



High risk intervention among mental health practitioners in Saudi Arabia

By

Ruba Al Hussayen

Effat University

College of Humanities

Department of Psychology

Supervised by

Dr.Nisma Merdad

S19105858

PSY4951

May 2023

Sign:

NISMA M

Sign:

Abstract

This research examines the abilities of mental health practitioners in Jeddah, Saudi Arabia to recognize high-risk cases and evaluate the types of centralized guidance they rely on. An online questionnaire was sent out to mental health practitioners, and two out of three participants admitted to having faced an at risk case during their practice. It was found that the majority of participants were aware of a form of protocols, but not due to any specific guidelines or protocols set within the country; with each referring to a different source. The research findings suggest that there is a lack of knowledge, training, and reliable unified resources for mental health practitioners to return to. It also indicated the lack of upholding mental health practice standards in the field, which could lead to distrust from clients, malpractice from practitioners, and a loss of the field's credibility.

Background Information

The concept of mental health refers to an individual's emotional, psychological, and social well-being. It can impact thinking, feeling, and behavior, ultimately influencing how an individual makes decisions, reacts to stress, and navigates relationships. Mental health can be disrupted by a host of psychological disorders that impair day-to-day functioning to varying degrees, and it is the job of mental health practitioners such as counselors, psychotherapists, and psychiatrists to diagnose and treat these disorders (What Is Mental Health? | MentalHealth.Gov, n.d.).

Having well-trained mental health practitioners and accessible, equitable, evidence-based mental healthcare is critical to keeping a community functional and healthy. Recently, there has been a growing focus on early intervention and active-rather-than-reactive approaches to mental health treatment plans in an effort to improve treatment outcomes in patients and to address larger mental health crises in communities (McGorry & Mei, 2018). However, cases of individuals requiring psychological services may occasionally progress into a rapid decline or intensity, putting them in a position of severe distress. Individuals in this situation are referred to as, “high-risk cases” due to the delicate, dangerous nature of their situation, and the possibility of them posing a risk to themselves or others (Tariq & Gupta, 2022).

High risk cases in individuals may present in many forms. Threat to the individual can refer to physical or sexual abuse, self-harm, suicidal ideation, disordered eating, hallucinations or delusions that impair cognitive functioning, etc. (Tariq & Gupta, 2022) Threat to others may manifest in volatile behavior, aggressive behavior, or any intent to harm others (Munro & Rungay, 2000). Some cases pose both a threat to self and others, such as psychosis or hospitalized patients fleeing in-patient facilities (Kleis & Stout, 1991).

High-risk cases are particularly sensitive due to their danger, urgency, and the fact that they operate within a moral, ethical, and legal greyspace. When should confidentiality be breached? Should patients be forced to undergo treatment against their will? What authorities are allowed to get involved? All of these questions are extremely difficult to answer, and it is due to their uniquely complicated nature that high-risk cases require unique high-risk interventions.

Mental health practitioners need to be educated and well-trained in delivering high-risk interventions, but they cannot operate in a vacuum. Combined with that training, infrastructure such as rules and protocol, legal assistance, and centralized guidance need to be in place to support the administration of high-risk interventions (Okasha et al., 2012,). These two factors, qualified practitioners and the appropriate infrastructure, are important now more than even in the contemporary post-pandemic world where an exacerbated mental health crisis has elevated the number of high-risk cases (Kathirvel, 2020). Herein lies the question motivating this research: what is the relationship between mental health practitioners and high-risk interventions in Saudi Arabia, and what sort of infrastructure exists to support high-risk intervention implementation?

An investigation into mental health practitioners in Saudi Arabia is necessary to gauge their skills at recognizing high-risk cases, to profile what types of high risk cases they encounter the most frequently, and to assess which cases they feel sufficiently trained to administer interventions for. It is also worthwhile to explore the types of centralized guidance available that practitioners rely on to navigate complex cases. The literature review will focus on surveying the available literature to offer insight on the above questions.

