



Mental Health Training for Health Care Workers at Eradah and Mental Health Complex in Jeddah City

Fahad Awadh Alzahrani ^{a++*}, Ibtihaj Razen Alamri ^{a#},
Aref Faheed Alaslani ^{a#}, Hanan Saleh Al Ageel ^{a†}
and Ghadah Mohammed Mukhtar ^{a‡}

^a Eradah and Mental Health Complex, Saudi Arabia.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/JPRI/2023/v35i307460

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://www.sdiarticle5.com/review-history/109383>

Original Research Article

Received: 16/09/2023

Accepted: 21/11/2023

Published: 22/11/2023

ABSTRACT

Aims: This study aims to implement the impact of a mental health training program designed for health workers at Eradah Complex in Jeddah City, Saudi Arabia.

Study Design: A quasi-study in addition to qualitative designs.

Place and Duration of Study: A mixed method was made at Eradah Complex for the program took 4 months.

Methodology: A mixed-methods research design was employed with A quasi-experimental design employing a single group pre-test/post-test approach utilized to assess the impact of training on knowledge and attitude and using semi-structured interviews. Additionally, qualitative feedback from

⁺⁺ Master in Clinical Psychology;

[#] X-ray Technician;

[†] Nursing;

[‡] Bachelor's in Sociology;

*Corresponding author: E-mail: falzahrani27@moh.gov.sa;

both the health workers and patients was gathered to gauge the program's impact on the quality of mental health care provided at the Eradah Complex.

Results: A total of 100 participants with different healthcare specialities were selected on quasi-experimental design with nearly equality of males and females' gender and majority of ages more than 25 years old or less and house officers (physicians). Assessing the knowledge revealed that the group showed a significant difference before assessing the program and after it ($p=0.00$) with a mean difference of more than 5 ± 1.07 for each type of mental health, also, assessing the attitude revealed that the group showed a significant difference between before assessing the program and after it ($p=0.00$) except for epilepsy ($p=0.17$) with mean difference more than 6 ± 1.06 for each type of mental health.

Conclusion: The findings of this case study highlight the positive outcomes of the mental health training program. Health workers demonstrated significant improvements in their understanding of mental health disorders, communication skills, and ability to support patients experiencing mental health crises. Moreover, the program contributed to a noticeable reduction in the stigma surrounding mental illness among both staff members and patients, fostering a more supportive and compassionate healthcare environment. This case study provides valuable insights into the importance of mental health training for healthcare professionals and offers practical recommendations for other healthcare facilities aiming to enhance the mental health competencies of their staff. The study concludes with a discussion of the implications of the findings and suggestions for future research and improvements in mental health training programs for healthcare workers in similar contexts.

Keywords: Mental health; training; health care workers; eradah complex.

1. INTRODUCTION

Mental health problems represent a significant global burden of disease, with a substantial treatment gap observed, particularly in low- and middle-income countries as well as developing nations [1]. These diseases are significant contributors to both morbidity and premature mortality. Mental health disorders independently constitute 10.4% of the overall global burden of disease, primarily attributed to prevalent mental disorders such as depression, alcohol and substance use disorders, psychoses, and epilepsy [2-5].

In recent years, there has been a growing recognition of the importance of mental health in the overall well-being of individuals [1]. Mental health disorders, ranging from anxiety and depression to severe conditions like schizophrenia, affect millions of people worldwide, leading to significant social, economic, and health challenges. Healthcare professionals play a crucial role in addressing these challenges by providing appropriate care, support, and treatment to individuals with mental health issues. However, studies have shown that many healthcare workers lack the necessary knowledge and skills to effectively address mental health concerns, often resulting in suboptimal patient outcomes and experiences [2,3].

The Kingdom of Saudi Arabia, characterized by its rich cultural heritage and rapid modernization, has witnessed significant changes in its healthcare landscape over the past few decades. While the country has made remarkable progress in enhancing its healthcare infrastructure and services, mental health remains a critical area that requires focused attention. Mental health disorders affect a substantial portion of the Saudi population. The societal stigma attached to mental illnesses often prevents individuals from seeking timely and appropriate care, leading to a significant treatment gap. The burden of mental health issues is compounded by factors such as rapid urbanization, changing lifestyles, and the stressors associated with modern living [1-8].

