

An Evaluation of Patients View Towards the Mental Health Services in Saudi Arabia

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Abstract :Objectives:To evaluate and descriptive in nature, the current issue of mental health services in Saudi Arabia, this study examined the influence of areas; awareness, roles, aims, effectiveness, referrals, and needs, among patients in Saudi Arabia.

Methods : The questionnaire for this study was used from February 2023 to July 2023. In addition, the sample were (n=208) Patients. Demographic data, gender, age, nationality qualification were compared between four Mental Health hospitals in Saudi Arabia. In this study researchers built a Questionnaire (self-administered), has been cove the main research questions (quality; knowledge; treatment effectiveness; referral system and Patients Needs in Mental Health services in Saudi Arabia), researchers find questionnaire with alphas ranged from .6745 to .9751.

Result:From total of 208 Patients, 89% have a general agreement that the quality of mental health provision are less than it should be, and 98% of patients were had less knowledge of specific information about their hospitalisation and about the various aspects of treatments, moreover, (93%) of patients in this study did not know about their referral system and the range of referral procedures. finally, One-way ANOVA ($p=0.756$); ($p=0.494$) showed no any significant different between patients view of the quality; knowledge; treatment effectiveness; referral system and Patients Needs in Mental Health services in Saudi Arabia of services in mental health hospitals around Saudi Arabia

Conclusion :This study demonstrates the significant different among Patients, in four mental health hospitals in Saudi Arabia controlled by ministry of Health and Medical Cities Program-MOI.

Patients saw the roles and responsibility, referral system and effectiveness in mental health system in Saudi Arabia as not being clear, and the quality of services as unsatisfactory, moreover, all patients felt that the treatment they received from psychiatrists and counsellors was effective, and reported the need

for more sessions with their practitioners, and they fail to understand their needs.

Keywords: Mental Health Hospitals, Patients, Mental Health Services, Saudi Arabia.

Introduction :

OVERVIEW: In the past the problem of finding an appropriate and efficacious way to treat the mentally ill has been challenging. It is no less challenging today (Ingeby ,1981; Bean et al ,1991; Etzioni,1995; Rogers&Pilgrim,1996; Harris&Barraclough,1997; Goodwin,1997; Rogers& Pilgrim, 2001; Daly, et al;2020). Mental disorders are one of the largest causes of lost years and of quality of life in the world. The World Bank has estimated that five of the leading causes of disability worldwide are psychiatric in nature with depression ranking first the development mental health services. The development of mental health services has been one of the responses to the apparently growing problem of mental health illness and the overcrowding in mental hospitals. Rogers and Pilgrim (2001) reported that during 1980s and 1990s many countries throughout the world resorted to the development of some form of mental health service to deal with the problem. Saudi Arabia is one of the countries that developed a mental health service during the 1980s.

The examination of mental health and idea of development of services is not a straight forward task as mental health suffers from a lack of identity (Xiang et al.,2020). Notwithstanding the number articles that have appeared in journals, and the plethora of books that have been published, there is little agreement as to what constitutes the mainstream of an effective mental health service (Charalampous and Tramontano,2019).

The literature and practitioners have approached the issue in a number of ways. One of the most prevalent has been negatively, that is, by criticism of mainstream medical psychiatry and clinical psychology.

This is because of the difficulties inherent in the task of coming to a positive statement of mental health provision in light of the disagreement found in the literature (Szasz, 1961; 1971;1979; 1990; 1994; Ingleby, 1981; Coppock & Hopton, 2000; Roth & Kroll, 1986; Littlewood & Lipsedge,1997; Daly, et al;2020).

However, these debates have led to the development of new services and new specialties such as social work, psychotherapy, counselling and community mental health care (Burton, 1998). Research and practice in mental health care has been limited by the almost exclusive use of Western models to predict people's mental health and well being.

This research explores how a counselling model may be applied in the context of mental health, in Saudi Arabian society. It can be seen at the outset that most Saudi psychiatric hospitals and institutions use the medical model to deal with patients, and most of mental health services are limited by an almost exclusive use of psychiatric models (Almoshawah, 2010).

However, there seems to be a gap between mental health practice, and research in Saudi Arabia, The mainstream of psychiatric and clinical psychology do not seem to be impressed with what that services such as Counselling has to offer (McDaid, 2014). On the other hand, the relationship between mental health practitioners and the counselling paradigm has not been an easy one, practitioners seemed to get disenchanted with the divisive theoretical and approaches which are often in conflict. It has been widely evidenced that mental health services are not matching client need, and observable that about one third of in-patients in Saudi psychiatric hospital stay longer than their case demands, although they have completed their course of medication.