Literature review

Mental health is a subject that is considered a controversial topic all around the world, and Saudi Arabia is no exception to that. However, in recent years with mental health seeping its way into society, Saudi Arabia mental health practitioners are faced with an influx of people seeking

psychiatric and psychological help, and very little preparation for dealing with high risk cases that require proper structured intervention.

In the article titled, *Psychotherapy in Saudi Arabia: Its History and Cultural Context*, (Algahtani et al., 2017) the authors aim to shed light on the historical development and challenges of psychiatric and psychological services and the availability of psychotherapy in KSA in 2016. Through A review of a selection of local social phenomena, The article discusses unique Saudi cultural constructs and social contexts; mentioning how they influence the training, perception, and practice of psychotherapy in the country. The article outlines existing challenges, such as the practices of non-proven ‘therapies’, the lack of resources, and lack of awareness in the matter. It goes on to mention that In principle, providing psychotherapy in KSA is not unlike providing psychotherapy for any ethnic or culturally distinct population in any other country, and that with the idea of mental health and psychotherapy seeping into the society, one can only aspire for further improvements.

A high risk situation that may commonly be found in society and require proper intervention but finds none, is the matter of eating disorders. A cross-sectional study (Fatima & Ahmad, 2018) in Arar was conducted through a pre-tested questionnaire in 2018, among Saudi adolescent girls. The questionnaire discussed socio-economic status, and eating habits. They were also given an Eating Attitude test 26 (EAT26). These questionnaires were handed out to an overall sample of 314 adolescent school females, ages ranging from 15 to 19 years old. Upon examining the results, the author discovered that disturbed eating behaviors were found in 25.47% of the participants, with most disordered eating being among those who were obese or overweight. The

author then goes on to suggest the need for future prospective and experimental studies to advance our understanding of the risk factors to enable better preventive program planning. Another example of ill preparation may be seen in this retrospective review (Al Haidar, 2022) that was conducted in King Khalid University in Saudi Arabia over a six-year period, to review the different age groups that were recommended to the psychiatric consultation liaison and the different medical diagnoses that sent them there. The overall sample of patients was 109, all under the age of 18. The overall results showed that epilepsy, self-poisoning, orthopedic injuries and diabetes mellitus are in real need of psychological assessment and intervention. It also showed that depression and adjustment disorder are commonly encountered in medically ill children and adolescents. However, with the sample chosen being too small and the location it was taken from being a single teaching hospital, the results of the study cannot be widely generalized. Nevertheless, the article highlights the importance of improving the pediatrician's awareness of psychiatric disorders and the psychological aspects of medical diseases as a part of its conclusion.

A cross-sectional study (Alsaleem et al., 2019) was held in Abha, Saudi Arabia in 2018, to assess the primary health care (PHC) centers' physicians' knowledge and attitude toward child abuse. This included types of abuse, and child neglect with their behavior regarding reporting of abuse cases. The study was conducted on 300 PHC physicians whose ages ranged from 25 to 50 years old, with a mean age of 28 years. Overall, 96.3% of the physicians recorded good awareness level regarding types of child abuse and 97.3% recorded good awareness level regarding child neglect patterns. However, there was an underreporting of child abuse cases recorded by about 64% of physicians.

Another study (Ahmed et al., 2020) was held in emergency departments of King Abdullah Specialist Children's Hospital and King Abdulaziz Medical City-Riyadh, over a three-year period, to develop risk assessment of suicide attempt repetition among youth in Saudi Arabia. The number of those eligible to having intentionally attempted suicide was 157, with ages ranging from 10 to 24 years old. Overall results showed that the risk of repeated suicide attempts among Saudi youth was high. The author suggests the implementation of A prevention program for suicide attempts in youth, that may take into account family problems, screening for psychiatric disorders, and suicidal behavior.