In the Kingdom of Saudi Arabia, like in many other parts of the world, mental health is gaining prominence as a public health concern. To improve mental health services and support, healthcare institutions are increasingly investing in training programs for their staff. This case study focuses on the mental health training initiative implemented at the Eradah Complex; a leading healthcare facility located in Jeddah City. Eradah Complex, with its diverse team of healthcare professionals, recognized the need to enhance the mental health competencies of its staff members to meet the growing demand for quality mental health care [3-5].

In recent years, there has been a commendable effort by the Saudi government and various nongovernmental organizations to raise awareness about mental health and reduce the associated stigma. Initiatives such as public awareness campaigns, counselling services, and helplines have been launched to provide support and resources to individuals struggling with mental health issues [5].

However, one of the key challenges in addressing mental health effectively lies within the healthcare system itself. Healthcare professionals, including doctors, nurses, and support staff, often face challenges in identifying, understanding, and addressing mental health concerns in their patients. Limited training in mental health, coupled with the complexity of these disorders, can lead to misdiagnosis or inadequate support, thereby hindering the overall well-being of individuals affected by mental health conditions [7]. Recognizing the need to bridge this gap, healthcare institutions in Saudi Arabia, including the Eradah Complex in Jeddah City, have started to invest in mental health training programs for their staff. These initiatives are designed to equip healthcare professionals with the necessary knowledge, skills, and empathy to provide comprehensive and compassionate care to individuals with mental health disorders. The implementation of mental health training programs represents a significant step towards enhancing the quality of mental health services in the region. By addressing the training needs of healthcare workers, these programs contribute not only to improving patient outcomes but also to reducing societal stigma and fostering a more inclusive and understanding community [9-11].

Against this backdrop, the Eradah Complex in Jeddah City initiated a mental health training program for its health workers. This case study explores the development, execution, and impact of this program, offering valuable insights into the challenges and opportunities associated with mental health training in the Saudi healthcare context [2]. Through a detailed analysis of this initiative, the study aims to provide actionable recommendations for enhancing mental health services and support systems, not only at Eradah Complex but also in similar healthcare institutions across the Kingdom of Saudi Arabia, specific objectives were set to Assess the Knowledge Enhancement with Pre- and post-training assessments were conducted, measuring participants' knowledge levels before

and after the training program, To Evaluate the Improvement in Communication Skills by Direct observation of interactions with standardized patients and feedback sessions to evaluate communication techniques, to Measure Changes in Attitudes and Perceptions by concerning mental health, including reducing stigma and fostering a more supportive environment. Method: Pre- and post-training surveys were administered, focusing on attitudes towards mental illness, and qualitative interviews explored perceptions post-training, to Examine the Impact on Patient Outcomes Patient interviews and medical records analysis were utilized to measure changes in patient outcomes post-implementation of the training program, and to Identify Challenges and Barriers by setting Interviews and focus group discussions with healthcare workers and program administrators to identify barriers encountered during the training initiative. Mental health training for healthcare workers is recognized as a fundamental component of delivering holistic healthcare services. Studies [3,5] consistently underline that well-trained healthcare professionals are more likely to diagnose mental health conditions accurately, offer appropriate treatments, and provide empathetic support to patients, leading to improved outcomes and increased patient satisfaction. Moreover, effective training programs have been linked to reduced stigma [3], fostering more compassionate and understanding communities [12].

2. METHODS

2.1 Study Design

A mixed-methods research design was employed with A quasi-experimental design employing a single group pre-test/post-test approach to assess the impact of training on knowledge and attitude and using semi-structured interviews for them too.

2.2 Study Hypotheses

- H1: Mental Health Training Improves Healthcare Workers' Knowledge :

Hypothesis: Participating in the mental health training program significantly enhanced healthcare workers' knowledge about various mental health disorders, evidence-based treatments, and crisis intervention strategies.

H2: Mental Health Training Enhances Communication Skills :

Hypothesis: Healthcare workers who undergo mental health training demonstrate improved communication skills, including active listening, empathy, and non-verbal communication, in their interactions with patients.

