Assessment of Administrative Services in State Mental Health Hospitals Among Muslim Patients in the Kingdom of Saudi Arabia: A Descriptive Study

Penilaian Terhadap Perkhidmatan Pentadbiran di Hospital Kesihatan Mental di Kalangan Klien Islam Negeri di Kerajaan Arab Saudi: Kajian Deskriptif

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ABSTRACT

Kingdom of Saudi Arabia (KSA) leads mental health research in the Arabic world, addressing challenges for Muslim patients seeking treatment at hospitals. This study aims to evaluate the quality of administrative services at public mental health hospitals, as perceived by Muslim recipients in the KSA. This descriptive quantitative study used a self-reported questionnaire to collect data from 200 public mental health service recipients in the KSA from 4 January 2022 to 4 March 2022. More than 95% of participants were optimistic about the entry process procedures. Approximately 88% of the participants accepted the policies for booking an appointment with a doctor. The study's findings highlight the need to streamline and improve the communication of administrative procedures to provide recipients with optimal clarity and convenience. By addressing the moderately reported issues with policy transparency related to visit cancellations, referrals, and treatment completion, patient satisfaction and compliance could be improved, leading to a more efficient and patient-centred healthcare experience. These findings underscore the importance of streamlining administrative procedures to enhance clarity and convenience for Muslim patients, ultimately contributing to a more patient-centred healthcare experience in mental health hospitals in the KSA.

Keywords: Administration; hospital; mental healthcare; policy; Saudi Arabia

ABSTRAK

Kerajaan Arab Saudi (KSA) kini menjadi di antara negara yang terkehadapan dalam perkhidmatan kesihatan mental. Kajian ini bertujuan untuk menilai perkhidmatan kesihatan mental di hospital kesihatan mental awam dari segi perspektif penerima perkhidmatan di hospital kesihatan mental di KSA yang beragama Islam. Kajian kuantitatif ini menggunakan soalan soal-selidik yang dilengkapkan oleh 200 penerima perkhidmatan kesihatan mental awam di KSA di antara 4 Januari 2022 dan 4 Mac 2022. Lebih daripada 95% peserta optimis mengenai prosedur proses pendaftaran dan penerimaan pesakit. Kira-kira 88% daripada responden berpuas hati dengan polisi bagi membuat temujanji dengan doktor. Hasil dapatan kajian ini diharapkan dapat meningkatkan tahap kualiti komunikasi dan prosedur pentadbiran untuk menyediakan perkhidmatan kesihatan mental yang lebih optimal. Penyelesaian isu-isu pentadbiran terutamanya yang berkaitan dengan prosedur pembatalan temujanji, proses rujukan, dan penamatan rawatan dapat meningkatkan kepuasan pesakit yang pada akhirnya menyumbang kepada pengalaman penjagaan kesihatan mental yang lebih komprehsif. Penemuan ini menekankan kepentingan untuk memnnambahbaik prosedur pentadbiran bagi meningkatkan kemudahan pesakit-pesakit Muslim, yang akhirnya menyumbang kepada pengalaman penjagaan kesihatan yang lebih berpusatkan pesakit di hospital-hospital kesihatan mental di Arab Saudi.

Kata kunci: Pentadbiran; hospital; kesihatan mental; polisi; Arab Saudi

INTRODUCTION

The Kingdom of Saudi Arabia (KSA) is an Islamic country, and Islam acknowledges the relevance of emotional and mental well-being (Al Mousa et al. 2021). The KSA is home to a population that practices Islam. According to Samah (2018), the Qur'an offers guidance to people who are going through difficult emotional times and strives to help them achieve a meaningful quality of life. Because of its amazing technological advancement, the mental health services went from non-existent to nearly doubling by 2006 (Algahtani et al. 2017; Alotaibi et al. 2021). Since the beginning of the 1980s, the mental health system in KSA has been integrated into the operations of the public hospitals (Carlisle 2018). The sociodemographic profile of a population refers to the characteristics and attributes of individuals within a specifc country. Saudi Arabia is a diverse country with a population characterized by various sociodemographic factors. According to available data, the population of Saudi Arabia is predominantly young, with a median age of about 31 years. Additionally, the population is predominantly male, with males making up about 66% of the total population (Shahab et al. 2017). Furthermore, Saudi Arabia has a high population growth rate, with an estimated population of over 35 million people and more than 93% of them are Muslim (Al-Subaie et al. 2020). These sociodemographic factors can have implications for mental health issues within the population. For example, the high proportion of young individuals in the population may be associated with increased prevalence of mental health issues such as anxiety and depression, which are frequently observed in younger age groups. Moreover, the sociocultural context of Saudi Arabia may also impact mental health issues within the population (Chatterji 2020).