This fact is evidenced empirically by relatively new studies of mental health services such as Hussein (1989). Al-Subaie and Alhamad (2000) found that one in three psychiatric patients have sought help from traditional healers. Furthermore, in practising counselling it was remarked that, in mental health hospitals, there is a huge gap between the mental health counsellor and mainstream psychiatric model. Moreover, the standard of counsellor skills is astonishingly low in the mental health context (Chaleby, 1987).

Objectives of the study

The study has four primary objectives. The first is to assess and evaluate mental health service provision in the Kingdom of Saudi Arabia. The Second is, by focusing on the practise of mental health, to raise awareness of the aims and objectives, role and responsibilities, patient's referral system, treatments effectiveness. The third objective is to ascertain the meaning of therapeutic change and therapeutic outcome within the context of patients-experience in the mental health setting in Saudi Arabia. The fourth objective is to contribute to knowledge about establishing new services within a mental health context.

Assessment of Mental illness in Saudi Arabia:

When Saudi medical professionals assume a position face to face popular healer, it is usually to express their disdain. Most physicians tend to assume that recourse to popular healers threatens a sick individual's chances for recovery since "proper" medical attention is delayed.

Other physicians, particularly Ministry of Health officials, typically deny that popular healers exist at all or, at any rate, on any significant scale (personal interview, 2004). In general, ignorance or antipathies colour the medical profession's attitudes toward popular healers in Saudi Arabia. This is no less true of psychiatrists as general roles. While academic psychiatrists have expressed interest in the psychopathological manifestations in Zar and the phenomenon of "Saher" (psychogenic impotence caused by sorcery), the issues they raise, by implication, bring into question the entire set of relations between modern medicine and traditional healing in Saudi society (Al-Subaie& Alhamad, 2000).

In the academic domain, studies and research have been conducted, focusing predominantly on theoretical and advisory considerations, with a relatively smaller number of empirical and analytical studies. Despite the great importance given to this subject, many researchers and practitioners claim a general weakness in the mental health services in the past twenty years and up to the present in Saudi Arabia. Al-Subaie (1989) states that "these political, social, and economic transformations of the past few decades have undoubtedly affected the mental health of Saudi Arabian population" (p.245). This fact has been emphasised by many researchers from different backgrounds such as Al-Yaha (1988); Dubovsky (1983); Chaleby (1987); Racy (1980); El-Gaaly(1984); Al-Shanway (1992);Al-Fahad(2001) and Almoshawaj(2010). Conspicuous weaknesses have been highlighted in all aspects of mental health service: therapy outcome; the therapeutic relationship, and the model of services in the mental health context.

However, in this study, it would be appropriate to restrict the issues of the aims, roles; awareness, effectiveness, referrals, and patients' needs in mental health hospitals are vitally important for treatment services in the mental health system, since the central goal of the services is to provide relevant medical treatment for patients. It is the intention of this study to evaluate the patents view of mental health provision, which will examine six major issues; to determine the characteristics of Patients in mental health hospitals; to address issues relating to quality of the services; to address issues relating to patients knowledge and awareness of mental health services; to address issues relating to effectiveness of the services for the patients perspective; to address issues relating to the patients views of referral system; to address issues relating to patient's needs.

Methodology:

Although quantitative research methods were originally developed in natural sciences to study natural phenomena, they are also well-accepted methods in social sciences. These include for example, survey methods, laboratory experiments, formal methods (e.g. psychology) and numerical methods like mathematical modelling (Myers, 1997; Gale, et al.,2013).

According to Henwood (1996), quantitative research becomes just one approach to science, namely, manipulating, measuring and specifying relationships between specific variables, in order to test hypotheses about casual laws.

At the start of the study, the outline information about the situation of the mental health services in Saudi Arabia. It was apparent, through reviewing the related literature, that attainment in mental health practice is reported as unsatisfactory (Almoshawah,2010).

However, detailed current information was lacking, regarding clients treatment. Additionally, the information collected from the literature was not a sufficient basis to understand mental health institutions in Saudi Arabia

In social science research, the use of the questionnaire is agreed to be the most productive technique for tapping information. Hopkins (1989) defines a questionnaire as a "more informal instrument that may not be reliable in the technical sense but has a high degree of validity, i.e., it measures what it intends to measure"(p.54). However, questionnaires differ from other methods of data collection because of their unique structure and their position in social research. They are one of the most popular methods used in the social sciences and they provide a type and an amount of information that other methods cannot.

