strategy for mitigating long-term adverse outcomes.

The results of the study underscore the need to consider psychological counseling services as an integral part of preventive and protective healthcare. Early access to mental health services can prevent the progression of illnesses and improve individuals' quality of life. Participants highlighted the importance of feeling secure and collaborating with family physicians, reflecting the necessity for a holistic approach to healthcare delivery. Collaboration among healthcare providers can make treatment processes more effective and sustainable. Finally, ease of follow-up emerged as a key factor enhancing the effectiveness of psychological counseling services. Continuous and regular follow-up can contribute to achieving positive outcomes in psychological support processes. These findings further support the argument that primary healthcare centers provide an ideal setting for ongoing mental health interventions, ensuring continuity of care and fostering a more patient-centered approach.

### Conclusion and Recommendations

The findings of this study highlight the potential of providing psychological counseling services in primary healthcare to protect and improve individuals' mental health. These results can serve as a guide for reshaping health policies and further integrating mental health services into healthcare systems. Based on these findings, it is important to develop national health policies to systematically integrate psychological counseling services into family health centers. Establishing multidisciplinary teams in family health centers and ensuring effective collaboration between psychological support specialists and family physicians are also essential. Moreover, organizing training programs for healthcare professionals and the general public to raise awareness about the importance of psychological support services is crucial.

Future studies with larger sample groups will enable a more comprehensive evaluation of the impact of these services. Additionally, longitudinal studies examining the long-term effects of psychological support services provided within primary healthcare will offer valuable contributions to the literature.

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### Author Contributions

The data collection and data analysis were carried out by the first author. The interpretation of findings, development of the theoretical framework, and writing of the manuscript were conducted collaboratively by both authors. The final version of the article was reviewed and approved by both authors.

### Conflict of Interest

The authors have declared that there is no conflict of interest.

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This article is based on Semra Özcan's master's thesis titled *"Identifying Patients' Psychological Support Needs in Primary Healthcare Services"* conducted under the supervision of Fatoş Bulut Ateş at Çukurova University.

### Ethical Declaration

This study was completed in accordance with the Helsinki Declaration. In line with this, the study was permitted by Cukurova University, Social and Human Sciences Ethics Committee.

**Name of the Ethics Committee:** Non-Interventional Clinical Research Ethics Committee of Cukurova University Faculty of Medicine

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