In 2021 A booklet was published by the government, or ministry of mental health, ("تفاصيل" "ظلم"), that serves as a guide to those practicing in the mental health field and for those who do not understand it well. The booklet aims to shed light and guidance on what to do regarding matters of mental illness. It offers education for those who may be ignorant, along with informing them of their rights as citizens who may suffer from one psychological ailment or another. The booklet discusses groups of authority to return to, who overlook the field. It discusses the regulations for practices done in the private and public sector. There are sections on immediate, mandatory, or legal, hospitalization needs as well. Among the many discussed topics in the guide, are rules institutes must follow regarding different forms of interventions. Many miniscule factors are discussed, such as runaway cases, the need for hospitalization without beds being available, and repercussions and punishments for those who break the set laws of the field. The rights of mentally ill patients and their families are discussed as well in a chapter of their own. However, with the mental health field only recently making a start in the Saudi community,

it is unclear whether all institutes apply the rules and guidelines set by the government.

The Gap in the Literature

The articles listed in the literature review discuss an array of prevalent at risk situations found in the kingdom of Saudi Arabia. Among the articles, an important factor seems to constantly make an appearance, and that is the general lacking in the overall upheld structure of at-risk interventions in Saudi Arabia. The general pattern of unclarity can be found in multiple factors throughout the articles. The first issue being that there is not enough research done locally to provide clear information regarding the matter of at risk cases throughout the kingdom. Another issue that was observed is the difficulty in finding reliable sources defining preventative measures and laws in great detail, for all practitioners in the field to follow. The available laws touched up on matters such as rights and procedures in a psychiatric setting and focused on legalities and rights rather than therapeutic interventions and protocols. The articles did not mention any sources that practitioners referred to in their practice. This brings forth another issue, which is the education and training provided for specialists who are at the front lines of dealing with at risk situations. This gap in available information will be filled through methods of asking the target group about their current knowledge regarding the topic, finding the existing knowledge, and discussing manners with which to make this knowledge available, widespread, and upheld.

Study Aim

This research aims to discover the level of awareness to protocols and steps mental health practitioners in Jeddah, Saudi Arabia take when responding to situations that require high risk

intervention. It will study the types of procedures and protocols practitioners follow in high risk situations, and the infrastructure of interventions that exists in the country. The research will answer the following question: What are the types of intervention protocols that exist among mental health practitioners in Jeddah, Saudi Arabia for high risk situations; and are they accessible and known by the necessary practitioners?

Methodology

Variables and research design

The aim is to discover the level of awareness to protocols, and steps, mental health practitioners in Saudi Arabia take when responding to situations that require high risk intervention.

Due to the qualitative and explorative nature of the research, there were no testable variables. Rather, the research asks a sample of professionals in Jeddah, questions through an online survey, to glean the level of awareness in the existing population. Facilities that have different types of mental health practitioners will be contacted and sent the survey, to give to their staff.

Sample, sample type, and population

Population: mental health practitioners in Jeddah

Sample: school counselors, counselors, psychiatrists, psychologists.

Sample type: non-probability method, voluntary response sampling

Existing assessments, research, and tools

No previous research has been conducted on this specific subject in Jeddah, Saudi Arabia. No existing assessments have been previously made to measure or discover awareness of mental health practitioners of the structures, rules, and guidelines of dealing with at-risk cases in this area. Available existing tools regarding at-risk guidelines are found in various dispersed files on the Saudi Ministry of Health (MOH) website.

Data collection Tools

The data for this research will be collected using an online questionnaire on Google forms sent out to different mental health practitioners at clinics, hospitals, centers, and schools in Jeddah, Saudi Arabia. The questionnaire will contain 14 items. 8 items will be yes/no questions, 3 of those items will offer room for elaboration. 2 questions will be multiple choice, and 4 will be open-ended. Below is the list of questions that will be included in the online survey:

1. Profession/field (explain)
2. Years of experience (explain)
3. Have you ever dealt with an at risk patient situation? (yes/no)
4. Where do you work? (private practice, clinic, other. Mention)

