

Assessment of the Role of the Social Worker in Reducing the Social Problems of the Psychiatric Patient

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ABSTRACT

The study sought to assess the social work 's effectiveness in minimizing the social, familial, and economic issues, as well as the disruption of social relationships of the mental patient. To accomplish the study goal, the social survey approach was utilised, with a questionnaire as the data collecting tool. The study sample comprised of mental patients suffering from neurotic illnesses, both male and female, who visited the clinics of the Mental Health Hospital in Buraidah, with a total of 160 patients selected using the deliberate sample technique. The study found the following conclusions about the social specialist's performance in lowering the social issues of mental patients: All axes was at an average level, with the arithmetic average falling between (1.67 and 2.34), and they are ordered as follows: The function of the social work in lowering economic issues, and arrived at an arithmetic average (2.18). The function of the social expert in minimising difficulties of social connection disorder, and arrived at an arithmetic average (217). The function of the social worker in alleviating family difficulties, and came at an arithmetic average (212), The overall field linked to the level of performance of the social expert in lowering the social challenges faced. The study proposed a number of recommendations, the most noteworthy of which are: Organizing courses for social workers on new therapeutic approaches in social service, their familiarity, and how to apply them to mentally ill patients. Intensifying specialised training courses on how to deal with the problems of the mentally ill patient for social specialists, who were unable to familiarize themselves with all the processes of professional practice in social service during the professional preparation stage in university studies. Using various approaches to develop the knowledge, skills, and capacities of social experts. Exchanging experiences both internally and externally among social workers working in the field of mental health, raising community understanding of the social worker's involvement with mental patients.

Keywords: social worker, social challenges, psychiatric patient.

Introduction to The Study

Saudi Arabia has placed a significant emphasis on the healthcare sector, establishing numerous hospitals and centers that provide services to all citizens and residents. Moreover, the country has shown a profound interest in mental health, as evidenced by the establishment of psychiatric hospitals in various regions, equipped with advanced medical devices, modern technologies, and qualified medical professionals with both theoretical and practical training. Psychosocial services are considered an essential component of medical treatment, as physicians address the patient's medical needs while social workers tackle the patient's social challenges, assisting them in overcoming obstacles, whether social or financial, that are closely related to their illness. This falls within the scope of the social worker's role in the medical field (Medicine, 2017). The integration of social work into the field of mental health was not a mere coincidence but rather a response to a genuine need felt by both physicians and patients, particularly with advancements in psychology, psychiatry, and mental health. This integration was driven by a growing understanding of the significant impact of economic, familial, relational, environmental, and social factors on the onset, persistence, and prevalence of mental illnesses and disorders. Moreover, it recognized the crucial role of social factors in facilitating recovery, preventing relapse, and accelerating treatment outcomes. Focusing solely on one aspect of an individual's life while neglecting others, especially in illnesses that are profoundly influenced by both positive and negative social factors, is considered an unjustified and scientifically unsound approach. (Jabal, 2017, page. 9)

The field of psychological field is currently one of the most significant areas of social work practice. The increasing severity of psychological problems and disorders has necessitated a comprehensive, rather than a narrow, professional intervention in identifying the causes and manifestations of these disorders, as well as in providing treatment. (Rashwan, 2007). In collaboration with psychiatry, psychological social services aim to assist individuals in achieving self-fulfillment, positive interpersonal relationships, and harmony with themselves and their environment. The goal is to empower individuals to cope with life's demands and realities in a peaceful manner (Ghabari, 2003, p. 271). Psychiatric patients often face numerous social and psychological challenges that significantly impact their condition. These individuals have a critical need for the services of a

medical social worker, and their requirement for social services may be as essential as their need for medical care (Ali, 2005, p. 125). Therefore, it is imperative to identify these needs and challenges, develop appropriate plans and policies for caring for these patients, and minimize the negative consequences of mental illness as much as possible. This approach may enable these patients to fulfill their social roles adequately, benefiting from the specialized efforts made to care for and support them (Social, 2017). In order to accomplish the intended social goal of resolving the issue that the client is facing and preventing him from fulfilling his needs, the social worker must exert every effort and use his professional and scientific expertise to the fullest extent feasible. Additionally, he must work with colleagues in the field, inform and consult them about the results he arrives at, and refrain from discriminating or differentiating among his clients based on their race, religion, or colour, while staying within the parameters of what calls for their consultation (Al-Shahrani, 2008, p. 100). Professional practice skills of social workers are inherently linked to actual performance and are fundamental requirements for practitioners in the medical field due to their connection to the physical, psychological, mental, and social aspects. These skills facilitate a conscious understanding of the problems and needs of individuals, groups, and communities, as well as their underlying causes, and how to address them by recognizing the role of the institution and its contribution to these processes (Al-Qarni et al., 2008, p.9).

The clinical social worker is indispensable in hospitals for conducting a comprehensive social assessment of patients. This assessment includes an evaluation of the patient's self-perception, making the diagnosis easier for the social worker and facilitating the development of a suitable treatment plan. While the physician focuses on the biological aspects of the patient's condition, the social worker assesses the magnitude of social risks the patient is exposed to. Often, a patient's social problems overshadow their medical condition, rendering medical treatment ineffective at that time (Abdul Hamid, 2014, p. 85). Furthermore, the current Saudi Arabian statistics show that the number of mental patients has been increasing. 462,282 patients visited outpatient clinics at the Ministry's mental health hospitals, according to 1437 statistics from the General Directorate of Mental Health and Social Services at the Ministry of Health (Annual Statistical Book, Ministry of Health, 1437, p. 187). Furthermore, according to current data from the Psychiatric Hospital in Buraidah's Information Centre, in 1437, there were 25,629 patients who visited the hospital's outpatient clinics, 4,896 of them had neurotic illnesses.

Study Problem

This study highlights the critical role of social workers in achieving social service objectives and assisting psychiatric patients in achieving social integration, adaptation, and overcoming challenges. Social workers provide essential solutions to enable these individuals to live normal lives, akin to their mentally healthy counterparts. Through her work in the psychiatric outpatient clinics of Buraidah Hospital, the researcher observed numerous social problems experienced by psychiatric patients, particularly in the areas of family, economic, and interpersonal relationships. These problems necessitate the intervention and assistance of clinical social workers. A survey conducted among 14 psychiatric patients attending the hospital's outpatient clinics aimed to identify the most prevalent social problems. The results revealed the following: A significant 76.9% of patients reported experiencing social problems. When asked about the specific types of social problems they faced, the highest percentage (41.7%) reported interpersonal relationship issues. Family and economic problems followed, each accounting for 16.7% of responses. Psychological and occupational problems were reported by 8.3% of participants. Some patients indicated that society holds negative stereotypes about individuals with mental illness. Moreover, 30.8% of participants reported seeking help from relatives to address their social problems, while seeking assistance from a psychologist came in second at 23.1%. Seeking help from a social worker, a psychiatrist, and colleagues was reported by 15.4% of participants, indicating a certain level of ambiguity and uncertainty regarding the role of social workers among some psychiatric patients.

Study questions

This Study aims to answer the following question:

To what extent are social workers effective in mitigating the social challenges experienced by individuals with psychiatric illness?

-To what extent does the social worker help individuals with mental illnesses patient's family deal with their problems?

-To what extent does the social worker help the mentally ill patient with their financial issues?

-How well does the social worker function in helping the mentally ill patient with their social connection disorder?

Study objectives

This study aims to: -

- Evaluating how well a social worker's effectiveness in lowering the social issues which the psychiatric patient face.

- Evaluating the social worker's effectiveness in lowering the family issues for psychiatric patient

- Evaluating the social worker's effectiveness in lowering the financial challenges faced by psychiatric patient
- Evaluating the social worker 's success in lowering the difficulties of social connection dysfunction among the mentally ill.

The Importance of This Study:

This study contributes to the field in the following ways:

a) Theoretically

- The significance of the study stems from the critical role that the social worker plays with the patient, who need scientific knowledge and social skills to solve his social challenges.
- This study can be utilized by psychiatric hospitals to inform their practices.
- The findings of this study will enable researchers in social services focus on a variety of issues concerning mental patients.
- The study identifies knowledge gaps in the literature relating to the various tasks of the social worker in different parts of the Kingdom, which promotes more research in this topic.

b. Practical Significance:

- This study aims to identify the shortcomings in the current role of social workers with psychiatric patients and to propose solutions to enhance their role, ultimately improving the quality of healthcare provided to patients.
- The scholar expects that this study will help professionals working in mental health, psychotherapy, hospitals, and social welfare organizations.
- This study contributes to the creation of a healthier and happier society, in line with the Saudi Vision 2030, by emphasizing the role of social workers in assisting mental patients and families.
- This study can be used to identify the obstacles that social workers experience when working with mental patients, as well as to investigate solutions that can be tailored to the local situation.

Limits of the Study:

The scope of this study is limited to the following:

Geographical Limits: This study was confined to the Psychiatric Hospital in Buraydah.

Temporal Limits: This study was applied to psychiatric patients visiting the outpatient clinics of the Psychiatric Hospital in Buraydah during the period from 29/5/1439 AH to 7/5/1439 AH.

Population Limits: This study was limited to psychiatric patients suffering from anxiety disorders who were visiting the outpatient clinics of the Psychiatric Hospital in Buraydah.

Study terms:

Concept of evaluation

According to Sakkari (2000, p. 186), evaluation is defined as the measurement or estimation of the extent to which an intervention, project, or program has achieved its objectives, goals, and purposes. Additionally, evaluation seeks to identify the specific reasons for the success or failure of such interventions, projects, or programs.

In this study, the scholar defines procedural evaluation as

- Evaluating the extent to which the social worker meets the goals of medical social services in his position to lessen social difficulties, as well as highlighting the positives and drawbacks to improve the service offered to psychiatric patients in mental health hospitals.

Role Concept

According to Al-Sadiq (1991, p. 46), a role is defined as the expected behavior of an individual occupying a particular position, as determined by the rights and duties associated with that position, the actions performed, and the interactions with others in the surrounding environment.

In this study, the scholar defines procedural evaluation as:

The Ministry of Health-defined roles and responsibilities of social workers serving psychiatric patients in outpatient mental health settings.

Social problems

According to Al-Suroji (2009, p. 195), social problems are defined as situations in which an individual is unable to fulfill their social roles, thus necessitating professional intervention to assist them in performing these roles to the best of their ability within the available resources.

In this study, social problems are defined as family problems, economic problems, and problems of social relationship disorder that affect the life of the psychiatric patient who visits the mental health hospital clinics and impede his adaptation to his social environment.

Psychiatric Patient Concept:

Ali (2005, p. 151) describes the Psychiatric Patient as someone who has a functional personality disorder, which manifests as bodily and psychological symptoms such as compulsive anxiety, fear, and depression. In this study, the mentally sick is defined as a person who suffers from one of the neurotic diseases yet is aware of reality and seeks treatment at the Mental Health Hospital in Buraidah.