At spite of this, there are still constraints placed on the ability to protect the administration at mental health hospitals. In addition, there aren't many studies done in the KSA that look at the quality of administrative services provided at public mental health facilities from the point of view of the patients who use those services (Abumadini 2019; Al-Subaie et al. 2020). As a result, the purpose of this study is to evaluate the mental health services that are offered in government-run mental health facilities from the perspective of the people who get those services, particularly with regard to the degree of transparency and the procedures that are followed.

According to Clark et al. (2017), mental health disorders are functional in nature and can result in physical or psychological symptoms that interfere with daily tasks. People with mental disorder may experience difficulties to achieve full psychological compatibility, and eventually impair their functionality. In 2022, the World Health Organization (WHO) projects that one-fourth of the world's population would, at some point in their lives, struggle with issues related to their mental health. There are around 970 million people all over the world who struggle with mental illness or substance misuse, and globally, one out of every four people may struggle with some form of mental illness (WHO 2022). According to the WHO (2022), mental diseases are responsible for around 8 million deaths per year, which accounts for 14.3% of all deaths. There is evidence to suggest that the social security restriction may be a contributing factor to greater incidence of mental illness (Bell 2022; Reeves et al. 2022), however, it is crucial to highlight that healthcare services have made many progress in tackling this rising global problem. For instance, cultural stigmas surrounding mental health among Muslims and limited access to mental healthcare services may contribute to underdiagnosis and undertreatment of mental disorders (Shahab et al. 2017).

In KSA, state-operated mental health facilities are making concerted efforts to enhance the quality of their administrative services. These efforts are important in order to better meet the ever-increasing demands that are being posed by the prevalence of mental disease in the general population (Alotaibi et al. 2021). According to Al Mousa et al. (2021), these hospitals have been the forerunners in the provision of specialised care and play a significant role in meeting the urgent requirements of persons who are in need of treatment. Even though they are an essential component of the more comprehensive healthcare system in KSA, work is still being done to improve both their capabilities and their level of accessibility (Al-Dossary et al. 2022). A significant amount of focus has been placed on improving the capacity and efficiency of psychiatric facilities. This is to better serve the increasing number of people who are looking for help with their mental health (McCrae et al. 2019). This requires investments in physical infrastructure, innovative technical tools, and a skilled workforce in order to guarantee that patients suffering from psychiatric conditions receive the appropriate therapy (Al-Dossary et al.

2022; Alotaibi et al. 2021). In addition, efforts are being undertaken to eliminate barriers to receiving mental healthcare, particularly for marginalised communities who face socio-economic or cultural barriers (Alswat et al. 2017). This is particularly important for communities that face both types of barriers.

One of the most major areas of concern is the lack of a sufficient number of skilled mental health experts and resources. This is in addition to the need for public hospitals providing mental health care to improve their administrative services. In order to satisfy the ever-increasing demand for services, it is essential to continue the process of educating and retaining a skilled labour force in this industry (Batra & Taneja 2022). In addition, patients' reluctance to seek early and appropriate therapy due to social stigma presents a significant problem (Alswat et al. 2017). Hence, one of the most important things that can be done to encourage people to get treatment is to launch awareness campaigns and educate people on how to combat stigma.

Algahtani et al. (2019)'s research reported that there is a growing awareness of the demand for more funding in mental health care. This is because of the high incidence of mental health illnesses and the financial pressure that results from them. Far if there has been some forward movement in the field of mental health in KSA, it is abundantly obvious that far more work has to be done (Samah 2018). A collaborative effort between healthcare authorities, mental health specialists, and community organisations are essential to the development of a highly effective mental healthcare system that is able to meet the varied needs of society. The country's concerted efforts to address difficulties and strive towards comprehensive solutions are admirable and demonstrate its dedication to providing mental health support to all persons who require it. In addition, the country's efforts to address challenges and move towards comprehensive solutions have been commended. Understanding the unique needs and preferences of Muslim patients is essential for providing effective mental health services within the KSA. This includes considerations for religious practices, cultural beliefs, and language preferences. In this context, it is important to explore the specific administrative services tailored to meet the requirements of Muslim patients within the state mental health hospitals of Saudi Arabia.

Hence, the purpose of this cross-sectional quantitative study was to evaluate the quality of administrative services at mental health hospitals from the perspective of patients. This study examined variety of characteristics of these services, including accessibility, care quality, patient satisfaction, and perceived barriers. The goal of this research was to develop a comprehensive understanding of the experiences and perspectives of people who have received mental health care by obtaining direct input from those individuals. The findings of this study will not only help close the current knowledge gap, but they will also provide significant insights that can be used to make suggestions for policy changes and improvements in the mental healthcare delivery system in Saudi Arabia.