For the current study, in view of the lack of a similar instrument, this type of validity was accepted. Fourteen people of the first stage sample were considered to be the 'the scientific community' as five of them were university lecturers in the field of the Psychology (Imam Mohammed bin Saud University). There was a complete agreement among them that the questionnaire was suitable to identify the mental health services in Saudi Arabia, which indicated the face validity of the questionnaire. In order to improve the questionnaire reliability, all questions were refined qualitatively to ensure they were unambiguous, clear and uncomplicated. The instruction for the questionnaire was written clearly on the top of each page. The stages of piloting were felt to maximise the reliability as some items believed not to be clear were replaced. The type of response categories was considered to assure reliability, as each respondent must think carefully before ticking any item, which can be taken as an indicator of the reliability of the questionnaire.

Questionnaire Distributions and Procedure

Questionnaires can be given to respondents directly (self-administered) or mailed to respondents who read the instructions and questions and then record their answers (Bryman, 2001). The decision as to which method is to be adopted, according to Bell (1993); and Bryman (2001) should be made at an early stage. Youngman (1994) emphasised that "Cost, effort, delay and willingness are just a selection of the factors affecting choice of distribution method and therefore no single ideal procedure can be offered" (p.263).

In the light of such considerations, the plan before the piloting had been made to adopt a self-administered method with all research categories. However, while the researchers were conducting piloting it was noted that, first, it was not possible to meet the patients. Additionally, some Heads of psychiatric units did not allow the researchers to meet the patients, and asked the researchers to allow them to distribute questionnaires for him. Second, although the researchers met the Head of psychiatric units and explained the purpose of the study and asked them to do their best to encourage response, the rate of response was relatively low.

The researchers thus had to contact the Ministry of Health for the second time, in order to have different authoritative letters to each approved unit. Therefore, as the participants were "persuaded" samples, the self-administering method was more appropriate and, therefore, questionnaires were distributed at the end of February 2023. Consequently, the overall number of questionnaires presumed to be delivered to the prospective respondents was 208. However, the first part of questionnaire collected demographic data. The second part of the dealt with Patients view of mental health services. Likert scales were used in these items. Likert scales are most commonly used in social research. They are particularly useful for situations in which measuring respondents' attitudes or opinions are targeted. Respondents were asked to mark a 5-point Likert-type scale, from strongly agree (5) to strongly disagree (1), which, a higher score indicating a more favourable opinion.

Questionnaire Reliability

Cronbach's alpha is widely regarded as a good index of inter-item consistency reliability and its use for computing test score reliability is widespread (Borg and Gall, 1996). According to Borg and Gall (2003), reliability scores of .80 or higher are acceptable for most research purposes. In current research we find in our questionnaire alphas ranged from .6745 to .9751. Since, generally values of Cronbach's alpha were above .7, scales can be considered reliable.

Sample

The current study was applied in mental health hospital in medical cities program-OMI and Ministry of health in four cities, Riyadh, the capital city of Saudi Arabia.

Jaddah the second largest city in Saudi, Taif, the city who have the oldest mental health hospital in Saudi, and Dammam the capital city of the western region. As this study aimed to identify the mental health services in Saudi Arabia, data would be obtained to show who the patients receive the services and how the services deliver to them. Moreover, patients, although they may have experience while they receive treatment from different practitioners, their experience generally is most important as they are involved with pure and deeper treatment of mental health. The main rationale for selecting this category is, partly, that the patients are more likely to be aware of the characteristics and high aspects of the service. On the other hand, they had been at last one session with each practitioner. This would enable patients to evaluate the outcome of the services, at least during the last time of treatment.

Result and Discussion:

Table (1) give a detailed Numbers of Questionnaires Distributed and Collected

Category	The ques. Distributed	Ques. collected	Invalid Ques		Valid Ques
			Blank	Returned uncompleted	
Patients	386	358	54	96	208

The number of questionnaires collected (n=208) was satisfactory, as it represented more than 64.88% of the original sample; the number of questionnaires analysed is (n=208), representing 44.81% of the questionnaires administered.

Not all questionnaires returned were useable. As the questionnaires were collected, they were classified into four groups according to their suitability to be used. (54) were blank. Perhaps some respondents returned the questionnaires blank, to indicate their unwillingness to fill them in, avoiding receiving further reminders. In addition, 96 questionnaires were uncompleted. These were excluded from the analysis.