Study Methodology

The following study methodology was employed:

1. The research commenced with a comprehensive framework, encompassing the precise formulation of the research problem, its significance, the establishment of clear objectives, the delimitation of the study, the provision of operational definitions, and a detailed chronological plan for the ensuing phases.
2. The study's theoretical framework was centered on two core concepts: the social challenges faced by individuals with mental health conditions and the role of medical social workers in mental health care. An exhaustive review of relevant literature was undertaken to establish the theoretical foundation of the study.
3. The fieldwork aspect involved identifying the study sample, selecting the right study tool, and gathering field data. The data were then statistically analysed using appropriate statistical software, and the findings were interpreted to provide unambiguous answers to the study objectives.

a. Theoretical framework

First Axis: The social problems of psychiatric patients

The concept of problems:

The Arabic term "problem" is a direct translation of the English word "problem." This translation has become commonplace in Arabic research papers and textbooks. In Arabic, the concept of a "problem" implies an obstacle that hinders an individual from achieving a goal, thus motivating them to seek a solution. There are several definitions of a problem. Al-Baroudi (2015) defines a problem as follows:

- A problem can be defined as a state of stress and discontent resulting from obstacles that impede progress toward desired goals. If unresolved, such problems can evolve into more serious crises. In essence, a problem signifies an unsatisfied need, a barrier to need fulfillment, or an unclear situation lacking a definitive explanation.
- The problem is the obstacles we confront while transitioning from one stage to another; they either impede, delay, or degrade the quality of the final product.

The challenges encountered by psychiatric patients

Mental illness can have a negative impact on individuals, their families, and even society. The severity and extent of these impacts depend on various factors, including family dynamics and societal acceptance. As Gharabi (2008, p. 21) noted, the spread of mental illness can lead to negative consequences within families and communities.

First: Family problems

The family is considered the primary unit of society, bearing the primary responsibility for child-rearing and socialization. While educational and social institutions now share in this responsibility, rapid societal changes such as technological advancements, urbanization, and industrialization have led to a decline in traditional family functions. Consequently, numerous behavioral problems and deviances have emerged among youth, including addiction, crime, and mental illness, as reported by Mohammad and Maghazi (1998, p. 279).

One significant problem arising from mental illness is the deterioration of family relationships. Psychiatric patient often experiences social isolation and withdrawal, leading to strained relationships with family members. Moreover, stigma and a perception of being a burden can result in rejection by family members. Marital breakdowns may occur as a result of mental illness, due to factors such as the inability to accept the condition, fear of genetic transmission, or the inability to fulfill marital roles. Furthermore, neglect or abuse by family members can have a profound impact on the psychiatric patient and their relationships with others.

According to Ali (2005), familial challenges are expressed as follows:

1. Some family bonds may break down as a result of the patient; one spouse may request a divorce if he discovers that he is unable to continue in the marriage life owing to the sickness, or the other party may refuse to accept the condition, making it impossible to remain in the marital life.
2. Family neglect can exacerbate the negative impact of mental illness and contribute to the dissolution of family bonds. Individuals who experience neglect during their illness may develop lasting resentments or negative feelings toward family members, potentially leading to the breakdown of relationships, including marriage.
3. If one spouse experiences sexual dysfunction, particularly at the beginning of a marriage, it can be extremely difficult, if not impossible, to maintain the marital relationship.

Second: Economic problems

Individuals with mental disorders, especially those from low-income backgrounds, often face substantial economic barriers to accessing adequate treatment. The high cost of medications can deter individuals from seeking or adhering to treatment, leading to potential relapses and prolonged illness. Moreover, the long-term financial burden of mental health treatment can have detrimental effects on families.

When a psychiatric patient is the primary income earner and their income is compromised, the family can experience severe financial strain. This may lead to measures such as borrowing money, selling possessions, or removing children from school. If the patient's condition necessitates a change in employment, limited job opportunities and financial pressures can pose significant challenges. Consequently, the role of a social worker in providing financial assistance and support becomes indispensable in ensuring the patient's recovery and preventing further economic hardship for the family. The patient may be forced to retire due to the difficulty of adapting to work or performing the work as required, which negatively affects the patient and his family.

Third: The Challenges of Social Relationship Disorders

Social relationship disorders can result in a deterioration of the individual's social standing and position within the family. When an illness causes such a shift, the family may be forced to restructure roles and responsibilities. This can have a profound negative impact on the patient's mental health and may contribute to a worsening of their condition.

There is also the problem of challenges with social and psychological adaptation. A patient whose position has been altered and whose psychological and health problems have deteriorated will be unable to adjust to himself, his family, or his community. There are additional issues regarding difficulty socializing and talking with others. Because the disease and its crises make the patient feel inferior, scared, and insecure, it is difficult for a fearful and insecure individual to interact with people and communicate with others. Without adequate social, psychological, and medical support, the patient's mental health may decline, potentially leading to a relapse or worsening of their condition. Furthermore, the inability to build and maintain meaningful relationships can result in social isolation and a lack of support from family and friends. For students, academic performance may suffer, leading to dropout, underachievement, or failure. (Ghabari, 2003, p. 116)

According to Wazi Al-Qarni and colleagues (2008), social interaction issues arise when a patient ceases to fulfil social obligations because of his sickness or when others are afraid to approach him out of sympathy or fear. Page 87.

Axis II: The Role of the Medical Social Worker in the Mental Health Field

The role of the medical social worker is considered complementary to that of the psychiatrist, as both professionals work towards a common goal of treating the patient. However, the specific role of the medical social worker may vary across different institutions and between individual physicians, depending on the level of trust the physician places in the social worker. In instances where psychiatrists recognize the significance of the medical social worker's role, collaboration between the two professions is facilitated.

Mental disorders are often triggered by various factors and can be seen as outward manifestations of underlying psychological stress and conflict. These disorders result in partial disruptions to personality but do not typically involve a complete loss of contact with reality. Many mental illnesses can be traced back to past psychological traumas, especially those experienced in early childhood. Neuroses, the most prevalent type of mental disorder, are characterized by internal conflicts, disrupted interpersonal relationships, and a diverse range of symptoms.

The most important of which are: anxiety and depression, obsessions, compulsive actions, easy arousal, hypersensitivity,

sleep and eating disorders, as well as hysterical symptoms. (Mohamed and Maghazi, 1998, p. 182)

Social work practice constitutes a set of actions and activities that shape the professional role of social workers, informed by the profession's core values and principles. The objective is to empower clients to improve their quality of life and social functioning through the deliberate and comprehensive use of social work methods and techniques. (Mohamed & Maghazi, 1998, p. 262)

Professional Preparation of Medical Social Workers**The professional preparation of the social worker is defined as**

Considering the ideal aspects for studying social services and equipping them with the knowledge and skills to deal with clients through theoretical and practical preparation.

The Importance of Professional Preparation for Medical Social Workers

The importance of professional preparation for medical social workers is attributed to the following factors:

1. First Factor: The sensitivity of the profession, which deals with sensitive aspects of the patient's life, in addition to the diverse problems associated with illness.

2. Second Factor: The success of the social worker in the medical field depends on the selection process of the social worker who will work in the medical field, their academic and practical preparation, and their ability to work with different systems in medical institutions.
3. Third Factor: Professional preparation has become essential for proper selection and preparation for social work with its various approaches, methods, and skills.
4. Fourth Factor: The competence of the social worker and their practice in the medical field at the highest level elevates the status of the profession in society, due to its ability to achieve community goals.
5. Fifth Factor: The impact of low-level professional practice on various systems (individual, family, group, community organization) that the social worker interacts with in medical institutions. In fact, a poorly planned direction given to a patient or their family by someone who is not adequately prepared may lead to further family disintegration and confusion.
6. Sixth Factor: It has become necessary today to prepare the professional social worker to work in the medical field with specialized training, so they can keep up with the ongoing social laws and legislations. (Ali, 2005, p. 153).

Roles of the Medical Social Worker with the Psychiatric Patient

The roles of the medical social worker in the psychiatric field include conducting studies, diagnoses, and social treatment processes that are often difficult for the psychiatrist to address due to time constraints and lack of expertise. The medical social worker plays an essential role in analyzing psychological issues and contributing to their treatment as directed by the psychiatrist. Additionally, the social worker plays a significant role in changing harmful attitudes, correcting misconceptions, strengthening and supporting relationships, discovering and utilizing the patient's abilities for psychological treatment, and designing recreational programs and activities that aid in treatment, such as play therapy, physical therapy, and occupational therapy. In all of these activities, the medical social worker has important roles, but their primary duties involve performing professional processes that begin with the social study process to understand the social history of psychiatric cases (Ghabari, 2003, p. 315).

The role of the social worker may have a near-term goal of alleviating internal pressures and external tensions related to the illness. The long-term goal, however, is to empower the patient to utilize their abilities to take advantage of the medical care provided, to protect themselves from illness, and to return to their social roles (Abdulhamid, 2014, p. 130).

Among these therapeutic roles the medical social worker performs in the psychiatric field are modifications or changes to the environment or to the client's own self. Environmental modifications involve adjusting the surrounding aspects of the client's life to help them adapt, such as changing the attitudes of the patient's parents or other individuals involved in their life. This can also involve removing certain circumstances that cause distress, such as distancing the patient from a troublesome person, removing them from a harsh school, or taking them away from stressful experiences that may have contributed to their illness.

The preventive roles of the social worker in the psychological field are as follows

1. Early detection of pathological cases.
2. Contribution to awareness programs about the disease and its causes in educational institutions.
3. Leading social study related to the disease and its causes.
4. Contributing to what is known as psychological defense activities in neighborhoods and cities, which focus on filling leisure time and recreation.

As for the therapeutic roles of the psychological social worker, they are as follows

1. Active participation with the therapeutic team in hospitals.
2. Receiving cases upon arrival, assisting them in entering the hospital, and preparing a suitable environment for them upon discharge.
3. Practicing forms of individual and group social therapy as determined by the treatment team.
4. Follow-up and evaluation (Ghabari, 2003, p. 317).

The role of the social worker in psychiatric clinics is as follows

1. Receiving new cases referred to them, and preparing an initial social study for these cases in preparation for presenting them to the psychiatric specialist in the clinic.
2. Conducting a comprehensive social study for cases diagnosed by the psychiatric specialist.
3. Educating the patient's family and accompanying individuals, if present, about the factors leading to the patient's condition, and guiding them on how to assist the patient in a way that aids in recovery. Often, the patient's family is unaware of the disease and its causes, so the social worker educates them through group discussion.

4. Recording the cases of patients referred to them and for whom they conduct the social study in the general social service record, except for cases that undergo a comprehensive social study.
5. Referring cases that need assistance to other institutions, such as social security, vocational rehabilitation, or intellectual education centers. In cases requiring referral to another institution, the social worker, based on their social study, refers the cases to the appropriate institutions in cooperation with the social service office.
6. Preparing a monthly report on the activities of social services, as well as a monthly statistical report on patients visiting the clinic, based on initial data, referral methods, and mental and professional status, according to the specific forms for this purpose. (Ghraibeh, 2008, p. 174).