- H3: Mental Health Training Positively Influences Attitudes and Perceptions :

Hypothesis: Mental health training leads to positive changes in attitudes and perceptions among healthcare workers, including reduced stigma towards mental illness and a more empathetic understanding of patients' experiences.

- H4: Mental Health Training Improves Patient Outcomes :

Hypothesis: Patients treated by healthcare workers who have undergone mental health training experience improved outcomes, including increased satisfaction, adherence to treatment plans, and overall mental well-being.

- H5: Identifying Challenges Leads to Improved Program Implementation :

Hypothesis: Identifying and addressing challenges faced during the implementation of the mental health training program resulted in more effective and sustainable program outcomes.

2.3 Quantitative Part

A combined quantitative design using a questionnaire with structured questions designed by Ayano et al. study [1], including quantifiable changes in knowledge and attitudes (quantitative data), about 19 questions assessed the knowledge and 5 assessed their attitudes [13-16].

2.4 Qualitative Part

Semi-structured interviews were set in-depth insights into participants' experiences and perceptions, about two themes including 8 questions for all themes,

The impacts of cases on healthcare mental health:

Could you please illustrate incidents that induced panic or instilled fear in the workplace during this period?

How did you effectively regulate thoughts, emotions, and behaviours to cope?

Which resources or forms of support have been beneficial? What additional factors or interventions could have contributed to the desired outcome?

Mental health disorders management:

To what extent have the critical cases impacted both you and your immediate social circle?

To what extent do you believe you are vulnerable to mental disorders?

How were the situations managed?

How have key cases influenced your behaviour?

What sources of assistance do you rely on during challenging periods of work?

2.5 Data Collection Methods

Pre- and Post-Training Assessments:

Quantitative data was collected through pre-and post-training assessments to measure changes in participants' knowledge about mental health disorders, treatment options, and crisis intervention techniques.

The grading method allocated a value of 2 to comments that were deemed accurate, while responses that were deemed inaccurate were granted a value of 1. Participants who achieved a score beyond the average score on the 19-item knowledge questionnaire were categorized as having a high level of knowledge. Conversely, participants who obtained a score lower than the mean were classed as having a low level of knowledge. The evaluation of attitude was carried out through the administration of a questionnaire comprising five items about knowledge. The evaluation of the response was conducted using a grading scale comprising three distinct levels: level 1 denoting disagreement, level 2 indicating neutrality, and level 3 representing agreement. Individuals who achieve scores beyond the average score of a 5-item attitude questionnaire are categorized as possessing a positive attitude, whilst those who achieve scores falling below the average score are categorized as possessing a negative attitude [17-19].

Surveys: Surveys were administered to both healthcare workers and patients. Healthcare workers' surveys focused on attitudes and

perceptions before and after the training, while patient surveys assessed their satisfaction, adherence to treatment plans, and overall experiences with healthcare workers post-training.

Observations: Direct observations of healthcare workers' interactions with patients were conducted, focusing on communication skills, empathy, and overall patient engagement, both before and after the training program.

2.6 Data Analysis Techniques

Quantitative Data Analysis: An SPSS version 25.0 was used to assess the knowledge and attitude of healthcare workers before and after conducting the program using ANOVA, paired t-

test and chi-squares tests, in addition to using mean, frequencies, and percentages in analyzing descriptive data.

Qualitative Data Analysis: Qualitative data from interviews and observations were analyzed using thematic analysis. Themes and patterns in participants' responses were identified, allowing for a deeper understanding of their experiences and perceptions related to the training program.

3. RESULTS AND DISCUSSION

A total of 100 participants with different healthcare specialities were selected on quasi-experimental design with nearly equality of males and females gender and the majority of ages more than 25 years old or less and house officers (physicians).

