

## THE ROLE OF HEALTH PRACTITIONERS IN ADDRESSING MENTAL HEALTH: OPPORTUNITIES AND CHALLENGES

**Fatimah Nasser Alwhaishi**  
Nursing Specialist

**Eida Atga Saud Alenzi**  
Nursing Technician

**Riham Mohammed Abutweima**  
Sterilization Specialist

**Fatim Abdulhadi ALRASHED**  
Dental Assistant

**Zainab Abdulhadi Aalradhid**  
Technicien Laboratory

**Saada Saad Gaizu Alkhuwi**  
Nursing Technician

**Amal Musaad Al Harbi**  
Nursingtechnician

**Randa Razig Saad Al-Saadi**  
Nursing Technician

### Abstract

Numerous individuals across the globe suffer from mental health conditions, both diagnosed and undiagnosed. An increasing number of individuals are acknowledging that mental health issues are the leading cause of disability and have significant repercussions on daily functioning. Around 10% of individuals in need of treatment or assistance are able to obtain the necessary support. Primary healthcare institutions serve as critical infrastructure for the healthcare system of any nation, as they offer the principal means of accessing treatment, preventing illnesses, and improving overall quality of life. Although these services possess the capacity to enhance quality and productivity in the healthcare system, numerous obstacles continue to impede their utilisation by many. Consequently, this analysis examines the myriad obstacles that impede primary care providers' ability to provide mental health services in Saudi Arabia.

**Keywords:** Health Practitioners, Addressing, Mental Health, Opportunities, Challenges.

### INTRODUCTION

A considerable number of people across the globe suffer from either diagnosed or undiagnosed mental health disorders. Regarding MHD, different age groups may be impacted by internal or external factors, including self-stigma and socioeconomic difficulties, as well as circadian rhythm

factors. An increasing number of individuals are acknowledging the critical nature of mental health issues as a leading cause of disability that significantly impairs daily functioning.[2] While mental health support is necessary, there continues to be a substantial discrepancy between the number of individuals requiring care and the number of individuals who are pursuing or receiving services. Around 10% of individuals in need of treatment or assistance are able to obtain the necessary support. Primary healthcare centres (PHCs) serve as critical infrastructure for the healthcare system of any nation, offering the principal means of accessing treatment, preventing illness, and improving overall quality of life [3].[4] Cost-effectiveness, community acceptability, and accessibility to the general public are among the most essential criteria for PHCs. Health professionals who are proficient, dedicated to their occupation, well-educated, and driven by regard should provide safe, integrated, and high-quality practices (5). These services should be rendered by these specialists. PHCs have the capacity to enhance patient safety through the reduction of medical errors, improvement of patient quality of life, and enhancement of staff performance [6].[4] PHCs are a nationwide system in Saudi Arabia (SA) that is overseen by the Ministry of Health and provides Saudi citizens with non-communicable diseases or those requiring fundamental medical procedures with free medical care. A network of over 2000 medical facilities is distributed throughout the nation, with each of the thirteen regions conveniently accessible to the populace of that particular area. One of the strategic objectives established by the ministry is to enhance the standard of health services provided at these centres and other healthcare facilities. This is undertaken in order to accommodate the varied needs of patients while also guaranteeing their safety. Certain countries, including South Africa, have experienced a substantial expansion of healthcare services to meet the demands brought about by urbanisation and lifestyle changes. This action was taken to accommodate the requirements of the populace. In 2020, approximately 2,257 PHCs were operational to meet the medical care needs of the Saudi populace. As one of the aims of Vision 2030, a national transformational plan, it is expected that this figure will experience a surge in the foreseeable future.[4]