Distribution of Practitioners

Table (2) Distribution of Sample by hospitals

category	City				Total
	Riyadh Hospitals	Jaddah Hospital	Tai'f Hospital	Dammam Hospital	
Patients	N=65 (31%)	N=34 (16%)	N=85 (41%)	N=24 (12%)	N=208 (31.0%)

From Table (2) it can be seen that Riyadh and Tai'f hospitals had the highest proportion of patients in all categories. Moreover, they had an extremely high number of patients (Riyadh= 31%, Tai'f= 41%) compared to the rest of the hospitals. Dammam had the smallest proportion of respondents in all categories, a function of the hospitals bed capacity. The table 2 indicate that Tai'f hospital had more mental health practitioners and served more patients than the rest of the hospitals, reflecting the fact that Tai'f psychiatric hospital was the first to be established, and is the headquarters of the psychiatric services. Numbers of patients in the other hospitals reflect regional population differences. Which, Riyadh psychiatric hospital covers the central region; Jaddah psychiatric cover the Western region; and Dammam psychiatric hospital covers the Eastern region. Not surprisingly, that the patients, in the four hospitals are different, that because each region has different populations.

Sample Gender:

Table (3) Distribution of Sample Gender

category	Gander		Total Percentage
	Male	Female	
Patients	N=89 (43%)	N=119 (57%)	N=208 (31.0%)

From Table (3) it can be seen that Females patients (N=119) 57.2%, outnumbered males' patients (n= 89) (42.8%), the finding regarding this issue in the literature is very small, Al-Subaie and Alhamad (2000; 2002; 2003); and Almoshawah (2010), all reported that male patients tend to seek help from psychiatric hospitals more than females. They added that the male patients are more likely to get psychiatric treatments than female patients. This finding is surprising, given the nature of the Saudi culture and traditions. The culture of Saudi society dictates that women are not allowed or expected to be out of the house for long period of time, and families usually exhibit more tolerance to the illness of females than they do for males patients.

Sample Age:

Table (4) sibly Distribution of the Sample Age

Category	Age				Total
	Less Than 25	From 26-35	From 36-45	More than 45 years	
Patients	N=35 (17%)	N=74 (35%)	N=66 (32%)	N=33 (16%)	N=208 (31%)

display the results relating to the range of age for patients was between from 25 to more than 45 years old. The majority of the patients surveyed (35%) were between 26 to 45 years old. However, a T-test is showed that there was no significant difference between the age ranges of each group of practitioners.

Patients Nationality:

Table (5) Distribution of sample Nationality

category	Nationality		Total
	Saudi	Non-Saudi	
Patients	N=201 (97%)	N=7 (3%)	N=208 (31.0%)

Table (5) displays the results relating to sample nationality. Over a third of psychiatrists (n=201), 97% were Saudis, while (n=7) 31% non-Saudi, reflecting that patients were predominantly Saudi.

Patients Qualification:

Table (6) Distribution of sample by Qualification

category	Qualification				Total
	Intermediate	Secondary	Graduate	Postgraduate	
Patients	N=30 (14%)	N=70 (34%)	N=72 (35%)	N=36 (17%)	N=208 (31%)

Table (6) shows the finding of Qualification. The majority of the sample had a graduate degree (n=72) 35%, (17%) were postgraduate degree holders. The largest concentrations of patients were in the secondary school and degree categories (34% and 35% respectively). Surprisingly, more than 52% of patients were high educated.

Table (7) quality of the services

Statements	City	St-agree	agree	D-know	disagree	St-disagree
1. Mental Health services are less than it should be.	Riyadh	29 (44.6%)	29 (44.6%)	--	7 (10.8%)	---
	Jaddeh	16 (47%)	13 (38%)	2 (6%)	3 (9%)	---
	Tai'f	54 (64%)	23 (27%)	---	5 (6%)	3 (3%)
	Dammam	16 (67%)	6 (25%)	---	2 (8%)	---

Table (7) shows that 89% of the patients have a general agreement that the quality of mental health provision are less than it should be. As table 3 shows Nearly all patients rated were not thought to give any particular support to the current model of mental health provision. However, table (7.1)display that the One-way ANOVA showed no any significant different between patients view of the quality of services in mental health hospitals around Saudi Arabia.