LITERATURE REVIEW

In the Kingdom of Saudi Arabia (KSA), mental health services have witnessed significant expansion and advancement over the course of the past few years. This section of the literature study will explore the mental health topic through the Islamic lens, investigate the current situation of mental health care in KSA, focusing on both the difficulties that have been encountered. In KSA, there has been a significant amount of progress made in terms of broadening people's understanding of mental health issues and facilitating easier access to relevant assistance.

MENTAL HEALTH CARE AND SERVICES IN ISLAMIC PERSPECTIVES

Mental health is a crucial aspect of overall well-being, and its understanding and management vary across different cultural and religious contexts (Chatterji 2020). In Islamic perspectives, mental health is considered integral to individual and community well-being. Islam places great emphasis on mental health and views it as an essential component of holistic well-being. Islamic teachings emphasize the importance of maintaining a balanced state of mind, having inner peace, and seeking support when needed (Fekih-Romdhane et al. 2023). The Quran, the holy book of Islam, encourages believers to seek knowledge, including knowledge about mental health and self-care. Islamic teachings emphasize the interconnectedness of mental, physical, and spiritual health. Muslims are encouraged to take care of their mental health through various means. These includes seeking knowledge, engaging in acts of worship, maintaining strong social connections, seeking

professional help when needed, and practising self-reflection and mindfulness. Furthermore, Islamic teachings advocate for a compassionate and supportive community that is inclusive and understanding of mental health struggles (Bentley et al. 2021; Fekih-Romdhane et al. 2023). Overall, Islam promotes a comprehensive approach to mental health that encompasses psychological, spiritual, and social dimensions.

As a diverse and culturally rich country, the Kingdom of Saudi Arabia offers mental health services to a wide range of patients, including those belonging to the Muslim community. The administrative services provided in state mental health hospitals play a crucial role in ensuring that Muslim patients receive appropriate and culturally sensitive care (Carlisle 2018). Understanding the unique needs and preferences of Muslim patients is essential for providing effective mental health services within the Kingdom. This includes considerations for religious practices, cultural beliefs, and language preferences. Prayer facilities, for instance, are an integral part of daily life for Muslim patients. It is crucial to assess not only the availability of prayer spaces but also their accessibility and appropriateness for patients with different mental health conditions. Additionally, to align with the Islamic practices to ensure the comfort and privacy of both male and female patients, the mental state hospitals may considered to provide separate comfortable space for both genders. Moreover, the provision of halal food is essential for adhering to Islamic dietary laws (Alpers 2019). Evaluating the quality and availability of halal meals within these hospitals is imperative to ensure that Muslim patients receive culturally appropriate nutrition during their stay. By incorporating Islamic principles into mental health discourse and practice, individuals can address their mental health concerns while staying true to their religious beliefs.

MENTAL HEALTH CARE IN KSA

The WHO (2022) has identified a number of factors that have an effect on the quality of mental health services offered by healthcare facilities. The situation is getting steadily worse in spite of the efforts that health institutions are making to improve it (Alyousef & Alhamidi 2022). This is due to the fact that social and psychological factors, such as bad lifestyle choices that lead to a decline in people's mental health, are contributing factors. To ensure that

the objectives for which these medical institutions were established are met, it is imperative that they continually evaluate and enhance the mental health services that they provide. Since the commencement of mental health services in the KSA, specialised care at the cutting edge of technology has been provided by mental health clinics that are solely devoted to treating mental illness (Abumadini 2019). However, despite mental healthcare falling under the purview of the general healthcare system in Saudi Arabia (Hyder et al. 2017), there has been a consistent increase in the number of individuals seeking treatment for mental health issues, particularly among young Saudi adults (Noorwali et al. 2022). According to Abou Abbas and AlBuhairan (2017), a substantial proportion of persons who are suffering from serious mental disorders, as well as those who are suffering from various mental health difficulties, do not obtain treatment for their conditions.

Bell (2022) reported that almost four out of every five individuals struggling with similar challenges in KSA do not seek the assistance of a trained professional. In addition, the Saudi Arabian Ministry of Health (MOH) only allocates 4% of its budget to address issues related to mental health (Hyder et al. 2017), despite the fact that about one-third of Saudis may have symptoms that match the diagnostic criteria for a mental disease at some point in their lives. The cost of a single session of online treatment can range anywhere from $50 to $100 in KSA, while the exact amount will depend on a variety of factors like the type of therapy and the therapist involved. Further, Algahtani et al. (2017) reported that, in the past, problems with mental health were kept quiet because of the pressures of society and the misconceptions that existed about them.