In 2010, the Saudi Arabian National Mental Health Survey (SNMHS), the country's initial population-based epidemiological investigation, facilitated SA's membership in the World Mental Health Initiative.[7] Its objectives are to calculate the societal costs associated with mental diseases, examine patterns of treatment among individuals who have received a diagnosis of mental disorder, and evaluate the prevalence of mental disorders in the Kingdom of Saudi Arabia (KSA). This survey is merely one of over thirty national ones that are presently being conducted globally. A cohort of 4004 individuals was sought by the SNMHS with the intention of ensuring national representation. The age distribution of the participants spanned from 15 to 65 years. 20.2% of the population, according to the SNMHS, had received a diagnosis of an MHD within the previous 12 months; anxiety disorders accounted for the highest prevalence at 12.3%.[8] It was projected that 34.2% of the population would encounter some stage of mental illness at some point in their lives; the incidence rate did not differ significantly between men and women.[9] Furthermore, it was discovered that anxiety disorders accounted for the highest prevalence rate (23.2%), with disorders pertaining to impulse control and mood disorders following suit (11.2%). The prevalence of anxiety and mood disorders was significantly greater among females than males. Approximately 13.7% of individuals with a one-year-long problem sought therapy for it during that time period, with general medical professionals providing the majority of such care (53%).[10]

In 2020, approximately 2,257 PHCs were operational to meet the medical care needs of the Saudi populace. Predicted on the incorporation of this objective in the national strategic plan Vision 2030, further growth is expected in the quantity. PHCs, similar to other healthcare settings, possess the capacity to enhance healthcare system quality and productivity. Nevertheless, numerous obstacles continue to impede individuals from accessing these services. This review therefore examines the diverse factors that impede primary care providers' ability to provide mental health services in South Africa.

## THE SAUDI MENTAL HEALTH SYSTEM

The KSA implemented a national mental health policy in 2006, which featured speciality programmes for patients suffering from drug and alcohol addiction as well as for children, adolescents and the elderly, in addition to consultation-liaison services in general medical settings. These programmes were designed to meet the needs of all age groups.<sup>[11]</sup> The first comprehensive study of SA's mental health system to be published was carried out by Qureshi *et al.* Their research, which was based on the World Health Organization (WHO) Assessment of Mental Health Systems, utilised data obtained from the Ministry of Health in SA in 2009 and 2010 and observed that by that time, SA legislation regarding mental health had already achieved several key milestones, such as devoting 4% of total healthcare spending to MHD, compared to an average of less than 2% worldwide.<sup>[12]</sup>

The most recent WHO data from 2016 offered a complete picture of the mental healthcare system in SA.<sup>[13,14]</sup> It is estimated that there are 19.4 mental health specialists for every 100,000 people in the population.<sup>[14]</sup> The proportion of total spending on mental health that is allocated to treatment in mental hospitals in SA is 78%, which is more akin to proportional allocation in low-income countries (100%), than it is in high-income nations (44%). This is an additional essential aspect of the mental healthcare system in SA.<sup>[14]</sup>

## MENTAL HEALTH AND PRIMARY CARE

The SA is home to a total of 1905 PHCs. There have been significant improvements worldwide aimed at providing MHD treatments through primary healthcare in response to evidence-based recommendations made by the WHO to incorporate mental health into PHC. In addition to other approaches, the education of general practitioners (GPs) in clinical psychiatry is widely regarded as the most important step in easing the process of integrating mental health and primary care. There have been several published research on MHD in PHC that come from SA.<sup>[15]</sup> Despite this, there are currently very few mental health services available at the primary care level in SA. Counselling is the sole treatment that trained GPs are able to provide for minor mental problems; more serious cases are still directed to the secondary level. MOH approval is needed for PHC centres to stock critical psychotropic medications. The newly developed integrated techniques include the prevention of relapse and the early detection of mental problems in PHC by proper screening scales. Qualified psychologists and social workers would utilise these scales. In primary healthcare, screening patients for psychiatric conditions is in and of itself an essential clinical exercise.<sup>[16]</sup>

## CHALLENGES AND BARRIERS TO MENTAL HEALTH SERVICES

### Stigma in public

When it comes to addressing concerns about mental health, public stigma is the most typical obstacle in a country like SA, which is known for its conservatism. Families that were unsupportive made it difficult for young adults to discuss their emotions, let alone see a therapist; many factors contributed to this obstacle, including the fear of public stigma, the family's perception of mental illness, the use of harsh labels and downplaying one's problems. Not only did this represent the practice of labelling, but also it revealed a lack of family support and understanding.<sup>[17]</sup> Even if the family was aware that their child had a MHD, in some instances, they refused to provide help for the individual owing to the fear of societal pressure.