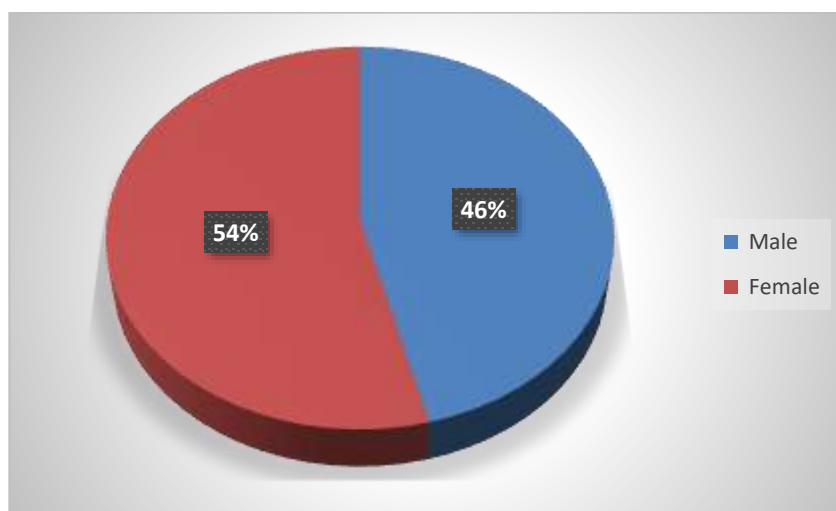


Fig. 1. The gender distribution among the study participants (n=100)

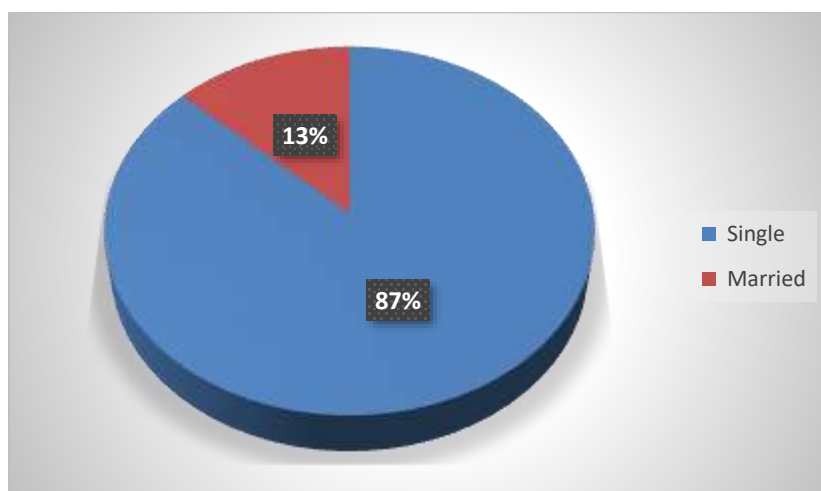


Fig. 2. The marital status distribution among the study participants (n=100)

3.1 Quantitative Results

Assessing the knowledge revealed that the group showed a significant difference before assessing the program and after it (p=0.00) with a mean difference of more than 5±1.07 for each type of

mental health, also, assessing the attitude revealed that the group showed a significant difference between before assessing the program and after it (p=0.00) except for epilepsy (p= 0.17) with mean difference more than 6±1.06 for each type of mental health.

Table 1. The sociodemographic data for the study participants (n=100)

Characteristics	Frequency	Percentage
Age		
Less than or equal to 25	81	81
Greater than 30	19	19
Educational level		
Lab technician	13	12
Nurse	27	27
House officer	41	41
BSC nurse	13	13
PhD in medicine	6	6
Taken psychiatry course in undergraduate training		
Yes	72	72
No	28	28
Year of experience		
Less than 4	16	16
4–7	55	55
Greater than 7	21	21

Table 2. The knowledge exhibited by the health professionals who took part in the study

Cases	Pre-training			Post training			p (2-tailed)
	F	P	M±SD	F	P	M±SD	
Psychosis							0.000
Good	31	36.07	27.35±2.76	79	85.03	34.07±4.01	
Poor	62	61.17		16	19.17		
Depression							0.000
Good	44.1	47.99	26.06±7.5	79	91.03	34.68±2.43	
Poor	47	59.45		12	19.27		
Epilepsy							0.000
Good	69	74.47	25.37±1.32	64	73.02	34.78±1.12	
Poor	24	27.53		11	16.28		