CURRENT PROGRESS IN ADDRESSING MENTAL HEALTH IN KSA

In recent years, the government of the KSA has taken an active role in the process of integrating mental health services into the larger healthcare system. For instance, it has implemented the strategic positioning of psychiatric hospitals, outpatient clinics, and specialised centres (Altwaijri et al. 2020). In doing so, the government has shown that it is committed to promoting mental health for Saudi Arabians. These activities are designed to counteract the deeply embedded stigma that has historically discouraged people from seeking assistance for mental health concerns. Historically,

this stigma has caused people to not seek help for their mental health problems. In addition, mental health awareness campaigns have been brought to the community by utilising social media platforms, television, and community events to communicate accurate information on a variety of mental health issues (Hyder et al. 2017; Zeinoun et al. 2020). These campaigns have been presented to the community by utilising social media platforms, television, and community events. In recent years, there has been a proliferation of mental health forums and seminars, which have created secure environments for honest conversation and the sharing of information (Amin et al. 2020). These initiatives contribute to the reduction of misunderstandings and the growth of a society that is more compassionate and aware about other people's experiences.

There has been an increase in the number of innovative collaborations thanks to partnerships between the public sector and the private sector (Altwaijri et al. 2020). One example of this is mental health crisis hotlines that are staffed by qualified experts who offer urgent assistance to persons who are in a state of crisis. This confluence of activities is illustrative of Saudi Arabia's determination to remove the barriers that, historically, have prevented people from gaining access to mental health services. According to Zeinoun et al.'s research from 2020, a changing attitude towards mental health in Saudi Arabia is indicated by the country's departure from the stigmatisation and neglect of mental health concerns that were common in the country's history. The nation's commitment to cultivating a culture that values and prioritises mental health is demonstrated by the creation of psychiatric hospitals as well as by the vast awareness efforts that have been carried out. The Kingdom of Saudi Arabia is establishing the framework for a future in which mental health will be given the same weight as physical health by incorporating mental health into the healthcare system and vigorously addressing misconceptions about the subject.

However, there are still a few obstacles that prevent the effective delivery of mental health care in institutions that are run by the government in the Kingdom of Saudi Arabia. These challenges consist of cultural stigmas associated with mental illness (Al Mousa et al. 2021), restricted resources allotted to mental healthcare facilities (Alotaibi et al. 2021), and a shortage of specialists with proper training (Al-Dossary et al. 2022). In addition, it is necessary to realise that different regions within the KSA have

different levels of access to appropriate mental health treatments. This is a problem that has to be addressed. It is essential for decision-makers and other stakeholders in the Kingdom of Saudi Arabia (KSA) to be aware of these obstacles as they work to improve the quality of mental health services and the accessibility of these services throughout the country. The provision of comprehensive care and assistance to people who are in need is nevertheless hampered by a number of significant problems, despite the fact that mental health services in Saudi Arabia have made remarkable progress (Merhej, 2019; Mohamed et al. 2023), as stated in both of these sources.

GAPS IN PROVIDING MENTAL HEALTH SERVICES TO MUSLIM COMMUNITIES IN KSA

Although significant progress has been made through community-based efforts aiming at prevention and early intervention programmes targeting specific populations such as children or women's groups (Bahattab & AlHadi 2021), there is still a long way to go. However, significant gaps still exist when thinking about the specialist treatment that is necessary for severe cases or those that require long-term management techniques such as counselling or medication (Al Mousa et al. 2021). Although awareness initiatives have contributed to a reduction in stigma, deeply rooted cultural views surrounding mental health continue to be a barrier (Alattar et al. 2021; Mohamed et al. 2023). According to Alissa (2021), some of people and families still believe that mental health difficulties are caused by either personal weakness or possession by supernatural entities. For instance, the notion that mental illness is the result of moral or religious violations might lead to delayed or improper behaviours when it comes to seeking therapy (McCrae et al. 2019; Merhej 2019).

At the same time, there is a scarcity of trained mental health experts such as psychiatrists, psychologists, counsellors, and social workers (Basfr et al. 2019; Hamaideh 2017; Zahrin et al. 2022). This is despite efforts to train and attract mental health professionals. Because of this shortage, specialised care is less readily available than it should be, which leads to extended wait times for appointments and an unequal distribution of mental health services across the country (Hamaideh 2017). Access to mental health care remains difficult for people living in rural and distant locations, despite the fact that there have been gains in urban places. According to Hasan and Tumah (2019), people who live outside

of major cities face challenges in accessing timely and appropriate medical treatment because of a lack of available facilities and transportation choices. Telehealth programmes have been helpful in bridging this gap, although infrastructure restrictions might still be an impediment to access (Amin et al. 2020; Eddine & Zedan 2021).