5. Are there unified guidelines at where you work (yes, no)
6. Are these guidelines (to your knowledge) unified (globally, locally, set by the clinic, set by yourself?)
7. Do these guidelines offer proper instruction on procedures when facing varied at risk cases? (yes/no) explain
8. (to your knowledge) do all/ most professionals abide by these guidelines in Saudi/ Jeddah (yes, no, depends on region/clinic)
9. (to your knowledge) are all professionals locally made aware of these guidelines?(yes/no)
10. How were you made aware of the guidelines regarding at risk cases? (explain)
11. (to your knowledge) are there official repercussions set for any professionals who do not abide by these guidelines? If so, what are they? (yes/no) explain
12. (to your knowledge) is there a reliable source to return to should further inquiries or at risk situations arise that require delicate handling and guidance? If so, please mention. (yes/no) explain
13. Do you think the existing regulations and procedures are appropriate for at-risk cases? (yes/no)
14. Do you have any suggestions on how to improve the handling of at risk cases ? Explain.

Results

The sample received was a group of three participants out of the desired six. Each participant worked in a different field, though out of the three, two were clinical psychologists and one was a school counselor. The demographic consisted of private and public sector working participants in the mental health field in Jeddah, Saudi Arabia.

Two out of three of the participants admitted having faced an at risk case during their practice. A majority of the practitioners have all admitted to not having unified guidelines at their places of work, stating that the guidelines that did exist in their practice were either set by their workplace (clinic) or self imposed. The majority did however mention that the existing clinic guidelines did offer proper instruction on procedures when facing varied at risk cases. When asked for elaboration, one mentioned that a form of proper procedure was making sure that there's an emergency button provided in clinics to call for help if the case requires, and another mentioned following APA guidelines. When asked whether participants think most professionals abide by whatever existing guidelines there are in the workplace, two out of three disagreed, while one stated that it would depend on how much the clinics reinforce the rules. An alarming find came in the form of the participants' majority mentioning they did not believe that all professionals were made locally aware of any existing guidelines at all; with each of the three having discovered a set of guidelines through three completely different sources such as personal research, learning through their graduate program, and finding out through the Saudi commission for health specialties. Even more alarming is the unanimous result to item number eleven. All participants voted 'no' when asked if there were repercussions for professionals who do not abide by guidelines. In addition, two thirds of the parties couldn't mention a reliable source to return to in case of inquiries or guidance for at risk cases. However, one party did mention the Saudi psychiatric association. Most participants also mentioned that they have been in circumstances that made it difficult to abide by guidelines set for handling at-risk cases due to a Lack of professional support, and that the existing regulations and procedures were not appropriate to handle at-risk cases.

When asked for suggestions, the participants suggested creating a unified code of ethics to ensure practitioners have enough awareness in the active field, and to have monthly annual follow-ups by professionals in charge.

Discussion

Upon reviewing the results, it becomes clear that the majority of participants agreed there is an inconsistency and lack of reliable sources for mental health professionals to fall back to. In addition, each participant approaches their practice in accordance to guidelines they have learned individually. While sources have been previously mentioned for Saudi Arabia, the results of this questionnaire indicate that the source provided is not well known, or not expanded enough to encompass the necessary guidelines. This leaves the problem of having no unified source for Saudi practitioners or clients to refer to. Through not having the appropriate guidelines and resources, it becomes difficult for not only clients to understand their rights, but also for practitioners to learn how to handle at-risk cases safely, and be held accountable in their practice. The lack of accountability being taken by practitioners, and with no one reinforcing the guidelines, there is plenty of room for assumption of malpractice as well as unqualified practitioners.