Table (7.1)One-way Analysis of Variance to compare patients in four hospitals with their view of the quality of services

Hospital	M	SD	F	P
Riyadh	4.23	.91	.803	.494
Jeddah	4.23	.92		
Tai'f	4.41	1.01		
Dammam	4.50	.88		

Table (8) patients knowledge of the services

Statements	City	St-agree	agree	D-kno w	dis agr ee	St-disagree
2.Patients have less knowledge of mental health services	Riyadh	33 (51%)	30 (46%)	---	2 (3%)	---
	Jaddeh	13 (38%)	20 (59%)	1 (3%)	---	---
	Tai'f	44 (52%)	39 (46%)	1 (1%)	1 (1%)	---
	Dammam	10 (42%)	14 (58%)	---	---	---

Table (8) shows 98% of patients were had less knowledge of specific information about their hospitalisation and about the various aspects of treatments. Moreover, Table (8.1) presents a summary of the analysis of variance.

Table (8.1) One-way Analysis of Variance to compare patient's knowledge in four hospitals

Hospital	M	SD	F	P
Riyadh	4.44	.66	.693	.756
Jeddah	4.35	.54		
Tai'f	4.48	.58		
Dammam	4.41	.50		

It can be seen that the F value is .693 and the probability value (p=.756) indicating there is no significant difference among patient by hospital.

Table (9) patient's treatment effectiveness

Statements	City	St-agree	agree	D-know	disagree	St-disagree
3.Psychiatrists have a very low effectiveness in their treatments	Riyadh	1 (2%)	4 (6%)	2 (3%)	28 (43%)	30 (46%)
	Jaddeh	2 (6%)	8 (24%)	---	10 (29%)	14 (41%)
	Tai'f	3 (4%)	4 (5%)	1 (1%)	25 (29%)	52 (61%)
	Dammam	---	1 (4%)	---	6 (25%)	17 (71%)
4. Counselling services have a very low effectiveness in their treatments.	Riyadh	---	6 (9%)	---	37 (57%)	22 (34%)
	Jaddeh	1 (3%)	5 (15%)	---	15 (44%)	13 (38%)
	Tai'f	1 (1%)	3 (4%)	---	34 (40%)	47 (55%)
	Dammam	---	2 (8%)	---	11 (46%)	11 (46%)
5. The frequency of Psychiatrists with patient should be more than once weekly.	Riyadh	27 (41%)	35 (54%)	---	3 (5%)	---
	Jaddeh	13 (38%)	20 (59%)	---	1 (3%)	---
	Tai'f	41 (48%)	30 (35%)	---	10 (12%)	4 (5%)
	Dammam	3 (13%)	17 (70%)	---	3 (13%)	1 (4%)
6. The frequency of Counsellors with patient should be more than once a week.	Riyadh	49 (75%)	15 (23%)	---	---	1 (2%)
	Jaddeh	21 (62%)	11 (32%)	---	---	2 (6%)
	Tai'f	65 (77%)	17 (20%)	1 (1%)	2 (2%)	---
	Dammam	11 (46%)	10 (42%)	1 (4%)	2 (8%)	---

From table (9) All four questions were related to the integration of different treatments from both practitioners (psychiatric and counselling). More than (87%) of patients agreed with the effectiveness of the psychiatrist's treatment. The same proportions (89%) support the current model of counselling and its effectiveness.

The response to those questions strongly supported the conclusions drawn from the psychiatrists and counsellor's questionnaire which highlights the strong support for their treatments. 89% of respondents were support the idea of seeing the psychiatrists more than once a week. And 95% of patients in four hospitals were preferred to have sessions with their counsellors more than once a week. However, It can be seen from 7 in both approach of treatments the majority of patients agreed to the need to have more than one session per a week, (89% for psychiatrists and 95% for counselling). The next step would be to allow patients more say in choosing treatments. The differences amongst patients in their knowledge and confidence mean that any such move must be flexible and tailored to the individual, although we would also need to ensure that it was not so flexible as to allow practitioners too easily to slip back into their habitual procedures of not involving patients very much (Kisely et al;2020).

Written information would be helpful, as might other procedures such as the use of patient advocates, although the latter might demand a high level of resources if most patients used them. There were differing views on when or where it would be best to have such information available, so the best option seems to be to try to deliver it at both main stages in the allocation process (Neelam, et al;2021). It could be available in GP's, local hospitals, private psychiatric clinics, so that patients would have a chance to obtain it and discuss it before referral. It could also be sent out from the hospitals to patients' families after referral. This procedure would improve the chances that patients were at least aware of more than one treatment option. Putting all the above questions measures into a one- way ANOVA, showed no overall significant difference between the patients view in four mental health hospitals ($p > .5$).