According to Aldosari (2017) and Almuneef et al. (2017), conventional gender norms and the demands of society might make existing mental health problems much worse. Women, for example, may feel additional pressure as a result of cultural norms that emphasise their responsibilities as wives and mothers (Campbell et al. 2021). This may be the case because cultural norms emphasise women's roles as spouses and mothers. In addition, getting access to mental health services for women might be difficult since there are not enough female medical professionals and there are worries about confidentiality. According to Ismail (2019), women utilising religion and spiritual practices to cope with breast cancer diagnoses. The Kingdom of Saudi Arabia is home to a sizeable community of foreigners. Therefore, language hurdles and cultural differences might present challenges in terms of getting appropriate mental health care (Rothman et al. 2020; Zaghloul et al. 2019). According to Zaghloul et al. (2019), there is a lack of cultural sensitivity in the delivery of services, which results in immigrants being uninformed of the resources that are accessible to them, which may further complicate the treatment process.

METHODOLOGY

STUDY DESIGN AND SAMPLE

The purpose of this quantitative cross-sectional study was to assess the administrative support provided to Muslim patients admitted to public mental health hospitals in the Kingdom of Saudi Arabia (KSA). The researchers used purposive and snowball sampling methods to recruit participants. The gathering of information took place in facilities providing mental health care during the dates of January 4 and March 4, 2022. The poll got responses from two hundred individuals in the KSA who had been treated for mental illness in one of the state mental hospitals.

QUANTITATIVE PARTICIPANT SELECTION CRITERIA

The participants in this study were Muslim patients who had been treated for mental illness in one of the state mental hospitals in the Kingdom of Saudi Arabia (KSA). The specific selection criteria for respondents were as follows:
1. Currently receiving mental illness treatment for less than a year
2. Aged 17 years and above
3. Have been diagnosed with general or specific types of mental illness by registered doctors and/or psychiatrist.
4. Have the ability to manage mental illness symptoms

Participants were excluded if they:
1. Have limited and/or no ability to manage mental illness symptoms while receiving treatment.

The questionnaire data collection took place via face-to-face, where the researchers disseminated the questions for participants to answer the survey questions by themselves. The questionnaire took approximately 20 minutes to complete.

ETHICS

The King Saud University Scientific Research Ethics Committee gave their clearance to proceed with this investigation. Before taking part in this research project, each individual participant was given the opportunity to offer their written informed permission. Participation in this study is entirely voluntary. Individuals who choose not to participate will continue to receive their regular treatment and services without any disruption.

DATA COLLECTION

In the hospitals providing public mental health care in the KSA, questionnaires were handed out to patients receiving mental health services. The purpose of the questionnaire was to accomplish the goals of the study by gathering information about the mental health services that are offered in public hospitals across Saudi Arabia from the perspective of the patients. The questionnaire has two different axes to choose from. On the first axis were the demographic parameters of the study sample, which were used

to derive the primary data (they included gender, age, and the number of years that the participant had benefited from the service). The evaluation of administrative services constituted the second axis, which was broken down into two dimensions: the simplicity of administrative procedures and the clarity of administrative procedures. Each dimension was comprised of eight phrases and eight statements respectively. On a Likert scale with three possible answers (yes, sometimes, and no), the respondents provided their feedback regarding these aspects.

To guarantee that the research instrument is valid, we ran calculations to check both its internal consistency and the legitimacy of the arbitrators. The six arbitrators' levels of approval for the questionnaire's axes and phrases ranged anywhere from 90 to 100 percent of the total possible points. At a level of statistical significance equal to 0.01, the correlation coefficients between the degrees of the questionnaire axes and the overall score of the axes were found to have a positive relationship. The values of the correlation coefficients varied from 0.54 to 0.86 at various points. Cronbach's alpha was the approach that was used in our calculations to determine whether or not the questionnaire was reliable. It was found that the values of the stability coefficients for each of the resolution axes ranged from 0.69 to 0.90, which is indicative of very high levels of stability. As a consequence of this, the validity of the application of the questionnaire to the study sample was given the green light.

DATA ANALYSIS

The version 23 of the statistical programme SPSS was utilised throughout the analyses that were carried out. The demographic factors of the study sample were characterised through the use of frequencies, percentages, the arithmetic mean, and the standard deviation in order to provide answers to the research objectives.

RESULT

The majority of the people in the study sample were Muslim male beneficiaries (67.5%), with an average age between 18 and 29 years (54.5%) and a duration of receiving mental health treatment ranging from one to three years (48.5%). Some participants received treatments for longer than three years (44%), while 7.5% received assistance for a period ranging from one month to one year (Table 1).

TABLE 1. Sociodemographic characteristics of the participants.