The Aim of this research is to discover the level of awareness to protocols, and steps, mental health practitioners in Saudi Arabia take when responding to situations that require high risk intervention. Based on the results of the questionnaire, it is evident that the majority of the sample participating was in fact aware of protocols, however not due to any specific guidelines or protocols set within the country, and some were not sure which protocols were the correct

ones to follow. What could be inferred from this is that those who were not exposed through others, or studies abroad to guidelines, might not have any idea for the proper reliable protocols. It is also clear that if high risk intervention is to be had then the efforts would rely mostly on the practitioner individually with what they know or clinic's unique protocols, rather than a safe set framework to follow set by a reliable source. Some sources, previously discussed, provide minor guidelines for hospitalization and legal rights, however not to the extent of step by step at-risk protocols that are required.

When comparing this to the existing literature mentioned earlier in the research, these findings match up with many of the common patterns found in other research. With many themes including lack of practice, existing guidelines, or knowledge and guideline enforcement when it comes to at risk protocols among mental health practitioners.

Some of the limitations that took place that may have affected the factors of this research include the short timespan in which the research was conducted, leading to the small sample pool that was reached on said given time, and the low number of responses to the survey. The lack of accessibility in resources made locating available resources difficult. In addition, some existing resources could only be found in Arabic while others were found in both English and Arabic, meaning it would be difficult for those who do not speak the native tongue but live in the country to have access to it. The lack of diversity between professions and public and private sectors was also a limitation, as a wider range may have provided for a clearer understanding the general public has of the subject in all mental health fields. In addition, upon viewing the results it became apparent that a more detailed questionnaire may prove more useful, due to the difference of perspective and understanding among the local practitioners, and in order to achieve accuracy.

Implications

Through this research, there will be an understanding of the overarching awareness mental health practitioners in Saudi have about their local protocols regarding at risk cases. Once this baseline of awareness exists, it will be possible to adjust protocols and methods of which to make them available, so as to maximize their usage in society. Understanding the awareness these mental health practitioners have of the existing protocols and how much they apply them will not only create a baseline of understanding, it will also provide room for those who wish to improve and build upon this baseline. By having a stable level of awareness and an unshakable base, common society will also have the opportunity to find trust in the mental healthcare system, and thus feel safer overtaking their mental health journey. A safe society working on mental wellbeing and self improving will maximize health and functionality, as well as increase economic prosperity.

The research findings imply that there is a general level of confusion and lack of proper knowledge among local practitioners and training with regard to at-risk patient cases. This also implies an even greater issue in the lack of unified reliable resources, and educating forces for practitioners to return to for reference or learning. Another implication of these findings is that there are no authorities upholding mental health practice standards in the field. Each point mentioned previously may lead to the conclusion that a number of practitioners might be operating under their own guidelines. It also indicates that there is no way for patients to be certain of the type of care they can expect to receive from the mental health field, and this in turn may lead to distrust from the clients, or malpractice from the practitioners.

Conclusion

This research examined the abilities of mental health practitioners in Jeddah, Saudi Arabia to recognize high-risk cases and evaluate the types of centralized guidance they rely on. An online questionnaire was sent out to participants, and two out of three admitted to having faced an at risk case during their practice. The research findings suggest that there is a lack of knowledge, training, and reliable unified resources for mental health practitioners to return to, which could lead to distrust from clients, malpractice from practitioners, and a loss of the field's credibility.

References

- Ahmed, A. E., Alaqeel, M., Al Asmari, N. A., Al Otaibi, H., Jradi, H., Al Otaibi, H., Abbas, O. A., Alyabsi, M., Almutairi, A. F., Al-Qunaibet, A., & Al Jahdali, H. (2020). Risk Assessment of Repeated Suicide Attempts Among Youth in Saudi Arabia. *Risk Management Healthcare Policy, NA(NA)*, 11. 10.2147/RMHP.S245175
- Algahtani, H., Buraik, Y., & Ad-Dabbagh, Y. (2017). Psychotherapy in Saudi Arabia: Its History and Cultural Context. *Journal of Contemporary Psychotherapy, 42(2)*, NA. <https://www.proquest.com/docview/1886584272/fulltextPDF/F39718F8F7364CE7PQ/1>
- Al-Haidar, F. A. (2003). Inpatient child and adolescent psychiatric referrals in Saudi Arabia: clinical profiles and treatment. *Eastern Mediterranean Health Journal, 9(5)*, 6. 996-1002. <https://apps.who.int/iris/handle/10665/119355?locale-attribute=en>
- Alsalem, S. A., Alsalem, M. A., Asiri, A. M., Alkhidhran, S. S., Alqahtani, S. A.S., Alzahrani, M. S., Assiri, H. A., Alshahrany, K. M., & Alsamghan, A. S. (2019).