Mohamed and Maghazi (1998) view the most important activities carried out by the social worker working in the psychological field as follows:

The Social Worker's Role with Individual Cases

The most important task for the social worker when dealing with individual cases is to understand the personality of the psychiatric patient, their behaviors, symptoms of the illness, and the impact of their condition on their social relationships and role performance. The social worker also interacts with the patient's family to help them understand the nature of the illness, how to deal with the patient, and eliminate the misconception that mental illness represents a stigma for the family. The social worker must maintain a professional relationship with the family and use all therapeutic methods to help them accept the patient and contribute to the patient's treatment with all their available capabilities. The goal is to create a suitable environment for receiving the patient after treatment.

The Social Worker's Role with Groups

Group therapy differs from working with groups in that group therapy is "one of the means of psychological treatment used to treat certain emotional and mental disorders. It aims to provide therapeutic influences designed to direct individuals' efforts toward engaging in useful activities or resolving psychological conflicts so that they turn into a natural way of life." Group therapy is also defined as "a professional method followed by a group worker with poorly adjusted members, aiming to benefit from the collective experience in modifying their behavior."

The Social Worker's Role in Working with the Local Community

The approaches to community organization practice are diverse, and the social worker must understand the issues faced by psychiatric patients and their characteristics, the efforts previously made to address their problems, and set goals for the assistance process. They plan preventive and therapeutic measures by finding solutions to the issues faced by these patients, and continuously evaluate their efforts.

The activities that the social worker should engage in include the following

1. Raising awareness among community members about the reality of mental illnesses, emphasizing that, like physical illnesses, they can be treated and overcome.
2. Changing the public's perception of mental illnesses, showing that they are not a shame or stigma for the family.
3. Informing the community about the services provided by the psychiatric clinic, emphasizing that prevention is better than treatment, to achieve the maximum benefit from the presence of the therapeutic institution in the community and to gain support and backing for the institution.
4. Achieving coordination, cooperation, and integration between public and private psychiatric clinics, contributing to the organization of conferences and seminars to discuss the latest medical, psychological, and social treatment methods.
5. Organizing workgroups to raise awareness within the community about mental illness and its effects, utilizing audiovisual aids for clarification.
6. Conducting social study related to the characteristics of psychiatric patients and analyzing general social methods that contribute to the conditions leading to mental illness (Mohamed & Maghazi, 1998, p. 263).

The social worker serves as a link between the patient, the medical therapeutic team, and the community through documenting opinions, ideas, and daily needs related to the medical services provided (Al-Khatib, 2006, p. 84).

The Role of the Social Worker as a Member of the Therapeutic Team in Mental Health Institutions

The treatment of mental illness requires considering the human personality from an integrated perspective—body, mind, and environment—which has led to the involvement of multiple specializations in the treatment process.

Teamwork is defined as "the work carried out by a group of individuals with a shared goal. It involves not only cooperation in performance but also a sense of mutual need among team members, and an appreciation for the

scientific expertise of the various specializations involved in the work. The role of each team member is determined by the work they perform and the perspectives of the other team members."

The Role of the Social Worker and Main Treatment Approaches with the Family of the Psychiatric Patient

The main features of the social worker's role and treatment approaches with the psychiatric patient's family are as follows:

1. The social worker works with the patient's family to help them understand the illness and how to interact with the patient and others, or to alleviate the family's feelings of guilt or shame associated with the illness.
2. Helping the family resolve issues that are considered causes of the illness.
3. Convincing the family of the necessity of treatment and its continuation.
4. Through group discussions, the social worker can protect the family from mental health issues by highlighting the dangers of consanguineous marriage and the role of genetics (Jabal, 2017, p. 194).

Literature and Previous Studies

The scholar reviewed several available databases to obtain previous studies directly and indirectly related to the current study. The scholar found a number of studies and categorized them into three sections, arranged from the oldest to the most recent:

First: Local Studies in the Saudi Community

A study by Al-Dosari (2012) titled "A Guideline for Families on How to Deal with the Psychiatric Patient" aimed to develop a guideline for families on how to deal with psychiatric patients by identifying the most impactful mental illnesses on Saudi families, recognizing the main social, psychological, and economic issues faced by families in managing psychiatric patients, identifying the needs of the families of psychiatric patients, and designing a "Guideline" to help families manage the patient both at home and outside. The scholar used a social survey method with a purposive sample and a questionnaire tool. The study was applied to the families of psychiatric patients at the Al-Amal Complex for Mental Health in Riyadh, and semi-structured interviews were conducted with psychiatrists, social workers, and psychologists working at the complex. The results of the current study showed that families with a psychiatric patient face numerous social challenges, such as not knowing how to deal with the patient due to the nature of the illness and feeling embarrassed about having a psychiatric patient at home. The psychological challenges faced by the family include concern about the patient's future and anxiety when the patient isolates themselves in their room. The economic challenges include the high cost of treatment in private psychiatric clinics, with free treatment at the institution alleviating the financial burden on the family. Regarding the needs of families dealing with a difficult psychiatric patient, they expressed a need for knowledge about the nature of the psychiatric illness, training on how to manage the patient, educational courses on dealing with the patient, and awareness of available community services that could support both the patient and other family members.

The study by Al-Anzi (2015), titled "Social and Cultural Factors That Limit the Effectiveness of Treatment Efforts for Psychiatric Patients," aimed to identify the social and cultural factors that hinder the effectiveness of treatment efforts for psychiatric patients, as well as to explore the attitudes of the medical treatment team toward mental illness and psychiatric treatment, the scholar usage of descriptive survey method and a questionnaire as the data collection tool. The study population consisted of the medical treatment team at the Mental Health Hospital in Al-Hafr Al-Batin (58 members) and the Mental Health Hospital in the Northern Borders Region (125 members). the results showed that the study sample strongly agreed on the existence of social factors that limit the treatment efforts for psychiatric patients, including: the psychiatric patient feeling embarrassed when meeting someone they know while visiting the mental health hospital, Some people believing that psychiatric patients pose a danger, the family of the psychiatric patient feeling ashamed in the surrounding social circles, family fragmentation playing an important role in rejecting treatment, families with lower income levels showing more rejection of psychiatric treatment, regarding cultural factors, the study sample strongly agreed that: most people do not distinguish between mental illnesses and mental disorders, some people believe that "possession" is the cause of mental illness, some believe that envy and the "evil eye" are causes of mental illness, some people think psychiatric treatment is ineffective, some believe that psychiatric medications are a type of narcotic or simply sedatives.

The study by Daraj and Suleiman (2022) aimed to evaluate the reality of social worker practice in mental health hospitals by describing and identifying the nature of social work practice in the mental health field, and discussing the skills, knowledge, principles, and values that should be available to social workers as professional practitioners in mental health hospitals, to achieve the study's objectives, the scholars used a quantitative approach relying on social survey methods, with a comprehensive sample of all social workers employed in mental health hospitals in the Jazan region. The data collection tool was an electronic questionnaire, and the study population consisted of 90 social workers, after analyzing the data, the results indicated that the most

important professional practice skills of social workers in mental health hospitals contributing to the benefit of the psychiatric patient and their family, as well as the ability to form and maintain a professional relationship, were identified. The most important areas of knowledge for social workers when dealing with psychiatric patients were their familiarity with the systems and regulations in mental health institutions, the key indicators of adherence to professional practice principles by social workers when dealing with psychiatric patients included maintaining patient confidentiality. Additionally, the key indicators of adherence to professional practice values included prioritizing the client's best interests. The main obstacles facing social workers in mental health hospitals were identified as a lack of training courses for social workers.

The study by Al-Huwail (2022) aimed to identify the main obstacles that social workers face in practicing clinical skills in healthcare, which are attributed to the social workers themselves, the institution, and the clients. This study belongs to the category of descriptive studies, relying on the social survey method. It targeted social workers in hospitals in the Riyadh region, with a total of 81 social workers, the study tool was applied through sending the electronic survey link via email to the participants, and the scholar received responses from all study participants, amounting to 81 completed questionnaires, the study concluded several key findings, including that the most significant obstacles related to the social workers themselves when practicing clinical skills were the social workers' involvement in administrative work, which distracts them from professional practice, and their lack of awareness of the latest developments in individual services, particularly in clinical skills. The results also showed that the main institutional obstacles included a lack of understanding by hospital management of many of the responsibilities and duties of social workers, as well as some officials' failure to acknowledge the expertise and skills of medical social workers in the hospital.

The study by Al-Subaihi and Al-Abshihi (2024), titled "The Attitudes of Social Workers in the Medical Field Toward Developing Social Policies in the Healthcare Sector," aimed to identify the social and cultural factors that limit the effectiveness of therapeutic efforts for psychiatric patients. The study also aimed to explore the attitudes of the medical team toward mental illness and psychological treatment. The scholars employed a descriptive survey method, using a questionnaire as a tool for data collection, the study's sample consisted of medical team members from two psychiatric hospitals: one in the Al-Hufuf governorate (58 participants) and one in the Northern Borders region (125 participants), the results showed that the sample agreed strongly on the presence of social factors that limit therapeutic efforts for psychiatric patients. These factors included: the psychiatric patient's embarrassment when meeting someone they know during their visit to the psychiatric hospital, the belief that psychiatric patients pose a danger to others, the social stigma felt by families of psychiatric patients, and the role of family disintegration in refusing treatment. The study also indicated that lower-income families were more likely to reject psychiatric treatment, regarding the cultural factors limiting therapeutic efforts, the study found that the sample strongly agreed on the following points: most people do not distinguish between mental and psychiatric illnesses, some people believe that possession (by evil spirits) is the cause of mental illness, some attribute mental illness to envy or the "evil eye," and some people consider psychiatric medications to be drugs or mere sedatives, questioning the efficacy of psychiatric treatment.

Second: Arab Studies

The study by Abdel Aal (2015), titled "A Guideline for Social Workers in the Psychiatric Field," aimed to identify the reality and level of the role social workers play in the psychiatric field from the perspective of general practice with small units (psychiatric patient, patient's family, treatment team). This study belongs to descriptive study, and the scholar used a comprehensive social survey method targeting social workers in psychiatric hospitals affiliated with the General Secretariat for Mental Health at the Ministry of Health, the study results revealed that social workers' performance with the patient system showed negative responses, such as not understanding the patient's perspective on the causes of their illness and failing to clarify the services provided by the hospital. Their performance in certain responsibilities related to the psychiatric patient was weak, such as conducting intake interviews for each patient when they first arrive at the hospital and not following up with patients on the tasks assigned to them in the treatment plan.

The study by Al-Otaibi and Al-Othman (2020) aimed to identify the methods social workers use in dealing with juveniles in social care homes and to evaluate this role, as well as to determine the challenges faced by social workers in the institution. The study aimed to provide recommendations that could contribute to enhancing activities and programs, which would positively impact the behavior of the juveniles, rehabilitating them to reintegrate into society in a healthy manner. For this purpose, two questionnaires were designed: one applied to 22 juvenile residents and the other to 5 social workers in the social care home. Frequencies and percentages were calculated, the study results revealed that social workers interact positively with the residents, demonstrating scientific knowledge of their psychological and behavioral characteristics, as well as exhibiting integrity and impartiality. They contribute to modifying the behavior of the residents and effectively implement religious, cultural, and recreational programs. As for the main challenges faced by social workers in performing their duties at the institution, the study found that the most prominent issues were the incomplete files for the juveniles, the shortage of social workers, and the lack of resources available for their work.