Table (10) Referral system

Statement s	City	St-agree	agree	D-know	disagree	St-disagree
7. Patients have less awareness of referral process.	Riyadh	49 (75%)	15 (23%)	---	---	1 (2%)
	Jaddeh	18 (53%)	11 (32%)	1 (3%)	2 (6%)	2 (6%)
	Tai'f	65 (77%)	16 (19%)	1 (1%)	2 (2%)	1 (1%)
	Dammam	11 (46%)	10 (42%)	1 (4%)	2 (8%)	---
8. Patients referral system need more flexibility	Riyadh	49 (75%)	15 (23%)	---	---	1 (2%)
	Jaddeh	23 (68%)	8 (23%)	---	2 (6%)	1 (3%)
	Tai'f	65 (77%)	18 (21%)	1 (1%)	1 (1%)	---
	Dammam	16 (67%)	8 (33%)	---	---	---
9. Referral between departments in hospital should have more clear information and process	Riyadh	40 (61%)	24 (37%)	---	1 (2%)	---
	Jaddeh	24 (71%)	7 (20%)	---	2 (6%)	1 (3%)
	Tai'f	53 (62%)	28 (33%)	---	4 (5%)	---
	Dammam	8 (33%)	13 (54%)	---	3 (13%)	---

From Table (10) it can be seen, (93%) of patients in the four hospitals, did not know about their referral system and the range of referral procedures. As might be expected, a large majority (97%) of patients saw the current referral system as inflexible, those in each hospital held the view that the referral systems are rigid. This view may reflect a general belief about the patient's ability to understand their referrer. Another cause might be lack of awareness of the patients of the current referral system.

The lack of awareness may be confirmed by the critical view given to the next question related to patient's referral inside their hospitals. (94%) of patients saw themselves as not having information about referral procedures between hospital departments. The problem inferred in relation to the previous questions regarding the lack of awareness of patients to the referral system may also contribute to understanding the root of such problems. However, The data available from this study do not enable us to say with any real certainty whether patients referred to the four hospitals are different or not.

There was also some suggestive but inconclusive evidence that patients might more often have initiated the referral themselves, a maximum of 5% of the patient sample was actually referred from local hospitals, and more often the referral was by governmental agencies. Also it seems that at least some of them had slightly different goals of referral, in the sense of being more concerned about understanding their problems, rather than resolving them. However, there is a distinct lack of sophisticated evaluation of the clinical model and other sources which affect the patient system of referral to acute mental health services, compared to the western countries (Almoshawah, 2010).

It should be indicated that in many cases, especially with mental health services such as psychiatry, the referral system is imposed on psychiatrists without their knowing how it was developed, or how to help to develop it. Perhaps even more telling is the implication from these results that even when patients do get referred to the hospitals, they are quite unlikely to have any real chance of choosing amongst, or even being considered for, a range of different treatment options. Based on the results of this study, a number of processes seem to combine to lock in most patients at a very early stage to one treatment or the other. First, at referral, few patients have any clear idea of the range of treatment options available, so they are dependent on practitioners to make them aware of the choices.

Table (11) Patients Needs

Statements	City	St-agree	agree	D-know	disagree	St-disagree
10. There are weaknesses in counsellor's abilities to understand patient's needs.	Riyadh	42 (65%)	23 (35%)	---	---	---
	Jaddeh	18 (53%)	16 (47%)	---	---	---
	Tai'f	62 (73%)	21 (25%)	1 (1%)	1 (1%)	---
	Dammam	3 (13%)	18 (75%)	1 (4%)	1 (4%)	1 (4%)
11. There are a weaknesses in psychiatrists abilities to understand patients needs	Riyadh	48 (74%)	14 (21%)	3 (5%)	---	---
	Jaddeh	23 (68%)	11 (32%)	---	---	---
	Tai'f	42 (49%)	42 (49%)	---	1 (1%)	---
	Dammam	8 (33%)	15 (63%)	---	1 (4%)	---

Table (11) present that the majority of the respondents (97%) clearly saw their counsellors as having little ability to understand their needs. However this question might be given lower priority, partly because of the patient's experiences, so that the patients did not want to show support for counselling which might add more attention on their needs. Only (1%) thought that their psychiatrists had understood their needs. Adding to the concern about effectiveness are some of the findings from the patients' treatments.