### Lack of awareness

The majority of people's lack of awareness regarding MHD was the second most common cause for concern. Seeking help for mental health was frequently regarded as an unnecessary need. There were a number of misconceptions around mental illness, some of which were a lack of awareness about issues related to mental health and community assistance, hearing about other people's unpleasant experiences and men being restricted by traditional masculinity, which conditioned them to be tough and strong. All of these reported statements demonstrated how the community's perspective on MHD acts as a barrier that discourages individuals from getting care, which in turn affects their compliance. As a result, improving mental health literacy through public education has emerged as a top priority, as this will lead to earlier diagnosis, earlier assistance seeking and earlier treatment intervention amongst those who struggle with MHD.<sup>[18]</sup>

### Unprofessionalism of mental health practitioners

Unprofessional mental health practitioners were an important part of mental health help-seeking, particularly for those who had previously taken assistance. There have been reports of difficulties in the form of ineffective aid or guidance from the therapist, emotions being ignored, a shortage of therapists who have received adequate training and seeking assistance from unqualified individuals. There were times when the professionals were ignorant of the rights of the patients. In certain situations, the professionals have their students attend the sessions, which can make the patients uncomfortable to talk about sensitive issues.<sup>[19]</sup> These problems that were identified were signals that obstacles may also originate from within the treatment area itself.

### Difficulty in accessing services and information

In terms of treatment, a hindrance to mental health care accessibility is the absence of available services and information. This includes unaffordable services, insufficient information about mental health in Arabic, inadequate facilities that offer mental health support, limited awareness of available resources and a dearth of information and services within our community.<sup>[20]</sup>

## Intrapersonal dilemma

The conflict between an individual's needs and thoughts, known as an intrapersonal dilemma, was identified as a significant barrier to seeking assistance. The aforementioned predicaments may be exemplified by an individual holding the belief that their predicament is transient. Individuals may be hesitant to seek support due to the difficulty in disclosing their need for assistance. In addition, personal motivation and readiness to seek help may be lacking, as competing priorities such as work or social events may take precedence. Individuals may experience discomfort when revealing personal information to a therapist and may lack awareness of their mental health concerns or the ability to engage in introspection regarding their emotional state.<sup>[1821]</sup>

## Misconceptions based on religious beliefs

Finally, it is important to take into account misconceptions that may arise from religious convictions. In SA, a country with a predominantly Muslim population, a significant proportion of individuals hold the belief that mental illness is a result of insufficient religiosity. This perspective posits that mental illness is caused by 'shaytan' or devil, and that religious practises can serve as a form of treatment. In some cases, depression is attributed to a deficiency in faith or to the influence of 'jinn' or supernatural spirits that have taken possession of the individual. The previous examples entail seeking the services of a 'Sheikh' or a Muslim spiritual guide for the purpose of reciting the Quran, the sacred text of Islam and administering 'ruqyah' or a therapeutic approach that entails the recitation of Quranic verses while placing a hand on the afflicted individual, as opposed to consulting a certified mental health practitioner. Individuals with strong religious beliefs often stigmatise mental illnesses. The conviction held by certain patients or family members towards sheikhs should not be disregarded, as it may stem from a limited understanding of mental health concerns, potentially leading to unfavourable attitudes.<sup>[21]</sup>

## CONCLUSION

In South Africa, the opposition to MHD was a more significant impediment to treatment than structural obstacles like the lack of service availability. Since four years ago, international health organisations, government agencies, and professional organisations in South Africa have promoted public education and awareness campaigns. It is crucial to execute supplementary promotional campaigns targeting individuals who maintain the perception that such services are unattainable. Campaigns for mental health literacy inform the public of the significance of treatment. By collaborating with public institutions, MHD can be introduced to the youth.

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