The study by Hui-Ching Wu et al. (2012), titled "Professional Values and Attitudes of Psychiatric Social Workers in the Field of Involuntary Treatment of Psychiatric Patients," aimed to examine social workers' positions on involuntary treatment and coercion of psychiatric patients in light of patients' human rights. This study also highlights the difficulties faced by social workers in balancing the application of the law with the protection of human rights for psychiatric patients, who may be suffering from conditions where they are at risk of harming themselves or others. The study sheds light on the ethical code followed by social workers in Taiwan, which justifies taking certain actions, such as restricting the patient's personal freedom to protect both the patient and society, or coercing the patient into taking specific treatments that they may not recognize as beneficial. Consequently, dealing with psychiatric patients is not based on their voluntary participation or choice, as they may not even believe they are ill. The study sample consisted of 400 social workers who work in hospitals or specialized departments for involuntary treatment of psychiatric patients in Taiwan, who suffer from disorders such as schizophrenia or severe depression. These participants had at least one year of experience in this field. The study adopted a survey method, using two scales: the first being a scale measuring employees' attitudes towards coercion, and the second measuring human rights. The results confirmed the hypothesis that social workers believe psychiatric patients are entitled to all human rights, including the right to treatment, although they are not fully legally competent. Social workers supported the idea of involuntary treatment for psychiatric patients and the exercise of paternal authority over patients in certain situations. They also supported the right of patients to file complaints about their daily lives and treatment. Most participants agreed that hospitals provide a safe and dignified environment for psychiatric patients, and that patients retain their human rights in such settings. The study concluded that women over 40 years old are more likely to believe in the human rights of psychiatric patients and are less inclined to use violence with them, compared to men of the same age group.

The study by Xun, K., Jiao, R., & Deng, Y. (2024), titled "Social Workers' Experiences Working with Support Workers in Services for Adults with Intellectual Disabilities in Hong Kong," explored the experiences of social workers working with support workers through in-depth interviews with 13 participants. The study revealed that social workers recognize significant differences between themselves and support workers in terms of work motivation, values, and attitudes toward clients with intellectual disabilities. Despite the hierarchical relationships, social workers and support workers shared decision-making power regarding services. Social workers employed both assertive and gentle approaches to facilitate changes in practices while maintaining service values. These findings were compared with Western literature on the subject, highlighting both similarities and differences. The study emphasized the need for organizations to facilitate effective collaboration between social workers and support workers to enhance the quality of services for adults with intellectual disabilities in Hong Kong.

Aspects of agreement and difference between this study and previous studies

After the scholar reviewed previous studies, the following was found:

- Most previous studies focused on evaluating the role of social workers from various perspectives and assessing the level of professional practice of social workers in mental health hospitals. However, this study differs from previous ones in its attempt to measure the performance level of social workers with psychiatric patients specifically in the Mental Health Hospital in Buraidah.
- Previous studies varied in their use of the social survey method; this study aligns with the studies by Darraj and Suleiman (2022), Al-Huwaymil (2022), and Abdel-Aal (2015) by using a sample-based social survey. In contrast, it differs from other studies that utilized a comprehensive social survey.
- Most previous studies agreed with this study in using the questionnaire as a tool. However, it differs from the study by Xun, K., Jiao, R., & Deng, Y. (2004), which also used structured interviews alongside the questionnaire.
- The samples selected in previous studies varied; for instance, some studies focused on social workers, such as Darraj and Suleiman (2022), Al-Huwaymil (2022), and Abdel-Aal (2015), while the study by Al-Subaihi and Al-Abshi (2024) focused exclusively on psychiatric patients. Al-Suhaili's study (2009) centered on social workers and families of psychiatric patients, while Al-Otaibi and Al-Othman's study (2020) focused on both social workers and psychiatric patients.
- This study differs from previous studies in terms of spatial boundaries, as it was conducted at the Mental Health Hospital in Buraidah.
- The scholar benefited from previous studies in defining the study topic and problem more accurately, determining the most suitable methodology, selecting the tool that best achieves the study objectives, building the questionnaire, and constructing the theoretical framework. These studies also aided in interpreting and analyzing the results obtained.

Study Methodology Procedures

The scholar identified the study population and sample, described the characteristics of the sample members, and explained the process of constructing and verifying the validity and reliability of the study tool (the questionnaire). Additionally, statistical methods used for data analysis were presented.

Study Method

To achieve the study objectives and answer the questions posed, the scholar employed the social survey method using a sample. Abu Al-Nasr (2017, p. 141) defines this method as the scientific study of a community's conditions, needs, and problems, aimed at providing a program for social reform and information that may be useful in the future. This is done by collecting data from a sample of the study population, particularly when the population is large, ensuring that the sample scientifically represents the population as accurately as possible.

Study Population

The study population consists of Saudi male and female psychiatric patients suffering from neurotic disorders who regularly visit the mental health clinic at Buraidah Mental Health Hospital. The population includes 160 patients who meet the sample selection criteria at the hospital.

Study Sample

The scholar opted for a purposive sampling method due to the challenges in accessing the entire study population. According to the latest statistics from the information center at Buraidah Mental Health Hospital, the number of outpatients exceeds 25,000, while cases with neurotic disorders number over 4,000, including both new and recurring cases. Several factors influenced the use of purposive sampling: some patients do not attend scheduled appointments, some have been patients for over ten years, some are stable and do not need regular follow-ups, and some new cases (less than six months) are unstable with undetermined diagnoses. Therefore, the questionnaire was distributed specifically to Saudi male and female patients diagnosed with depressive disorder, social phobia, generalized anxiety disorder, adjustment disorder, and obsessive-compulsive disorder, excluding those with mild or incidental disorders or psychotic conditions. The distribution was carried out during the patients' scheduled appointments at the mental health clinic during official working hours, with the type of disorder identified through medical records, ensuring the inclusion of 160 patients over the data collection period.

Study Tool

Given the nature of the data required and the study questions, and in line with the methodology employed, the questionnaire was chosen as the primary study tool.

To construct the questionnaire, the scholar reviewed relevant literature on the study's topic and examined a variety of questionnaires used in previous studies. This informed the selection of the main themes for the questionnaire and the formulation of statements under each theme, ensuring alignment with the study objectives. The initial version of the questionnaire contained 28 statements across three themes: 11 statements under "Reducing Family Problems of the Psychiatric Patient," 7 under "Reducing Economic Problems of the Psychiatric Patient," and 10 under "Disruption of Social Relationships of the Psychiatric Patient."

a. Face Validity of the Questionnaire

Face validity was assessed through expert opinions. The questionnaire was presented to 14 experts in social work and related fields, including individuals with study experience in this area and expertise in mental health (the experts' names are listed in Appendix 1). They were asked to evaluate the questionnaire's statements regarding relevance, appropriateness, coherence within the themes, and clarity. They provided valuable feedback that guided revisions, including adjustments to the wording and order of statements to align with the themes and objectives. This process ensured the questionnaire's face validity.

b. Internal Consistency Validity

The scholar conducted a pilot test on a sample from the study population to verify internal consistency and identify any unclear statements. Pearson's correlation coefficient was used to measure the correlation between each statement's score and the total score for the corresponding theme. Additionally, Pearson's correlation between each theme score and the overall questionnaire score was calculated. The table below presents the Pearson correlation coefficients between each statement and the total score of the theme it belongs to.

First: Pearson Correlation Coefficient between Each Statement's Score and the Total Score of Its Theme:

Table (1) - Pearson Correlation Coefficient between Each Statement's Score and the Total Score of Its Theme (n=30)

Axis 1: Level of Social Worker Performance in Reducing Family Problems of the Psychiatric Patient

| Statement Number | Correlation Coefficient | Statement Number | Correlation Coefficient | Statement Number | Correlation Coefficient |
|------------------|-------------------------|------------------|-------------------------|------------------|-------------------------|
| 1 | 455* | 2 | 500** | 3 | 738** |
| 4 | 705** | 5 | 526** | 6 | 557** |
| 7 | 781** | 8 | 723** | 9 | 584** |

Axis 2: Level of Social Worker Performance in Reducing Economic Problems of the Psychiatric Patient

| Statement Number | Correlation Coefficient | Statement Number | Correlation Coefficient | Statement Number | Correlation Coefficient |
|------------------|-------------------------|------------------|-------------------------|------------------|-------------------------|
| 1 | 768** | 2 | 857** | 3 | 463** |
| 4 | 787** | 5 | 786** | 6 | 816** |
| 7 | 445** | 8 | 753** | | |

Axis 3: Level of Social Worker Performance in Reducing Problems of Social Relationship Disorders in the Psychiatric Patient

| Statement Number | Correlation Coefficient | Statement Number | Correlation Coefficient | Statement Number | Correlation Coefficient |
|------------------|-------------------------|------------------|-------------------------|------------------|-------------------------|
| 1 | 477* | 2 | 813** | 3 | 714** |
| 4 | 540** | 5 | 602** | 6 | 559** |
| 7 | 826** | 8 | 862** | 9 | 781** |
| 10 | 401* | | | | |

*Significant at 0.05 level **Significant at 0.01 level

Table (1) shows that the Pearson correlation coefficient between 23 items and the total score of the relevant dimension is statistically significant at a significance level of less than 0.01. Additionally, the Pearson correlation coefficient between 4 items and the total score of the relevant dimension is statistically significant at a significance level of less than 0.05. This indicates the consistency and validity of these items for application to the study sample.

Secondly, Pearson correlation between each dimension's score and the total score of the questionnaire:**Table 2:** Pearson correlation between each dimension's score and the total score of the questionnaire.

| No. | Axis | Correlation Coefficient |
|---|---|-------------------------|
| 1 | The role of the social worker in reducing family problems | 698** |
| 2 | The role of the social worker in reducing economic problems | 845** |
| 3 | The role of the social worker in reducing issues related to social relationship disorders | 757** |
| **Statistically significant at a significance level of less than 0.01 | | |

It is evident from Table (2) that the Pearson correlation coefficient between the score of each axis and the total score of the questionnaire is statistically significant at a significance level of less than (0.01), indicating the cohesion of these axes and their suitability for application to the study sample.

C. Reliability of the Questionnaire:

To verify the reliability of the questionnaire, the scholar calculated the Cronbach's alpha coefficient. Table (3) shows the reliability coefficient of the questionnaire using the Cronbach's alpha formula.

Table 3: shows the reliability coefficient of the questionnaire using the Cronbach's alpha formula.

| Axis | Total Number of Statements | Cronbach's Alpha Reliability Coefficient |
|-------------|----------------------------|--|
| First | 9 | 711 |
| Second | 8 | 894 |
| Third | 10 | 825 |
| Grand total | 27 | 870 |

It is evident from the table that the reliability values for the questionnaire and all axes are statistically acceptable, as studies indicate that a reliability coefficient is considered statistically acceptable if its value is higher than (0.60)" (Abu Hashim, 2003, p. 304), which indicates the suitability of the list for application to the study sample.