This suggested that when patients were given strong medications, it might have beneficial effect in their condition, but majority of them were not aware of possible side effects. If this finding is an accurate representation of patient views, it again suggests that significant numbers of patients taking medication without a real understanding of their treatment.

Conclusion:

The researcher found that almost all patients rated the quality of services as unsatisfactory. And point out they did have little knowledge and information of a treatments strategies. Moreover, almost all patients felt that the treatment they received from psychiatrists and counsellors was effective, and reported the need for more sessions with their practitioners. Patients felt their referral system inflexible and not clearer. and they have almost insufficient general agreement amongst patients that they did not have self-awareness of the referral system. The vast majority of patients felt that the psychiatrists and counsellors fail to understand their needs.

References:

1. Al-Mutlaq, H. AI-Chaleby, K. (1995) Group Psychotherapy with Arab Patients. The Arab journal of Psychiatric, 6, N° 2, November.
2. Al-Sughayir, M. (2004) Attitude to Psychiatry Three-year follow-up of a cohort of Saudi medical students, at their first post-graduate year. The Arab journal of Psychiatric; 15, No. 1, May.
3. Al-Sughayir, M. (2000) Saudi Medical Students' Opinion of Psychiatry before and After Psychiatric Clerkship. The Arab journal of Psychiatric, 11, No 1, May.
4. Al -Subaie, A. (2002) Validation of a work with psychiatric disorders: A Saudi Version, Saudi Medical journal; 42, 12, p.550-598.
5. Alegria, M., Kessler, R., Bijl, R., Lin, E., Heeringa, S., Takeuchi, D., et al. (2000) Comparing data on mental health service use between countries. In G. Andrews & S. Henderson (Eds.), Unmet need in psychiatry: Problems, resources, responses; pp. 97-118. Cambridge: Cambridge University Press.
6. Al-Fares, E. AI-Hamad. A & AI-Shammari. S. (1995) Hidden and Conspicuous Psychiatric Morbidity in Saudi Primary Health Care. The Arab journal of Psychiatric; 6, N° 2, November.
7. Almshawah, S. (2010) An Evaluation of Psychiatrist View Towards the Mental Health Services in Saudi Arabia, Journal of Taibah University Medical Sciences; 5(1): 36 - 48
8. Al-Radi O. Psychiatric Services in Saudi Arabia 1982; Minsity of Health, Tai'f psychiatric hospital.
9. Al-Yahya, F. (1989) Psychotic treatment. Unpublished manuscript, Department of Psychiatry, R.K.H Military Hospital, Riyadh; pp.99-108.
10. Anderson, J. C., Williams, S., McGee, R., & Silva, P. A. (1987) DSM-III disorders in preadolescent children. Archives of General Psychiatry; 44, 69-76.
11. Armstrong, D., Bird, J., Fry, J., & Armstrong, P. (1992) Perspectives of psychological problems in general practice: A comparison of general practitioners and psychiatrists. Family Practice; 9(2), 173-176.
12. Ayadi, N. Jaoua, A. (1998) Mental Health Law in Tunisia.: Its Context, Its Characteristics and Its Repercussions on the Psychiatric Hospitalization. The Arab journal of Psychiatric; 10, No. 1, May.
13. Bogdan, R. and Biklen, S. (1992) Qualitative research for education: An introduction to theory and methods; Boston: Allyn & Bacon.
14. Brockbank, R ; Westby-Gibson , D (1966) Mental Health in a Changing Community; Grune & Stratton . London.
15. Bryman, A. Introduction: (1999) Qualitative Research Methodology - A Review, in A. Bryman and R.G. Burgess (eds), Qualitative Research; London: sage.
16. Bryman, A. (2001) Social Research Methods, Bath; Oxford university Press.
17. Chaleby, K. (2001) Forensic psychiatry and Islamic law." In A. Okasha and M. Maj (Eds.), Images in psychiatry: An Arab perspective; pp. 281. World Psychiatric Association Series. Cairo: Scientific Publishing House.
18. Charalampous M, Grant CA, Tramontano C, Michailidis E (2019). Systematically reviewing remote e-workers' well-being at work: a multidimensional approach. Eur J Work Organ Psychol. 28(1):51-73.
19. Connolly Gibbons, M. B., Crits-Christoph, P., de la Cruz, C., Barber, J. P., Siqueland, L., & Gladis, M. (2003) Pretreatment expectations, interpersonal functioning, and symptoms in the prediction of the therapeutic alliance across supportive-expressive psychotherapy and cognitive therapy. Psychotherapy Research; 13, 59-76.
20. Daly, M, Sutin, AR, Robinson, E. (2020) Longitudinal changes in mental health and the COVID-19 pandemic: evidence from the UK Household Longitudinal Study. Psychol. Med. Nov 13;1-10.
21. El-Isler, F. (1994) CULTURAL APPLICATIONS OF SOCIAL PSYCHIATRY IN ARABIAN GULF COMMUNITIES. The Arab journal of Psychiatric; 5, N° 2, November.
22. Fernando, S (1991) Issues in Mental Health, Mental Health, Care & Culture; Macmillan Press LTD, London.