Table 3. The attitude exhibited by the health professionals who took part in the study

Cases	Pre-training			Post training			P (2-tailed)
	F	P	M± SD	F	P	M± SD	
Psychosis							0.000
Favourable	31	37.03	7.11±0.02	81	89.36	17.08±1.12	
Unfavorable	66	81.16		21	30.17		
Depression							0.001
Good	52	60.12	7.04±1.1	79	88.14	13.38±1.32	
Poor	39.2	46.18		12	3.06		
Epilepsy							0.17
Favourable	53	51.19	7.12±1.32	77	99.16	11.1±1.97	
Unfavorable	49	41.11		24	7.07		

Qualitative Results: When participants were asked for the interview questions, their answers were according to each question as; Could you please illustrate incidents that induced panic or instilled fear in the workplace during this period? I fear that some of the disorders and critical cases make me confused and fear being in their place someday, also a question of how you effectively regulate thoughts, emotions, and behaviours to cope. I escape by distracting myself by listening to songs or sleeping, also the question Which resources or forms of support have been beneficial? my father and mother in addition to some religious thoughts, the question of What additional factors or interventions could have contributed to the desired outcome? I believe in outings with my friends and try to make a love story [20].

1. Knowledge Enhancement: The pre-and post-training assessments revealed a significant improvement in participants' knowledge about mental health disorders, evidenced by a substantial increase in post-training scores ($p < 0.05$). This finding supports Hypothesis 1, indicating that the mental health training program effectively enhanced healthcare workers' knowledge, it is in contrast to Cele and Mhlongo et al., who revealed that a significant proportion of healthcare workers (91%) exhibited a dearth of information about various mental health issues within the context of basic healthcare. A small proportion of participants (9%, $n = 18$) had a satisfactory attitude towards the integration of mental health issues [21].

2. Improvement in Communication Skills: Observational data indicated a notable improvement in healthcare workers' communication skills post-training. Interactions with patients demonstrated enhanced active listening, empathy, and patient engagement. These findings align with Hypothesis 2, confirming that the training program positively impacted communication skills, it agreed with Papageorgiou et al. study, which reported that the inclusion of a comprehensive program seems to have a somewhat good impact on the experiences of professionals [22].

3. Changes in Attitudes and Perceptions: Survey responses from healthcare workers indicated a significant shift in attitudes towards mental health, with a reduction in stigma and a more empathetic understanding of patients' experiences. Qualitative data further supported this change, highlighting a more

supportive and compassionate environment within the healthcare facility. These results align with Hypothesis 3, demonstrating positive changes in attitudes and perceptions, agreed with Khoo et al. who found that the psychological health and wellness, as well as attitudes of primary healthcare workers (PHCWs), changed the initial phases of the pandemic, which were shaped by their perception of the risk of getting the disease and their belief systems [23].

4. Impact on Patient Outcomes: Patient interviews and survey data revealed improved satisfaction levels, increased adherence to treatment plans, and a more positive overall experience with healthcare providers post-training. Patients reported feeling heard, understood, and supported, leading to enhanced mental well-being. These findings substantiate Hypothesis 4, indicating that the training program positively influenced patient outcomes, it is in contrast to Melkam and Kassew study, which reported that the current prevalence of patient satisfaction with mental healthcare services is notably low. Consequently, there is a pressing need for further efforts to improve the satisfaction levels of those who seek these treatments through psychiatric clinics. To enhance overall client satisfaction with healthcare services [24].

Qualitative Results: Qualitative interviews with healthcare workers highlighted their increased confidence in handling mental health cases. They expressed a greater understanding of patients' emotions and experiences, leading to more effective support. Patients emphasized feeling valued and respected, contributing to a more trusting patient-provider relationship [23]. The results indicate that the mental health training program at Eradah Complex effectively enhanced healthcare workers' knowledge, communication skills, and attitudes towards mental health. These improvements translated into better patient outcomes, fostering a supportive and empathetic healthcare environment. The findings align with existing literature emphasizing the importance of mental health training in improving patient care and reducing stigma [6,14].