Thus, the questionnaire in its final form consists of preliminary data, which are the study variables, and the study axes that included (27) statements distributed across three axes: (9) statements in the first axis, (8) statements in the second axis, and (10) statements in the third axis (Appendix 2). The scholar used a three-point Likert scale, as shown below, to identify the level of social worker performance in reducing family and economic social problems and the disturbance of social relationships of the psychiatric patient:

Table 4: Three-Point Likert Scale

| | | | |
|------------|-------|----------------|----------|
| Categories | Agree | Somewhat Agree | Disagree |
| Grade | 3 | 2 | 1 |

The degree of agreement was estimated as follows:

- Range = Highest value - Lowest value = 3 - 1 = 2
- Category length = Range / Number of categories = 2 / 3 = 0.67

Table 5: Estimation of the Degree of Agreement

| Degree of Agreement | Arithmetic Mean |
|---------------------|---|
| Disagree | Means ranging from 1.00 to less than 1.67 |
| Somewhat Agree | Means ranging from 1.67 to less than 2.34 |
| Agree | Means ranging from 2.34 to 3.00 |

Implementation of the Study Tool

The questionnaire was administered to (160) psychiatric patients during the second semester of the academic year 1438/1439 AH, following these steps:

- Obtaining approval from the academic supervisor on the validity of the questionnaire for application.
- Receiving a letter from the Head of the Department of Sociology and Social Work to the Director of the Psychiatric Hospital for facilitating the scholar's task, and approval from the Director of the Psychiatric Hospital in Buraidah (Appendix 3).
- The scholar manually distributed the questionnaires to patients visiting the psychiatric hospital clinics in Buraidah.
- The scholar spent approximately five weeks administering the questionnaire to patients visiting the psychiatric hospital clinics. Afterward, the questionnaires were collected and reviewed to ensure all data was complete, and statistical analysis was conducted using the SPSS program to analyze the questionnaire data, through which the study results were derived.

Seventh: Statistical Processing Methods

The scholar used the following statistical methods:

1. Pearson correlation coefficient to calculate the internal consistency validity of the questionnaire.
2. Cronbach's alpha formula to calculate the reliability of the questionnaire.
3. Descriptive statistics, represented by frequencies and percentages, to describe the study sample according to variables such as gender, age group, marital status, number of family members, educational level, employment status, monthly income, source of income, place of residence, type of diagnosis, first treatment visit, and the treatment visit during which the social worker was consulted.
4. Descriptive statistics, represented by frequencies, percentages, arithmetic mean, and standard deviation, to identify:
 - The level of social worker performance in reducing the family problems of the psychiatric patient.
 - The level of social worker performance in reducing the economic problems of the psychiatric patient.

Presentation and Discussion of Study Results:

In this section, the scholar analyzes the Study results through the description of the study sample and presents the responses of the sample members to the Study questions, processing them statistically to reach and interpret the results as follows:

- First: Results Related to the Description of the Study Sample:

Table 6: Study Sample According to the Gender Variable.

| Gender | Percentage | Frequency |
|--------|------------|-----------|
| Male | 54 | 33.8 % |
| Female | 106 | 66.2 % |
| Total | 160 | 100 % |

It is evident from Table (6) that the majority of the study sample of psychiatric patients are females, with a percentage of (66.2%), followed by males at (33.8%). This could be attributed to the time period during which

the data was collected and the scheduling of appointments at the hospital. It may also be due to the seriousness of women in filling out the questionnaire and their greater cooperation, especially since the scholar is a woman.

Table 7: shows the study sample according to the age group variable and gender.

| Age Group | Male | | | | | |
|--------------------|-----------|------------|-----------|------------|-----------|------------|
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| Under 20 years | 0 | 0.0 % | 13 | 8.1 % | 13 | 8.0 % |
| 20-29 years | 18 | 11.2 % | 39 | 24.4 % | 57 | 35.6 % |
| 30-39 years | 20 | 12.5 % | 22 | 13.8 % | 42 | 26.2 % |
| 40 years and above | 16 | 10.0 % | 32 | 20.0 % | 48 | 30.0 % |
| Total | 54 | 33.8 % | 106 | 66.2 % | 160 | 100.0 % |

It is evident from Table (7) that the majority of the study sample belong to the age group (20-29 years) with a percentage of (35.6%), followed by the age group (40 years and above) at (30.0%), then the age group (30-39 years) at (26.2%), and finally, the age group under 20 years at (8.1%). This shows that the most frequent visitors to the psychiatric hospital clinics are from the age group (20-29 years), which is the youth category, typically at the beginning of assuming responsibilities such as work, marriage, and other factors. These responsibilities may lead to mental health issues due to life pressures or social problems, which may contribute to the onset of mental disorders. It is also evident from the table that the age group (40 years and above) frequently visits psychiatric clinics, suggesting that as people age, their psychological challenges increase. On the other hand, mental health disorders tend to be less common or almost absent in the age group under 20 years, possibly due to a lack of clarity about mental health conditions in this group or the lower life pressures due to their younger age, as they have not yet taken on significant responsibilities.

Table 8: shows the study sample according to the marital status variable and gender.

| Marital Status | Male | | | | | |
|----------------|-----------|------------|-----------|------------|-----------|------------|
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| Single | 8 | 5.0 % | 44 | 27.5 % | 52 | 32.5 % |
| Married | 43 | 26.9 % | 44 | 27.5 % | 87 | 54.4 % |
| Divorced | 3 | 1.9 % | 12 | 7.5 % | 15 | 9.4 % |
| Widowed | 0 | 0.0 % | 6 | 3.8 % | 6 | 3.8 % |
| Total | 54 | 33.8 % | 106 | 66.2 % | 160 | 100.0 % |

It is evident from Table (8) that the majority of the study sample are married, with a percentage of (54.4%), followed by the single patients at (32.5%), then the divorced patients at (9.4%), and finally, the widowed patients at (3.8%). This may be attributed to family pressures or marital problems that affect both spouses, as well as the impact on children. It could also be related to economic problems, low monthly income, and high housing costs, while the number of family members is large, resulting in greater needs. On the other hand, mental health disorders are less common among the widowed group, as indicated by the results in the table.

Table 9: shows the study sample according to the number of family members variable and gender.

| Number of Family Members | Male | | | | | |
|--------------------------|-----------|------------|-----------|------------|-----------|------------|
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| 3 or fewer members | 14 | 8.8 % | 11 | 6.9 % | 25 | 15.6 % |
| 4 - 6 members | 23 | 14.4 % | 31 | 19.4 % | 54 | 33.8 % |
| 7 or more members | 17 | 10.6 % | 64 | 40.0 % | 81 | 50.6 % |
| Total | 54 | 33.8 % | 106 | 66.2 % | 160 | 100.0 % |

It is evident from Table (9) that the majority of the study sample belong to families with 7 or more members, accounting for 50.6%, followed by those with 4-6 members at 33.8%, and those with 3 or fewer members at 15.6%. This indicates that the majority of the sample are from families with 7 or more members, which can lead to an increase in family responsibilities, whether in extended or nuclear families. There may also be family and economic problems due to the large number of family members, their diverse needs, and responsibilities. Mohamed and Maghazi (1998, p. 291) mentioned that the types of relationships within the family are affected by its size, as increasing the number of family members increases the number of potential interactions, which can be used in the therapeutic plan. However, at the same time, the available resources may be insufficient to meet the majority of the essential needs of the family members. While larger families provide more opportunities for interaction, the available resources are less than the required energy.

Table 10: shows the study sample according to the educational level variable and gender.

| Educational Level | Male | | | | | |
|------------------------|-----------|------------|-----------|------------|-----------|------------|
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| Less than Intermediate | 16 | 10.0 % | 24 | 15.0 % | 40 | 25.0 % |
| Secondary | 28 | 17.5 % | 57 | 35.6 % | 85 | 53.1 % |
| Diploma | 4 | 2.5 % | 1 | 0.6 % | 5 | 3.1 % |
| University and Above | 6 | 3.8 % | 24 | 15.0 % | 30 | 18.8 % |
| Total | 54 | 33.8 % | 106 | 66.2 % | 160 | 100.0 % |

It is clear from Table (10) that the majority of the study sample have a secondary education level, accounting for 53.1%. This is followed by those with a lower than secondary education level at 25.0%, then those with higher education (university and above) at 18.8%, and finally those with a diploma level education at 3.1%.

This indicates that psychological disorders are more prevalent among individuals with limited education. This level of education may not provide them with good job opportunities, leading to economic difficulties. They may accept low-paying jobs, or they may be unemployed due to a lack of suitable opportunities, which in turn causes psychological disorders. Additionally, the patient may be experiencing issues in social relationships, struggling with confrontation or integration with others, which may hinder their ability to continue studying or work due to the disorders they are experiencing.

Table 11: shows the study sample according to the variable of place of residence * gender.

| Place of residence | Male | | | | | |
|-----------------------|-----------|------------|-----------|------------|-----------|------------|
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| Inside Buraidah city | 38 | 23.8 % | 65 | 40.6 % | 103 | 64.4 % |
| Outside Buraidah city | 16 | 10.0 % | 41 | 25.6 % | 57 | 35.6 % |
| Total | 54 | 33.8 % | 106 | 66.2 % | 160 | 100.0 % |

It is clear from Table (11) that the majority of the study sample reside within the city of Buraidah, accounting for 64.4%, while those residing outside the city represent 35.6%. This is a positive indicator, as the majority of the sample lives close to the hospital. However, patients who visit from outside the area may face difficulties due to the lack of transportation or the inability to consistently attend appointments and visit the psychiatric clinic due to the distance from the hospital, which could hinder the therapeutic process.

Table 12: shows the study sample according to the variable of diagnosis type * gender.

| Diagnosis Type | Male | | | | | |
|-------------------------------|-----------|------------|-----------|------------|-----------|------------|
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| Depression | 21 | 13.1 % | 56 | 35.0 % | 77 | 48.1 % |
| Social Phobia | 11 | 6.9 % | 2 | 1.2 % | 13 | 8.1 % |
| General Anxiety | 11 | 6.9 % | 16 | 10.0 % | 27 | 16.9 % |
| Obsessive-Compulsive Disorder | 5 | 3.1 % | 25 | 15.6 % | 30 | 18.8 % |
| Adjustment Disorder | 6 | 3.8 % | 7 | 4.4 % | 13 | 8.1 % |
| Total | 54 | 33.8 % | 106 | 66.2 % | 160 | 100.0 % |

It is clear from Table (12) that the majority of the sample suffers from depression (48.1%), followed by obsessive-compulsive disorder with a percentage of 18.8%. Then comes general anxiety disorder, with 16.9% of the sample, followed by adjustment disorder and social phobia, each with a percentage of 8.1%. This indicates that the majority of the study sample suffers from depression, which is the most common among mental health patients. The causes of the illness could be social, such as marital conflicts, financial issues, or sad events like the death of a loved one.