Knowledge and attitude regarding child abuse among primary health care physician in Abha, Saudi Arabia. *Journal of Family Medicine and Primary Care*, 8(2), 10.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6436322/#__ffn__sectitle

Bureau of experts at the council of ministers. (n.d.). تفاصيل النظام. Retrieved December 25, 2022, from

<https://laws.boe.gov.sa/BoeLaws/Laws/LawDetails/107f22b5-81a2-47ee-84bc-a9a700f2907a/1>

Fatima, W., & Ahmad, L. M. (2018). Prevalence of disordered eating attitudes among adolescent girls in Arar City, Kingdom of Saudi Arabia. *Health Psychology Research*, 6(1), 13. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6280072/#__ffn__sectitle

Kathirvel, N. (2020). Post COVID-19 pandemic mental health challenges. *Asian Journal of Psychiatry*, 53(NA), NA.

<https://www.sciencedirect.com/science/article/pii/S1876201820305438?via%3Dihub#!>

Kleis, L. S., & Stout, C. E. (1991). The high-risk patient: a profile of acute care psychiatric patients who leave without discharge. *The Psychiatric Hospital*, 22(4), 153-9. <https://pubmed.ncbi.nlm.nih.gov/10122627/>

McGorry, P. D., & Mei, C. (2018). Early intervention in youth mental health: progress and future directions. *Evidence-Based Mental Health*, 21(4), 182-184.

<https://pubmed.ncbi.nlm.nih.gov/30352884/>

McGorry, P. D., Nelson, B., Amminger, G. P., Bechdolf, A., Francey, S. M., Berger, G., Reicher-Rössler, A., Klosterkötter, J., Ruhrmann, S., Schultze-Lutter, F., Nordentoft, M., Hickie, I., McGuire, P., Berk, M., Chen, E. Y.H., Keshavan, M. S., & Yung, A. R. (2009). Intervention in individuals at ultra-high risk for psychosis: a review and future directions.

The Journal of Clinical Psychiatry, 70(9), 1206-1212.

<https://pubmed.ncbi.nlm.nih.gov/19573499/>

Michigan State University. (n.d.). High-Risk Behavior | Counseling & Psychiatric Services. *MSU Counseling and Psychiatric Services*.

https://caps.msu.edu/faculty-staff/High-Risk_Behavior.html

Ministry of Mental Health. (n.d.). *Kingdom of Saudi Arabia*. Regulations - Regulations List. Retrieved December 14, 2022, from

<https://www.moh.gov.sa/en/Ministry/Rules/Pages/default.aspx>

Munroe, E., & Rungay, J. (2000). Role of risk assessment in reducing homicides by people with mental illness. *Cambridge University*.

<https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/role-of-risk-assessment-in-reducing-homicides-by-people-with-mental-illness/F032313089EE7F91E4CA4A95AA4D5380>

NA, N. (2022, 2 28). What Is Mental Health? *Mental Health.gov*.

<https://www.mentalhealth.gov/basics/what-is-mental-health>

Okasha, A., Karam, E., & Okasha, T. (2012, 2). Mental health services in the Arab world. *World Psychiatric association*, 11(1), 52-54.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3266748/#__ffn_sectitle

Tariq, N., & Gupta, V. (2022). High Risk Behaviors. *Stat Pearls Publishing*, NA(NA), 9.

https://www.ncbi.nlm.nih.gov/books/NBK560756/#_NBK560756_pubdet_