Classification	Characteristics	$N = 200$ (%)
Gender	Male	135 (67.5)
	Female	65 (32.5)
Age	From 18 years to 29 years	109 (54.5)
	From 30 years to 39 years	80 (40.0)
	40 years or above	11 (5.5)
Number of years benefiting from mental health services	One month to less than a year	15 (7.5)
	One year to less than three years	97 (48.5)
	Three years or above	88 (44.0)

Table 2 displays, from the perspective of the recipient, an average rating of the clarity of the administrative procedures that must be followed in order to obtain the services. The vast majority of respondents (98%) expressed satisfaction with the entry process procedures, indicating a very high level of acceptance and placing these procedures at the top of the list in terms of clarity (mean = 2.78, standard deviation = 0.45) among the administrative procedures. The vast majority of researchers (96.5% of them) came to the conclusion that treatment dispensing processes were carried out to a very high level of approval, placing this administrative procedure in second place in terms of clarity (mean = 2.64, SD = 0.54). Eighty-eight percent of respondents gave a high level of approval to the processes involved in scheduling an appointment with a medical professional, placing this operation in third place (mean = 2.55, SD = 0.70).

TABLE 2. Level of clarity of administrative procedures for obtaining mental health services

Statement	Yes n (%)	Sometimes n (%)	No n (%)	Mean	SD
Entry procedures	161 (80.5)	35 (17.5)	4 (2.0)	2.78	0.46
Procedures for booking an appointment with a doctor	135 (67.5)	41 (20.5)	24 (12.0)	2.55	0.70
Procedures for postponing appointments	29 (14.5)	130 (65.0)	41 (20.5)	1.94	0.59
Appointment rescheduling procedures	27 (13.5)	114 (57.0)	59 (29.5)	1.84	0.64
Dispensing of medicines procedures	136 (68.0)	57 (28.5)	7 (3.5)	2.64	0.55
Referral procedures from one service to another	39 (19.5)	103 (51.5)	58 (29.0)	1.90	0.69
Procedures for completing the treatment service	43 (21.5)	90 (45.0)	67 (33.5)	1.88	0.73
Communication after the completion of the treatment service	20 (10.0)	68 (34.0)	112 (56.0)	1.54	0.67
The level of clarity of administrative procedures				2.14	0.63

The appointment postponement processes received an average approval score from the approximately 79.5% of respondents who gave a positive response. It had a mean of 1.94 and a standard deviation of 0.59, which put it in fourth position on the axis for clarifying administrative procedures for getting services. A mean degree of acceptance regarding referral procedures was determined to be 1.90, with a standard deviation of 0.69 based on the percentage of positive responses received (71 percent). In a similar vein, 66% of respondents gave favourable feedback, which indicates an intermediate level of approval for the criteria for completing the delivery of therapeutic services (mean = 1.88, SD = 0.73). When asked about the procedures for rescheduling appointments, 70.5% of respondents gave favourable feedback, which indicates an average level of acceptance (mean = 1.84; standard deviation = 0.67). After finishing a therapeutic service, around 44% of those who were polled expressed satisfaction with the communications that were provided, placing the administrative process in eighth place for its level (mean = 1.54, SD = 0.44).

The recipients of services are listed in Table 3 according to the amount of administrative simplicity they reported experiencing when getting such services. The vast majority of respondents (95.5%), with a mean score of 2.69 and a standard deviation

of 0.55, discovered that the admissions procedure was carried out to a very high level of approval. In addition, 98.5% of respondents reported that treatment dispensing processes were carried out to a high level of approval (mean = 2.57, standard deviation = 0.52). 89.5% of respondents indicated that they had a high degree of approval for the procedures that are used to arrange an appointment with a doctor, which places it in third position on the axis for the ease of administrative procedures that are used to receive services (mean = 2.33, SD = 0.66).

The sample, on the other hand, described a level of clarity that was somewhere in the middle with regard to instructions for postponing visits, making referrals, and finishing treatments. In addition, only a small proportion of the people who took the survey said that the processes left a lot of room for interpretation about communication after the therapy was over. The public mental healthcare service in the KSA needed the establishment of several services, some of which may include the postponement of appointments, the making of referrals, the completion of treatments, and communication after the conclusion of treatment. In addition, government groups in the country that are not-for-profit, as well as the National Committee for Mental Health within the Department of Health.

TABLE 3. Level of ease of administrative procedures for obtaining mental health services

Statement	Yes	Sometimes	No	Mean	SD
	n (%)	n (%)	n (%)		
Entry procedures	148 (74.0)	43 (21.5)	9 (4.5)	2.69	0.55
Procedures for booking an appointment with a doctor	88 (44.0)	91 (45.5)	21 (10.5)	2.34	0.66
Procedures for postponing appointments	23 (11.5)	122 (61.0)	55 (27.5)	1.84	0.60
Appointment rescheduling procedures	25 (12.5)	113 (56.5)	62 (31.0)	1.81	0.63
Dispensing of medicines procedures	118 (59.0)	79 (39.5)	3 (1.5)	2.57	0.53
Referral procedures from one service to another	39 (19.5)	108 (54.0)	53 (26.5)	1.93	0.68
Procedures for completing the treatment service	53 (26.5)	93 (46.5)	54 (27.0)	1.99	0.73
Communication after completion of the treatment service	22 (11.0)	72 (36.0)	106 (53.0)	1.58	0.68
The level of ease of administrative procedures				2.10	0.63