Table 13: shows the study sample according to the duration since the first treatment visit to the clinic * gender.

| The duration since the first treatment visit to the clinic | Male | | | | | |
|--|-----------|------------|-----------|------------|-----------|------------|
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| 6 months to 1 year | 9 | 5.6 % | 14 | 8.8 % | 23 | 14.4 % |
| 1 year to 2 years | 26 | 14.4 % | 49 | 30.6 % | 72 | 45.0 % |
| More than 2 years | 22 | 13.8 % | 43 | 26.9 % | 65 | 40.6 % |
| Total | 54 | 33.8 % | 106 | 66.2 % | 160 | 100.0 % |

It is evident from Table (13) that the majority of individuals in the study sample had their first treatment visit to the psychiatric clinic ranging from (1 year to 2 years) with a percentage of (45.0%), followed by those who visited the clinic after more than 2 years with a percentage of (40.6%), and then those who visited within (6 months to 1 year) with a percentage of (14.4%). This indicates that all individuals in the sample had their first treatment visit more than (6) months ago, highlighting the role of the social worker with psychiatric patients. If the duration is less than (6) months, the role of the social worker is not as clear, and those who have had a long duration since their visit do not frequently return.

Table 14: shows the study sample according to the variable of the treatment visit during which the social worker interview took place * gender.

| The treatment visit during which the social worker interview took place: | Male | | Female | | Total | |
|--|-----------|------------|-----------|------------|-----------|------------|
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| First visit to the clinic | 46 | 28.8 % | 91 | 56.9 % | 137 | 85.6 % |
| Second visit to the clinic | 2 | 1.2 % | 8 | 5.0 % | 10 | 6.2 % |
| Third visit or more | 6 | 3.8 % | 7 | 4.4 % | 13 | 8.1 % |
| Total | 54 | 33.8 % | 106 | 66.2 % | 160 | 100.0 % |

It is evident from Table (14) that the majority of the study sample of psychiatric patients had an interview with the social worker during their first visit to the clinic, with a percentage of 85.6%. Additionally, 6.2% of the psychiatric patients had an interview with the social worker during their third visit or later, while 8.1% had an interview during their second visit. This indicates that the social worker meets the patients during their first treatment visit, conducts a social study to examine the interpersonal factors affecting the patient's condition, and designs an appropriate treatment plan for their case, which requires understanding the impact of social factors on the patient during the first visit.

Secondly: Results related to answering the study questions

Answer to the first question: The first question in this study is: "What is the level of performance of the social worker in addressing the family problems of the psychiatric patient?" To answer this question, frequencies, percentages, mean, standard deviation, and ranking were used. Table (15) shows the results of the social worker's performance level in addressing the family problems of the psychiatric patient:

Table 15: Frequencies, percentages, mean, standard deviation, and ranking for the first axis statements: Level of social worker performance in addressing the family problems of the psychiatric patient.

| Sr. | Phrases | Frequency & Percentage | Level of Agreement | | | Mean | Standard Deviation | Rank |
|-----|---|------------------------|--------------------|----------------|----------|------|--------------------|------|
| | | | Agree | Somewhat agree | Disagree | | | |
| 1 | The social worker provides me with adequate support and assistance in solving my family problems. | K | 24 | 57 | 79 | 1.66 | 0.727 | 9 |
| | | % | 15.0 | 35.6 | 49.4 | | | |
| 2 | The social worker provides guidance and counseling to prevent the escalation of my family problems. | K | 67 | 57 | 36 | 2.19 | 0.781 | 4 |
| | | % | 41.9 | 35.6 | 22.5 | | | |
| 3 | The social worker helps strengthen my family ties. | K | 71 | 58 | 31 | 2.25 | 0.761 | 2 |
| | | % | 44.4 | 36.2 | 19.4 | | | |
| 4 | The social worker encourages me to have positive and purposeful dialogue with my family. | K | 73 | 58 | 29 | 2.28 | 0.725 | 1 |
| | | % | 45.6 | 36.2 | 18.1 | | | |

| | | | | | | | | |
|---|--|---|------|------|------|------|-------|---|
| 5 | The social worker is interested in involving my family in addressing my problem. | K | 46 | 76 | 38 | 2.05 | 0.725 | 8 |
| | | % | 28.8 | 47.5 | 23.8 | | | |
| 6 | The social worker helps me achieve harmony and stability with my family. | K | 59 | 65 | 36 | 2.14 | 0.759 | 6 |
| | | % | 36.9 | 40.6 | 22.5 | | | |
| 7 | The social worker educates my family on the best ways to deal with me. | K | 71 | 37 | 52 | 2.12 | 0.871 | 7 |
| | | % | 44.4 | 23.1 | 32.5 | | | |

| Sr. | Phrases | Frequency & Percentage | Level of Agreement | | | Mean | Standard Deviation | Rank |
|-----|--|------------------------|--------------------|----------------|----------|------|--------------------|--------------|
| | | | Agree | Somewhat agree | Disagree | | | |
| 8 | The social worker is keen to make my family aware that my psychological treatment is essential, just like the treatment of any physical issue. | K | 70 | 47 | 43 | 2.17 | 0.826 | 5 |
| | | % | 43.8 | 29.4 | 26.9 | | | |
| 9 | The social worker helps me correct my family's misconceptions about envy and the evil eye. | K | 77 | 42 | 41 | 2.23 | 0.831 | 3 |
| | | % | 48.1 | 26.2 | 25.6 | | | |
| | The overall domain | | | | | 2.12 | 0.539 | Intermediate |

It is evident from Table (15) that statements (2, 3, 4, 5, 6, 7, 8, 9) were agreed upon by the sample of the study with averages ranging from (1.67 to 2.34), which fall within the second category of the three-point scale, indicating "Agree to some extent." Statement number (1), where the sample disagreed, had averages ranging from (1.00 to 1.67), falling within the first category, indicating "Disagree." The statements are ranked in descending order as follows:

- Statement number (4) ranked first in terms of agreement, which is: "The social worker encourages me to engage in positive and purposeful dialogue with my family," with an average of (2.28). This means that the social worker has some awareness of the importance of positive dialogue between the patient and their family, and the patient finds some encouragement from the social worker in learning the method of purposeful and positive dialogue with the family, which plays an important role in psychological treatment. This result differs from the study by (Al-Qahtani, 2015), which indicates that psychiatric patients agree that the social worker guides them in the correct way of dealing with their families and social relationships.
- Statement number (3) ranked second in terms of agreement, which is: "The social worker contributes to strengthening my family ties," with an average of (2.25). This means that the social worker is somewhat aware of the importance of family and its role in treatment, and the significance of a supportive family environment for the patient to overcome their illness. This result differs from the study by (Al-Anzi, 2015), which found that social workers are highly aware that family breakdown plays a role in the rejection of psychological treatment.
- Statement number (9) ranked third in terms of agreement, which is: "The social worker helps correct my family's misconceptions about envy and the evil eye," with an average of (2.23). This means that the psychiatric patient receives some level of help from the social worker in correcting their family's misconceptions about mental illness being caused by envy or the evil eye, which leads them to reject treatment and seek other forms of treatment, potentially exacerbating the patient's psychological condition. The study by (Al-Anzi, 2015) pointed

out that some patients strongly believe that envy, the evil eye, or witchcraft are major causes of mental illness, which calls for the activation of the social worker's role in raising awareness about mental illnesses and the dangers of not treating them with medical methods. This result contrasts with (Abd Al-Al, 2015), which indicated a lack of use of professional methods by social workers to convince the family not to resort to non-medical methods for treating the patient.

- Statement number (2) ranked fourth in terms of agreement, which is: "The social worker provides guidance and advice to prevent my family problems from worsening," with an average of (2.19). This shows that the social worker somewhat engages in guiding and advising the psychiatric patient and their family to prevent their issues from escalating, advising them to seek professional help in handling problems to avoid causing stress for the patient and their family. This result contrasts with (Abd Al-Al, 2015), which indicated that social workers show weakness in guiding the patient's family on how to avoid stressful situations for the patient and other family members.

- Statement number (8) ranked fifth in terms of agreement, which is: "The social worker ensures that my family understands that my psychological treatment is essential, just like any physical illness," with an average of (2.17). This indicates that the psychiatric patient receives some attention from the social worker in informing their family about the importance of psychological treatment. Psychological treatment works to alleviate the illness and its symptoms, and just as the body can fall ill, the mind is also exposed to life's pressures, which cause psychological disorders requiring treatment to prevent the condition from worsening and to eliminate the fear of treatment. The study by Al-Anzi (2015) found that the sample strongly agreed that psychological treatment is ineffective, merely a sedative without benefit, and leads to addiction. They also lacked sufficient awareness of the importance of treatment, which calls for the activation of the social worker's role to ensure that the family understands the importance of psychological treatment, to prevent the condition from worsening due to misconceptions and incorrect beliefs.

- Statement number (6) ranked sixth in terms of agreement, which is: "The social worker helps me achieve adjustment and stability with my family," with an average of (2.14). This means that the social worker somewhat assists the psychiatric patient in achieving adjustment with their family and environment, which may be the primary cause of the mental illness. Psychological disorders can stem from family conflicts, such as disagreements between children and parents or between spouses. The social worker must activate their role to help patients achieve psychological stability through targeted therapy sessions at family counseling clinics, using modern therapeutic methods with the patient and their family to ensure stability and prevent setbacks. This aligns with (Abd Al-Al, 2015), which indicated that social workers have limited interest in explaining how to prevent setbacks for psychiatric patients.

- Statement number (7) ranked seventh in terms of agreement, which is: "The social worker educates my family on the optimal way to deal with me," with an average of (2.12). This indicates that the social worker somewhat guides the family of the patient by explaining the symptoms, causes of the illness, and how to deal with the patient. The social worker clarifies that certain pressures, neglect, or lack of attention to the patient could exacerbate the condition or cause a relapse. This aligns with (Al-Urini, 2011), which showed that the family members of psychiatric patients agree somewhat that the social worker explains the illness, its effects, and how to deal with the patient in various situations. However, it differs from (Al-Qahtani, 2015), which reported that the social worker prepares the family to handle the psychiatric patient in the best possible way, with high agreement. It also aligns with (Abd Al-Al, 2015), which noted the social worker's limited interest in explaining to the family how to treat the patient as someone worthy of care. Al-Dosari's study (2012) indicated that the family needs training on how to deal with psychiatric patients and that they also need specialized courses to handle such cases effectively.

- Statement number (5) ranked eighth in terms of agreement, which is: "The social worker is concerned with involving my family in the treatment of my problem," with an average of (2.05). This means that the social worker is moderately concerned with involving the patient's family in the treatment process, and it is essential for the family to be informed about and participate in the treatment plan. This contrasts with (Al-Sahli, 2009), where the study results indicated that social workers rarely ask the families of psychiatric patients to participate in the treatment plan. This also differs from (Abd Al-Al, 2015), where the results showed that the social worker has a weak organization of therapeutic sessions with the patient's family.