23. Frank, R. G., & Kamlet, M. S. (1989) Determining provider choice for the treatment of mental disorder: The role of health and mental health status. *Health Services Research*; 24(1), 83–103.
24. Gale NK, Heath G, Cameron E, Rashid S, Redwood S (2013) Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Med Res Methodology* 13(1):117.
25. Goffman, E. *Asylums*, (1961) Essay on the social situation of mental patients and other inmates; London: Penguin.
26. Goldberg, D. P., & Huxley, P. (1980) *The pathway to psychiatric care*; London: Tavistock Press.
27. Goldberg, D. (1984) The recognition of psychiatric illness by non psychiatrists. *Australian and New Zealand Journal of Psychiatry*; 18, 128–133.
28. Goldberg, D.P. & Huxley, P. (1992) *Common mental disorders: A biosocial model*; London: Routledge.
29. Gonzales, F., & Sartorius, N. (1991) The pathways to psychiatric care: A cross-cultural study. *Psychological Medicine*; 21, 761–744.
30. Ingleby, D, (1982) *Mental Health and social order*, in S. Cohen and A. Scull (eds) *Social Control and the State*; Oxford: Basil Blackwell.
31. Ingleby, D. (1981) *Critical Psychiatry*; Middlesex: Penguin.
32. Jones, M. A (1972) *History of the Mental Health Services*; London. Routledge & Kegan Paul.
33. Kiesler, C. (1980) Mental health policy as field of inquiry for psychology, *American Psychologist*; 35, 12, pp.1066-1080.
34. Kisely S, Warren N, McMahon L, Dalais C, Henry I, Siskind D (2020). Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis. *BMJ* 369:m1642. doi: 10.1136/bmj.m1642.
35. McDaid D, Park A-L (2014). Investing in wellbeing in the workplace. In: McDaid D, Cooper LC, editors. *Wellbeing: a complete reference guide. Volume 5. Economics of wellbeing*. Chichester: John Wiley & Sons, Ltd:1–23.
36. Neelam K, Duddu V, Anyim N, Neelam J, Lewis S (2021). Pandemics and pre-existing mental illness: a systematic review and meta-analysis. *Brain Behav Immun Health* 10:100177. doi:10.1016/j.bbih.2020.100177.
37. Pilgrim, D; Rogers, A (2001) *Mental Health Policy in Britain*; (2ed) Palgrave, Hampshire.
38. Pilgrim, D. and Rogers, A (1997) *A Sociology of Mental Health and illness*; (2ed) Open University press, Buckingham.
39. Pilgrim, D. and Rogers, A (1993) *A sociology of Mental Health and Illness*, Buckingham: open University Press.
40. Boaz, R (1979) Utilization review and containment of hospital utilization, *Medical Care*; 17, pp. 315-30.
41. Sayce, L. (2000) *From Psychiatric Patient to Citizen*, London: Macmillan.
42. Sayce, L. (2000) *From Psychiatric Patient to Citizen Overcoming Discrimination and Social Exclusion*; Macmillan press. London.
43. Szasz, T. (1971) *Law, Liberty and Psychiatry*; New York: Macmillan.
44. Szasz, T. (1971) *The Manufacture of Madness*; London: Routledge & Kegan Paul.
45. Szasz, T. (1962) *The Myth of Mental Illness*; New York: Harper.
46. Xiang, YT, Zhao, YI, Liu, ZH, Li, XH, Zhao, N, Cheung, T et al. (2020) The COVID-19 outbreak and psychiatric hospitals in China: managing challenges through mental health service reform. *Int J Biol Sci*. 2020;16(10):1741–4.