73% of respondents gave a positive response when asked about the processes for completing therapeutic services. The fact that it was ranked fourth on the axis for ease of administrative procedures to access services indicated that it received an average degree of approval (mean = 1.99, standard deviation = 0.73). In addition, 73.5 percent of respondents indicated their support of the procedures for referrals from one service to another, which is equivalent to an average level of acceptance (mean = 1.93, SD = 0.68). The processes for postponing appointments obtained an intermediate degree of acceptability (mean = 1.88, standard deviation = 0.60), as evidenced by 72.5% of the total respondents. In addition, 69 percent of respondents indicated their acceptance of the regulations governing rescheduling, which is considered to be an average level of approval (mean = 1.81, SD = 0.63). However, only 47% of those who had provided a therapeutic service reported finding it easy to receive messages afterwards, indicating a low degree of approval (mean = 1.58, SD = 0.63).

DISCUSSION

The recipients' responses regarding clarity show that most of the sample believed there to be a high degree of clarity in the procedures for admittance, dispensing medication from the pharmacy, and booking an appointment with a doctor. The sample described a medium clarity regarding procedures for postponing appointments, making referrals, and completing treatments, reflecting adherence to Islamic principles of transparency and orderliness (Fekih-Romdhane et al. 2023. A low percentage of the sample felt that the procedures were ambiguous regarding communication after the completion of treatment. Consistent with the current study, numerous recent studies provided the patients' perspectives on health services in different environments (Al Mousa et al. 2021; Alswat et al. 2017; Ai et al. 2022; Batra & Taneja 2022). However, this is among the current study in the KSA that evaluated the administrative services at public mental health services in the KSA from the recipients' perspective. Findings from this study similar to a study conducted by Alumran et al. (2021) that reported patients' experiences at KSA's Eastern Province were generally neutral and positive. Islam promoting principles of social welfare (Saeead 2017). The prevalence of free, government-funded healthcare in the KSA may be one factor. The fact that public hospitals make specialized care more accessible than private hospitals—often for free or at a reasonable cost—explains the generally positive answers of the study's participants. This probably improved KSA customer happiness.

Although substantial progress has been accomplished through awareness campaigns fostering comprehension about diverse manifestations of mental illnesses within society; considerable stigma surrounding the act of seeking professional help for such conditions still perseveres in Muslim community (Alswat et al. 2017). This social stigma can impede Muslims from seeking assistance promptly, specifically youth, leading to

delayed intervention and potentially exacerbating existing mental health issues (Hasan & Tumah 2019). In contrary, more than half of participants from this current study (54.5%) were between 18 and 29 years old, indicated a healthy trend and awareness of seeking help among youth in KSA. This reflecting a positive shift towards destigmatization aligned with Islamic teachings of compassion and support for those in need.

As part of the KSA's Vision 2030, the KSA Ministry of Health (MOH) has begun developing a new healthcare system that aims to help people socially, mentally, and physically through administrative processes that were likewise thought to be reasonably simple by the receivers. Findings from this study reported that the majority of participants satisfied with the communication services provided at mental health hospitals at KSA. Findings also indicated that participants from this current study reported a high level of satisfaction regarding the services provided by doctor. Concurrently, a new patient-centered model is needed to raise the standard of mental health services to ensure that the care delivered meets the specific needs of individual patients (Al Mousa et al. 2021). The MOH has to develop a national mental health strategy regarding administrative procedures that need to be made more accessible, whether for the clients of mental health services or the medical professionals at service providers. To increase the quality of care and service accessibility, the MOH may have also commenced establishing telemental health services and equipping trainees with the necessary skills and qualifications (Algahtani et al. 2017; Banjar & Alfaleh 2021). Platforms for telemental health services can help deliver healthcare during emergencies, particularly during pandemics (Aidukaite et al. 2021).

Islamic principles advocates for proactive care and community well-being (Bentley et al. 2021). A recent study by Choi et al. (2022) suggested that the public mental health service systems should ensure that they employ effective intervention techniques for people with significant mental illness in addition to lobbying for more financing for publicly-financed mental health services. In addition, safety net settings are crucial in implementing procedures for making referrals and completing treatments in mental healthcare services by mainly focusing on the provider and organizational contextual factors. Using qualitative methods to flesh out complex processes and involve more stakeholders will help give safety net Muslim patients access to state-of-the-art care.