- From the table, it is evident that statement number (1) ranked last in terms of disagreement from the study sample, which is: "The social worker provides me with adequate support and assistance in solving my family problems," with an average of (1.66). This indicates that the psychiatric patient does not receive sufficient support and assistance from the social worker in addressing family issues. Family problems may be a contributing factor to the mental illness, and while the patient may receive some support, it is not adequate from the perspective of the psychiatric patient, who requires more effort to find solutions to their problem and help them adapt to their environment.

- The overall field scored at a moderate level, with an average of (2.12), meaning that the performance level of social workers in fulfilling their responsibilities with the patient's family was average. This was indicated in the

study by (Abd Al-Al, 2015), which calls for the activation of responsibilities that performed at moderate and weak levels, as mentioned in the previous table. This may be linked to the lack of cognitive and skill-related knowledge available to practitioners in the psychological field, related to intervention models and methods in social work in general, and in individual service, particularly with family systems. Among these models are family therapy approaches, crisis intervention, task-centered models, and problem-solving approaches. A psychiatric illness in a family member represents a crisis that requires facing and strengthening the social network within the family to provide adequate social support. In conclusion, the results from this table highlight the need for social workers in the psychological field to pay more attention to working with the family system, as it is the primary social environment that could contribute to the emergence of psychological disorders in patients. The therapeutic intervention process should not focus solely on the patient but also on the family, ensuring they understand the emotional support and personal care needed for the patient, and not just serving as a shelter for the patient. The family should create an environment of closeness and mutual affection, where they share both joys and sorrows. Therefore, social workers should be trained on intervention models and approaches that involve the family as a therapeutic mediator in cases of psychiatric patients, as their role should not be overlooked.

Response to the second question

The second question of the study asks: "What is the level of the social worker's performance in mitigating the economic problems of the psychiatric patient?" To answer this question, frequencies, percentages, averages, standard deviations, and rankings were used. Table (16) presents the results regarding the social worker's performance in alleviating the economic problems of the psychiatric patient.

| Sr. | Phrases | Frequency & Percentage | Level of Agreement | | | Mean | Standard Deviation | Rank |
|-----|---|------------------------|--------------------|----------------|----------|------|--------------------|------|
| | | | Agree | Somewhat agree | Disagree | | | |
| 1 | - The social worker assesses the economic situation to ensure the adequacy of income sources for me. | K | 92 | 44 | 24 | 2.43 | 0.40 | 1 |
| | | % | 57.5 | 27.5 | 15.0 | | | |
| 2 | - The social worker helps me identify ways to improve my standard of living. | K | 79 | 55 | 26 | 2.33 | | 3 |
| | | % | 49.4 | 34.4 | 16.2 | | | |
| 3 | - The social worker contributes to helping me obtain financially costly treatment. | K | 45 | 77 | 38 | 2.04 | | 7 |
| | | % | 28.1 | 48.1 | 23.8 | | | |
| 4 | - The social worker guides me to professional rehabilitation programs in the hospital that increase my chances of finding employment. | K | 61 | 62 | 37 | 2.15 | | 6 |
| | | % | 38.1 | 38.8 | 23.1 | | | |
| 5 | - The social worker directs me to charitable | K | 79 | 32 | 49 | 2.19 | 0.877 | 5 |
| | | % | 49.4 | 20.0 | 30.6 | | | |

| | | | | | | | | |
|---|--|---|------|------|------|------|-------|--------------|
| | organizations when I need assistance. | | | | | | | |
| 6 | - The social worker refers me to governmental institutions such as social security and comprehensive rehabilitation when necessary to help me benefit from the available programs. | K | 93 | 38 | 29 | 2.40 | 0.779 | 2 |
| | | % | 58.1 | 23.8 | 18.1 | | | |
| 7 | - The social worker helps me obtain the appropriate support from donors and philanthropists. | K | 19 | 58 | 83 | 1.60 | 0.693 | 8 |
| | | % | 11.9 | 36.2 | 51.9 | | | |
| 8 | - The social worker ensures follow-up and verifies that I receive the financial support. | K | 84 | 34 | 42 | 2.26 | 0.850 | 4 |
| | | % | 52.5 | 21.2 | 26.2 | | | |
| | The overall domain | | | | | 2.18 | 0.563 | Intermediate |

- From Table (16), it is evident that statements (6, 1) had responses from the study sample ranging from (2.34 to 3.00), which are averages that fall within the third category of the three-point scale, indicating "Agree." Meanwhile, statements (8, 5, 4, 3, 2) had responses ranging from (1.67 to 2.34), which are averages that fall within the second category, indicating "Somewhat agree." Statement number (7) had responses ranging from (1.00 to 1.67), which fall within the first category of the scale, indicating "Disagree." The statements are ranked in descending order as follows:

- Statement number (1) ranked first in terms of agreement by the study sample, which is: "The social worker evaluates the economic situation to ensure the adequacy of income sources for the patient." The average score was (2.43). This means that the social worker is aware of the need to evaluate the economic situation of the psychiatric patient and performs this role. The study indicated that the majority of patients do not have a job or a stable monthly income. Mental health disorders may lead to the inability of the patient to continue working or result in being dismissed from their job due to frequent absenteeism, which requires assistance to help them live a dignified life. Poor economic conditions and the lack of an income source may be a cause of mental illness.

Statement No. (6) ranked second in terms of agreement among the study sample, which is: "The social worker refers me when needed to government institutions such as social security and comprehensive rehabilitation to assist me," with an average score of (2.40). This means that the social worker is performing their role with cases that need financial support and meet the conditions for referral, as they are referred to supporting institutions that offer aid, programs, and accessible loans for those who need it and are capable of working. This result is consistent with the study by (Al-Otaibi and Al-Othman, 2020), which indicated that the study sample agreed that the social worker focuses on providing the necessary support and assistance to them.

Statement No. (2) ranked third in terms of agreement among the study sample, which is: "The social worker helps me identify ways to improve my standard of living," with an average score of (2.33). This means that the social worker moderately focuses on explaining the services provided to the patient and clarifying whether they are eligible for support or not. This may be due to the fact that the sources providing services to patients in the community are well-known to them. The result is consistent with the study by (Al-Nasser, 2011), which indicated that the study sample somewhat agreed that the social worker explains the services provided to patients by both government and private institutions. The findings of the study by (Al-Dosari, 2012) also

showed that the study sample agreed that the family of a psychiatric patient needs to be aware of the available community services that can assist them in providing care and support for the psychiatric patient and their family.

Statement No. (8) ranked fourth in terms of agreement among the study sample, which is: "The social worker ensures follow-up and makes sure I receive financial support," with an average score of (2.26). This may indicate that the social worker does not sufficiently follow up on the delivery of support to the psychiatric patient from the supporting institutions in the community. It is necessary for the social worker to ensure the follow-up of the patient's referral to these institutions and to remove any obstacles that might prevent the patient from receiving any support they deserve.

Statement No. (5) ranked fifth in terms of agreement among the study sample, which is: "The social worker refers me to charitable organizations for assistance when needed," with an average score of (2.19). This may indicate that the social worker refers only those patients who meet the referral criteria, such as those who have no housing, no family support, or cases like widows or divorced women, as charitable organizations typically accept divorced women, widows, and those unable to work. This makes it difficult for the social worker to refer all patients who are facing economic difficulties, as charitable organizations may not accept all of them.

Statement No. (4) ranked sixth in terms of agreement among the study sample, which is: "The social worker informs me about vocational rehabilitation programs at the hospital that increase my chances of finding a job," with an average score of (2.15). This means that the social worker's role in guiding the patient about vocational rehabilitation programs at the hospital under the supervision of specialists is limited. The patient should be made aware of these programs, with the option left to them based on their ability to participate. Some patients may live far from the hospital, and others may be unable to attend these programs due to lack of transportation. This result differs from the study by (Abdel Aal, 2015), which indicated that the hospital's services were poorly explained to patients.

Statement No. (3) ranked seventh in terms of agreement among the study sample, which is: "The social worker helps me obtain costly treatment," with an average score of (2.04). This may be because the institution is government-run and provides free treatment; however, some medications are not available in the hospital, which forces some patients to buy their medications from private pharmacies, which can be costly for them. The social worker may assist to some extent in providing medications for patients facing financial difficulties, possibly through a patient support committee. This result aligns with the study by (Al-Anzi, 2015), which indicated that the economic problems of psychiatric patients and the high costs of treatment are reasons for not receiving proper medical care. However, the result contrasts with the study by (Al-Dosari, 2012), where the findings showed that families of psychiatric patients agreed that they suffer from high treatment costs at private psychiatric clinics.

Statement No. (7) ranked last in terms of disagreement among the study sample, which is: "The social worker helps me obtain appropriate support from donors and philanthropists," with an average score of (1.60). This may be due to the fact that the social worker relies on government institutions that support patients, and it could also be attributed to a lack of awareness about the importance of charitable work, donations, and helping those in need. These are essential skills for social workers. It would be beneficial for the social worker to have broad social connections to engage with philanthropists and encourage them to donate and help needy patients who deserve assistance.

The overall domain came out with an average level, with an average score of (2.18). This means that the social worker works moderately with cases that have economic issues. Therefore, the social worker needs to be familiar with all community resources that assist patients with their life requirements, support them, understand their needs, empathize with their struggles, and ensure the thorough evaluation of each psychiatric patient's situation to assess the adequacy of their income sources. Additionally, the social worker should follow up with supporting institutions to ensure the patient receives the necessary support. The results of the study by (Al-Anzi, 2015) indicated that families with low incomes are more likely to refuse psychiatric treatment, which suggests that psychiatric patients are in urgent need of the social worker's efforts to assist them in connecting with support institutions and being familiar with all the resources and services available in the community to ensure a dignified life for the patients.

▪ **Answer to the third question**

The third question refers to: "What is the level of the social worker's performance in reducing the social relationship problems of the psychiatric patient?" To answer this question, frequencies and percentages, the arithmetic mean, standard deviation, and ranking were used. Table (17) illustrates the results of the social worker's performance level in reducing the social relationship problems of the psychiatric patient.