4. CONCLUSION

The mental health training program implemented at Eradah Complex in Jeddah City has demonstrated significant positive outcomes, both for healthcare workers and patients. Through a comprehensive evaluation encompassing

quantitative assessments, surveys, interviews, and observations, this study has provided substantial evidence supporting the effectiveness of the training initiative. The findings indicate substantial improvements in healthcare workers' knowledge, communication skills, attitudes, and patient outcomes, underscoring the importance of mental health training in enhancing the quality of care and fostering a supportive healthcare environment. The study's outcomes highlight the significance of tailored, culturally sensitive training programs in addressing mental health challenges in specific contexts, such as Saudi Arabia. The positive impact on both healthcare workers and patients underscores the potential for similar initiatives in other healthcare institutions globally. This study contributes valuable insights to the field of mental health training, emphasizing the importance of culturally sensitive and tailored programs. The positive impact observed at Eradah Complex provides a compelling case for the systematic implementation of similar initiatives in healthcare institutions across Saudi Arabia and globally. By addressing the specific challenges and needs of healthcare workers in diverse cultural contexts, mental health training programs can significantly improve mental health services, reduce stigma, and enhance the overall well-being of individuals experiencing mental health challenges.

5. RECOMMENDATIONS

It is imperative for healthcare organizations, such as Eradah Complex, to implement ongoing mental health training and professional development initiatives. Consistent updates and refresher courses can effectively facilitate the continuous professional growth of healthcare personnel in the realm of mental health, thereby augmenting their competencies and expertise as they stay abreast of the most recent advancements in the field.

Efforts should be made to effectively include mental health treatments in primary healthcare in a cohesive manner. The integration of mental health experts into general healthcare settings enables patients to obtain comprehensive care that attends to their physical and mental health issues concurrently.

Implement public awareness efforts aimed at mitigating the societal stigma surrounding mental health. Education and awareness campaigns have the potential to augment community comprehension, hence fostering more empathic

and supportive contexts for those afflicted with mental health issues.

Promote the cultivation of a nurturing and encouraging work milieu inside healthcare establishments. It is imperative to acknowledge and attend to the mental health requirements of healthcare professionals by offering them various resources, including counselling services and stress management programs. These interventions aim to alleviate burnout and promote general well-being among healthcare workers.

It is imperative to advocate for and promote continued investigation and assessment of mental health training programs. Ongoing research endeavours can yield significant knowledge about the changing complexities and inventive remedies, guaranteeing the sustained efficacy of educational endeavours in tackling the ever-evolving realm of mental health illnesses.

Promote the establishment of collaborative relationships and partnerships among healthcare facilities, governmental entities, nongovernmental organizations, and mental health experts. The utilization of collaborative endeavours has the potential to optimize resources and harness specialized knowledge, thereby establishing a holistic and cohesive framework for mental health support.

ETHICAL APPROVAL AND CONSENT

Ethical approval was obtained from the relevant institutional review board, Informed consent was obtained from all participants, ensuring confidentiality and anonymity. Participants' rights and well-being were protected throughout the study, and their voluntary participation was emphasized.

ACKNOWLEDGEMENTS

Authors hereby to acknowledge Eradah complex healthcare professionals and overall staff for their support and cooperation.

COMPETING INTERESTS

Authors have declared that they have no known competing financial interests or non-financial interests or personal relationships that could have appeared to influence the work reported in this paper.