This study's participants are predominantly Muslim males. More than half (54.5%) of the participants were between 18 and 29 years old at the time of the survey, which indicates that young adults are the heaviest consumers of mental healthcare services in the KSA. Furthermore, youths around the world have been influenced by the vast development that is currently happening around the world, and this has impacted their behaviours (Jaafar et al. 2019). These findings are compatible with the Saudi National Mental Health Survey (Al Mousa et al. 2021). One of its key advantages is that this study is the first in the KSA to assess administrative services at public mental health facilities from the client's perspective. This research has several limitations. First, this study is meant to be descriptive. It is impossible to establish a causal link between variables. Second, self-report questionnaires were used to gather data for this investigation. Self-reported responses could be overstated by respondents who feel too embarrassed, to be honest, especially concerning private information. Other biases, such as the social desirability bias, may impact the outcomes. One final drawback of this study is that it does not fully enable us to comprehend the factors that contributed to its findings, i.e., why people thought public hospital services were higher quality than those provided by private hospitals.

RESEARCH AND PRACTICE IMPLICATIONS

In this cross-sectional quantitative study, there are several crucial facets regarding psychological well-being services in KSA. Firstly, it is essential to address societal stigmatization surrounding mental health concerns through educational campaigns aimed at augmenting public understanding and empathy. By nurturing an environment where individuals feel at ease seeking assistance without apprehension of judgment or discrimination, a facilitation of early intervention can enhance overall welfare of KSA's society. Secondly, prioritizing accessibility to psychological well-being services is paramount. This entails not only augmenting the number of specialized healthcare facilities but also ensuring equitable distribution across different regions within KSA. Additionally, integrating and increasing access to telemedicine platforms can bridge geographical gaps by providing remote consultations and support for those residing in

remote areas or encountering mobility constraints (McCrae et al. 2019). Moreover, investments in training initiatives for healthcare professionals play a pivotal role in enhancing service delivery standards (Algahtani et al. 2019). Mental health services play a vital role in supporting the mental well-being of Muslim patients. Equipping practitioners including Muslim psychologists with current knowledge and evidence-based treatment approaches, including knowledge related to providing mental health services to clients during the Industrial Revolutions 4 (IR4), we can heighten diagnostic precision and offer tailored interventions aligned with individual needs (Zahrin et al. 2022). Furthermore, establishing robust collaborations among governmental bodies, NGOs, academic institutions, and community-based endeavors will foster an integrated network capable of effectively addressing various dimensions pertaining to mental health challenges.

It is imperative that policymakers prioritize allocating adequate resources toward developing a sustainable framework guided by Islamic principles of compassion and social justice. Additionally, Islam encourages seeking knowledge (Fekih-Romdhane et al. 2023) and sustained research endeavors are necessary to continuously evaluate service gaps while identifying innovative solutions that cater to evolving societal requirements. More research must be undertaken concerning culturally sensitive methodologies for dispensing comprehensive and approachable mental health services in KSA. This could involve scrutinizing triumphant initiatives enacted across the globe while also adapting them to suit the unique context of KSA's society. Furthermore, exploring the potential role that technology can play in supporting mental healthcare emerges as another captivating area for exploration. This may encompass developing mobile applications, online therapy platforms, or telemedicine services that cater to the specific needs and preferences of individuals residing within KSA. Mental well-being holds equal importance as physical well-being, reflecting Islam's holistic approach to human health. Hence, access to comprehensive, culturally sensitive mental health services becomes an inherent right for all individuals residing in KSA.

CONCLUSION

The assessment of psychological well-being services in KSA from perspectives of Muslim patients uncovers potential for substantial improvement and expansion to meet the ever-growing demand for high-quality care. The intricate nature of mental health conditions calls for a holistic approach that encompasses awareness, accessibility, and effectiveness of services. Saudi Arabia's mental health services have come a long way, yet several substantial challenges persist. If left unaddressed, mental illnesses can give rise to diminished productivity within educational institutions or workplaces, strained familial relationships, heightened reliance on social welfare programs, as well as an increase in criminal activities or substance abuse. As a country with predominantly Muslims, providing a comprehensive and holistic addressing these challenges through enhanced accessibility in mental health hospitals becomes pivotal for overall societal advancement in KSA. Overcoming deeply ingrained stigma, addressing the shortage of professionals, ensuring access in remote areas, and tailoring care to gender and cultural needs are crucial steps toward a more comprehensive and effective mental health support system. If KSA can address these challenges head-on, they can continue to build a strong foundation for mental well-being for its Muslim population.

AUTHOR'S CONTRIBUTIONS

Conceptualization, methodology, software, validation, data analysis; Ibrahim A. Alghamdi and Husain M. AlHakami; writing—original draft preparation, review and editing, Azahah Abu Hassan Shaari. All authors have read and agreed to the published version of the manuscript.

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