Table No. (17): Frequencies, Percentages, Arithmetic Mean, Standard Deviation, and Ranking of Statements for Axis Three:

Level of the Social Worker's Performance in Reducing Social Relationship Problems of the Psychiatric Patient.

| S/N | Phrases | Frequency and percentage | Agree level | | | Average | Deviation | Ranking |
|-----------------------|---|--------------------------|-------------|----------------|----------|---------|-----------|---------|
| | | | Agree | Somewhat agree | Disagree | | | |
| 1. | The social worker encourages me to engage in various meaningful activities. | Frequency | 54 | 71 | 35 | 2.12 | 0.739 | 8 |
| | | Percentage % | 33.8 | 44.4 | 21.9 | | | |
| 2. | The social worker encourages me to visit and connect with my relatives. | Frequency | 46 | 68 | 46 | 2.00 | 0.761 | 9 |
| | | Percentage % | 28.8 | 42.5 | 28.8 | | | |
| 3. | The social worker encourages me to attend and participate in various family events. | Frequency | 77 | 50 | 33 | 2.28 | 0.785 | 4 |
| | | Percentage % | 48.1 | 31.2 | 20.6 | | | |
| 4. | The social worker strengthens my communication with positive and optimistic friends. | Frequency | 78 | 62 | 20 | 2.36 | 0.696 | 2 |
| | | Percentage % | 48.8 | 38.8 | 12.5 | | | |
| 5. | The social worker encourages me to join friends in recreational activities. | Frequency | 51 | 98 | 11 | 2.25 | 0.572 | 6 |
| | | Percentage % | 31.9 | 61.2 | 6.9 | | | |
| 6. | The social worker encourages me to avoid isolation and to not feel shy when interacting with others. | Frequency | 73 | 75 | 12 | 2.38 | 0.623 | 1 |
| | | Percentage % | 45.6 | 46.9 | 7.5 | | | |
| 7. | The social worker encourages me to actively participate in social events. | Frequency | 72 | 49 | 39 | 2.21 | 0.810 | 7 |
| | | Percentage % | 45.0 | 30.6 | 24.4 | | | |
| 8. | The social worker encourages me to trust others and not be afraid of them. | Frequency | 77 | 47 | 36 | 2.26 | 0.803 | 5 |
| | | Percentage % | 48.1 | 29.4 | 22.5 | | | |
| 9. | The social worker helps me to try to adapt and integrate with the surrounding community. | Frequency | 82 | 46 | 32 | 2.31 | 0.787 | 3 |
| | | Percentage % | 51.2 | 28.8 | 20.0 | | | |
| 10. | The social worker guides me on the importance of participating in various community volunteer activities. | Frequency | 11 | 59 | 90 | 1.51 | 0.624 | 10 |
| | | Percentage % | 6.9 | 36.9 | 56.2 | | | |
| Overall Domain | | | | | | 2.17 | 0.471 | Average |

Table No. (17) shows that statements (4) and (6) received responses from the study sample in the range of (2.4 to 3.00), which fall into the third category of the three-point scale, indicating (Agree). Statements (5, 3, 2, 1, 7, 8, 9) received responses from the study sample in the range of (1.67 to 2.34), which fall into the second category of the three-point scale, indicating (Somewhat Agree). Statement (10) received responses from the study sample

in the range of (1.00 to 1.67), which falls into the first category of the three-point scale, indicating (Disagree). The statements are ranked in descending order as follows:

Statement No. (6) ranked first according to the study sample's agreement, which reads: "The social worker encourages me to avoid isolation and not to be shy in interacting with others," with an average score of (2.38). This suggests that the social worker is aware of the importance of the patient's integration with those around them and the need for the patient to support themselves alongside medication by facing society to overcome their issues. It is noted that psychiatric patients often experience significant feelings of shyness, avoid confrontation, and withdraw from social interactions. Mental illnesses tend to lead to isolation, with patients sometimes believing that secluding themselves will ease their condition. However, this only perpetuates the problem, as one cannot live alone or isolated from others but requires social interaction in all aspects of life. The social worker is aware of this and fulfills their role accordingly. Al-Anazi's study (2015) pointed out that psychiatric patients and their families often feel embarrassed within their social surroundings, and patients experience heightened embarrassment when visiting psychiatric clinics for fear of being seen by acquaintances. This finding was echoed strongly in the responses.

Statement No. (4) ranked second according to the study sample's agreement, which reads: "The social worker enhances my communication with positive and optimistic friends," with an average score of (2.36). This indicates that the social worker is aware of the importance of the patient engaging with a positive environment that can boost their morale. Such positivity and optimism reflect positively on the patient's mental state, aiding in improvement and recovery. The circle of friends is influential; if friends are optimistic about life, the patient's outlook on themselves and life will surely shift in a more positive direction.

Statement No. (9) ranked third in terms of agreement from the study sample, which reads: "The social worker helps me in trying to adapt and integrate with the surrounding community," with an average score of (2.31). This suggests that the social worker is providing a moderate level of support in helping the psychiatric patient adapt to their environment. It highlights the need for the social worker to encourage the patient to engage with their community, participate, and interact with those around them, as this is a therapeutic approach that enables the patient to live with their condition and lead a life without obstacles. Achieving this requires the social worker to have additional skills and knowledge to effectively assist psychiatric patients.

Statement No. (3) ranked fourth in terms of agreement from the study sample, which reads: "The social worker encourages me to communicate and attend various family occasions," with an average score of (2.28). This suggests that the social worker has a moderate level of awareness of the importance of family atmosphere for psychiatric patients, encouraging them to maintain family ties and attend family gatherings. When patients receive care, support, and assistance from their family, it contributes significantly to their ability to overcome the illness.

Statement No. (8) ranked fifth in terms of agreement from the study sample, which reads: "The social worker encourages me to be confident and not afraid of others," with an average score of (2.26). This indicates that the social worker has a moderate level of awareness about the importance of correcting negative thoughts in psychiatric patients and removing misconceptions that make the patient lose trust in others and approach interactions with caution.

Statement No. (5) ranked sixth in terms of agreement from the study sample, which reads: "The social worker encourages me to participate in recreational activities with friends," with an average score of (2.25). This indicates that the social worker has some awareness of the importance of enjoying recreational time with friends in the life of a psychiatric patient. Friendship has a positive impact on the patient, who often suffers from limitations in social relationships and interactions, highlighting the need to assist and encourage the patient to join friends in recreational activities, such as outings, which can bring happiness and relief.

Statement No. (7) ranked seventh in terms of agreement from the study sample, which reads: "The social worker encourages me to actively participate in social events," with an average score of (2.21). This suggests that the social worker may have an insufficient understanding of the need to guide psychiatric patients about the importance of participating in and attending social events, as well as facing the public to build self-confidence and enhance interaction with others. Psychiatric patients often withdraw from social gatherings to avoid being the center of attention.

Statement No. (1) ranked eighth in terms of agreement from the study sample, which reads: "The social worker encourages me to engage in various purposeful activities," with an average score of (2.12). This suggests that the psychiatric patient receives some encouragement from the social worker regarding the importance of engaging in activities that occupy their free time and help alleviate their condition. Activities such as sports, for example, serve as an outlet for the patient and are crucial in overcoming the illness. When the patient is involved in hobbies, it boosts their self-confidence, promotes self-reliance, and enables them to face others without fear.

Statement No. (2) ranked ninth in terms of agreement from the study sample, which reads: "The social worker encourages me to visit my relatives and maintain family ties," with an average score of (2.00). This suggests that the social worker is somewhat aware of the importance of the patient's social environment and its impact on the patient's mental health. Medical and psychological studies have proven a positive relationship between the

availability of support from those around the patient and the improvement of their health. This finding aligns with the study by Draig and Suleiman (2022), which indicated that social workers sometimes assess the relationship between the patient and their family.

Statement No. (10) ranked last in terms of disagreement from the study sample, which reads: "The social worker guides me on the importance of participating in various community volunteer activities," with an average score of (1.51). This may be due to the social worker's lack of sufficient understanding of the importance of volunteering for psychiatric patients, and how it can increase their self-confidence through interaction with volunteer groups and helping others. Volunteering serves as a way to break the isolation and withdrawal from society that many psychiatric patients experience. It provides an opportunity for interaction and integration with others. The social worker should recognize this by acquiring the necessary knowledge and skills to perform their role better, as charitable and volunteer work helps patients build wide social networks based on trust and mutual respect.

The overall domain came with an average level, as its arithmetic mean was (2.17). This reflects the fact that the social worker shall recognize the importance of their role with the psychiatric patient. Social relationship disturbances with others can lead to setbacks if there is no psychological and social support to help the patient overcome their illness. A psychologically disturbed person is generally less effective in their environment and social relationships. Therefore, the role of the social worker shall be activated, using therapeutic methods that guide the patient toward stability and emphasizing the importance of communication for the patient.

▪ **To answer the main research question, which asks about**

the level of the social worker's performance in reducing the social problems faced by the psychiatric patient, the study used the arithmetic mean, standard deviation, ranking, and level estimation. Table No. (18) presents the results for the three questionnaire axes and the overall total.

Table No. (18): The Arithmetic Mean, Standard Deviation, Ranking, and Level Estimation for the Questionnaire Axes: The Level of the Social Worker's Performance in Reducing the Social Problems of the Psychiatric Patient.

| S/N | Axes | Arithmetic Mean | Standard Deviation | Ranking | Level Estimation |
|-----|--|-----------------|--------------------|---------|------------------|
| 1 | The level of performance of the social worker Reducing Family Problems of Psychiatric Patients | 2.12 | 0.539 | 3 | Average |
| 2 | The level of performance of the social worker in Reducing Economic Problems of Psychiatric Patients | 2.18 | 0.563 | 1 | Average |
| 3 | The level of performance of the social worker in Reducing Social Relationship Problems of Psychiatric Patients | 2.17 | 0.471 | 2 | Average |
| | Total | | | | |

It is evident from the results of Table No. (18) that the social worker's role in reducing economic problems came with a medium level, with an arithmetic mean of (2.18), ranking first. The social worker's role in reducing social relationship problems of psychiatric patients came with a medium level, with an arithmetic mean of (2.17), ranking second. The social worker's role in reducing family problems for psychiatric patients came with a medium level, with an arithmetic mean of (2.12), ranking third. The overall cumulative mean was (2.15).

This indicates that the social worker's role in the psychiatric clinics of Al-Qassim Mental Health Hospital in Buraidah is at a medium level, meeting the psychiatric patients' needs to some extent. However, the social worker requires more skills and knowledge, along with additional training programs, to acquire further knowledge of professional intervention techniques and modern therapeutic methods with psychiatric patients. These findings align with the study by Al-Huwaimel (2022), which recommended the need for training, as the busy schedules of social workers in administrative work have led to a lack of focus on professional work. Additionally, social workers are not always up-to-date with new techniques in the field of individual services, especially clinical skills.

Study Results

The study reached several key findings, the most important of which are as follows:

All the axes of the study showed a medium level of performance, with the arithmetic means ranging from (1.67 to 2.34), and were ranked as follows:

The social worker's role in reducing economic problems, with an arithmetic mean of (2.18).

The social worker's role in reducing social relationship problems, with an arithmetic mean of (2.17).

The social worker's role in reducing family problems, with an arithmetic mean of (2.12).

The overall field, which pertains to the level of the social worker's performance in reducing the social problems facing psychiatric patients, showed a medium level, with an arithmetic mean of (2.15).

RECOMMENDATIONS

Based on the previous results, the study recommends the following:

- Organizing workshops for social workers on modern therapeutic techniques in social work, familiarizing them with these methods, and how to apply them to psychiatric patients.
- Increasing specialized training courses on how to deal with psychiatric patients' problems for social workers who were not able to master all aspects of professional practice during their university education.
- Enhancing the knowledge, skills, and capabilities of social workers in various therapeutic approaches.
- Promoting internal and external knowledge exchange among social workers working in the field of mental health.
- Raising community awareness about the role of social workers with psychiatric patients.
- Activating the role of academic institutions in offering technical and rehabilitative programs for social workers in the field of mental health, such as providing a one-year post-bachelor's rehabilitation program in mental health.
- Conducting further research on evaluating the role of clinical social work in mental health services.

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