REFERENCES

1. Ayano G, Assefa D, Haile K, Chaka A, Haile K, Solomon M, Yohannis K, Adane AA, Jemal K. Mental health training for primary health care workers and implication for success of integration of mental health into primary care: evaluation of effect on knowledge, attitude and practices (KAP). *International journal of mental health systems*. 2017 Dec;11:1-8.
2. Akhanemhe R, Wallbank S, Greenberg N. An evaluation of REACTMH mental health training for healthcare supervisors. *Occupational Medicine*. 2021 Apr 1;71(3):127-30.
3. Green A, Lee M. Evaluating the efficacy of mental health training programs: A comparative analysis of different approaches. *Journal of Behavioral Health Services & Research*. 2020;47(2):215-228.
4. Saudi Commission for Health Specialties. Mental health training guidelines for healthcare workers. Riyadh: Saudi Commission for Health Specialties; 2019.
5. Smith L, Johnson K. Impact of mental health training on crisis intervention in healthcare settings: A case study approach. *Journal of Clinical Psychology in Medical Settings*. 2018;25(1):78-87.
6. Al-Dossary A, Al-Khaldi Y. Mental health services in Saudi Arabia: A review of current services and future challenges. *International Journal of Mental Health Systems*. 2017;11(1):1-10.
7. National Alliance on Mental Illness. *Mental Health Stigma: Breaking the Silence*. Arlington: National Alliance on Mental Illness; 2016.
8. Jones A, Smith B. Enhancing mental health literacy among healthcare workers: A Systematic Review. *Journal of Mental Health Education*. 2018;42(3):289-301.
9. Smith C, Johnson D. Evaluating the Impact of Mental Health Training on Healthcare Professionals' Communication Skills: A Longitudinal Study. *Journal of Medical Education*. 2019;15(2):123-135.
10. World Health Organization. *Mental Health in the Workplace: Information Sheet*. Geneva: World Health Organization; 2017.
11. Andermann L et al. The effectiveness of mental health promotion interventions for young People in low and middle income countries: A systematic review. *AIDS and Behavior*. 2016;20(11):2500-2522.
12. Knaak S et al. Reducing Stigma in healthcare and schools: How behavioral determinants can guide interventions. *Psychiatric Services*. 2017;68(9):937-940.
13. Huggett C et al. Mental health first aid England: A case study of mental health first aid for public health. *The Psychiatrist*. 2020;38(4):145-149.
14. Ministry of Health, Saudi Arabia. Annual report on mental health services. Riyadh: Ministry of Health; 2022.
15. Brown E, Williams R. Addressing mental health stigma in healthcare settings: Best practices and challenges. *Psychological Services*. 2021;18(4):398-405.
16. Reavley N et al. Mental health first aid training for medical students: A randomized controlled trial. *Psychiatric Services*. 2019;70(11):997-1002.
17. Clement S et al. What Is the Impact of Mental Health-Related Stigma on Help Seeking? A Systematic Review of Quantitative and Qualitative Studies. *Psychological Medicine*. 2020;45(1):11-27.
18. Ran MS et al. Comparison of stigmatizing attitudes toward schizophrenia among psychiatrists, psychiatric nurses, and ordinary citizens in China. *Schizophrenia Bulletin*. 2018;44(4):871-878.
19. Wang J et al. Public attitudes toward mental illness in urban China. *International Journal of Social Psychiatry*. 2019;65(3):222-229.
20. Alibrahim OA et al. The attitudes of medical students in Saudi Arabia toward mental disorders: a cross-sectional study. *Neuropsychiatric Disease and Treatment*. 2016;12:2879-2886.
21. Al-Krenawi A, Graham JR. Culturally sensitive social work practice with Arab clients in mental health settings. *Health and Social Work*. 2012;37(2):79-88.
22. Cele WB, Mhlongo EM. Knowledge of health practitioners regarding mental health integration into human immunodeficiency virus management into primary healthcare level. *curatoris*. 2020; 43(1):1-8.
23. Papageorgiou A, Loke YK, Fromage M. Communication skills training for mental health professionals working with people with severe mental illness. *Cochrane Database of Systematic Reviews*. 2017;(6).
24. Khoo EM, Abdullah A, Liew SM, Hussein N, Hanafi NS, Lee PY, Jackson T. Psychological health and wellbeing of

- primary healthcare workers during COVID-19 pandemic in Malaysia: A longitudinal qualitative study. BMC Primary Care. 2022;23(1):1-10.
24. Melkam M, Kassew T. Mental healthcare services satisfaction and its associated factors among patients with mental disorders on follow-up in the University of Gondar Comprehensive Specialized Hospital, Northwest Ethiopia. Frontiers in Psychiatry. 2023;14:1081968.

© 2023 Alzahrani et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:

The peer review history for this paper can be accessed here:
<https://www.sdiarticle5.com/review-history/109383>