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Research Article

Psychological Counseling and Social Work: Saudi Perspective on Mental Health Care

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Abstract:

Psychological counseling and social work in Saudi Arabia have evolved significantly in response to the growing recognition of mental health as a crucial component of overall well-being. Traditionally, mental health issues were often stigmatized, leading many individuals to avoid seeking help. However, increased awareness and education have been pivotal in changing societal attitudes, promoting the importance of psychological counseling as a valuable resource. The Saudi government has made strides in integrating mental health services into the healthcare system, focusing on community-based interventions. This includes the establishment of counseling centers and the incorporation of mental health education within universities and schools, reflecting a commitment to destigmatizing mental health issues and providing accessible support for those in need. Social workers play a vital role in the landscape of mental health care, particularly in navigating the complexities of cultural norms and family dynamics that often influence individual experiences. They are instrumental in providing support not only to individuals with mental health issues but also to their families, helping to bridge the gap between traditional practices and modern therapeutic approaches. By fostering community support networks and advocating for resource allocation, social workers enhance the accessibility of mental health services across diverse populations. As Saudi Arabia continues to modernize its approach to mental health care, integrating psychological counseling and social work into a cohesive framework remains essential for addressing the emerging challenges and improving outcomes for individuals facing mental health issues in the Kingdom.

1. Introduction

The global recognition of mental health as a fundamental component of overall public health is unequivocal. The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" [1]. This definition inherently acknowledges that mental well-being is not merely the absence of disorder but

a positive state of functioning that is deeply influenced by social and community contexts. In Saudi Arabia, as in many parts of the world, the prevalence of mental health issues is significant. Recent studies indicate a growing awareness of conditions such as depression, anxiety, and stress-related disorders among the Saudi population, with factors like rapid modernization, social media influence, and economic pressures contributing to this rise [2]. Historically, however, the discourse surrounding mental health in the Kingdom was shrouded in stigma and misconception, often viewed through a narrow lens of spiritual or supernatural causes, leading to help-seeking behaviors that prioritized traditional or religious healing over clinical intervention [3]. This historical context is crucial for understanding the challenges and triumphs of integrating modern mental health disciplines.

The journey of psychological counseling and social work in Saudi Arabia is a narrative of remarkable transformation. The formal establishment of these fields is a relatively recent phenomenon, gaining substantial momentum only over the past few decades. The initial development was largely driven by the expansion of the higher education system, with universities pioneering academic programs in psychology and social sciences [4]. These early initiatives were instrumental in building a foundational knowledge base and training the first generation of Saudi professionals. However, the practice was initially constrained, often limited to educational settings for counselors and to narrow, charity-based models for social workers. The true paradigm shift began with a top-down recognition from the Saudi government of the critical importance of mental health and social welfare. This was most notably catalyzed by the launch of Saudi Vision 2030, a strategic framework that places a strong emphasis on enhancing the quality of life and building a vibrant society with robust health and social protection systems [5]. Vision 2030 has acted as a powerful catalyst, propelling mental health from the periphery to the center of the national health and social agenda.

A "Saudi perspective" on mental health care is inextricably linked to the profound influence of Islam and deeply held cultural traditions. Islam is not merely a religion but a comprehensive way of life that provides a framework for understanding the world, human nature, and the purpose of existence. The Quran and the teachings of the Prophet Muhammad (Hadith) offer extensive guidance on psychological well-being, patience (*sabr*), remembrance of God (*dhikr*), community support, and the treatment of ailments, which includes seeking cure and knowledge [6]. Consequently, any effective psychological or social work intervention in Saudi Arabia must be culturally and religiously congruent. This involves incorporating Islamic principles into therapeutic practices, a approach often referred to as "Islamically Integrated Psychotherapy" [7]. For instance, concepts such as *tawakkul* (reliance on God), *dua* (supplication), and forgiveness can be powerful therapeutic tools when aligned with a client's belief system. Similarly, the social structure, characterized by strong family ties, collectivism, and defined gender roles, profoundly shapes the manifestation of distress and the pathways to healing [8]. Social workers, therefore, must engage not just the individual but the entire family system, respecting the authority and wisdom of elders while navigating complex issues related to honor, privacy, and community reputation.

The synergy between psychological counseling and social work within this unique context is both necessary and complex. A client presenting with depressive symptoms, for example, may require a counselor to address cognitive distortions and emotional regulation. Simultaneously, a social worker may be needed to intervene if the depression is exacerbated by social isolation, family conflict, or financial hardship—a common scenario in a society undergoing rapid economic change [9]. The collaboration between these two professions ensures a holistic, biopsychosocial approach to care. However, this collaboration faces practical challenges, including role ambiguity, a lack of standardized referral protocols, and sometimes, professional territoriality [10]. Furthermore, both fields in Saudi Arabia contend with a shared set of formidable obstacles. The stigma associated with mental illness remains a significant barrier to service utilization, despite growing public awareness campaigns [11]. There is a critical shortage of specialized training programs and supervised clinical hours needed to produce a sufficient number of qualified practitioners [12]. Additionally, the existing mental health infrastructure, though improving, is often overburdened, with services concentrated in major urban centers, limiting access for those in rural and remote areas [13].

2. Psychological Counseling and Social Work

The effective delivery of mental health care necessitates a move beyond isolated interventions towards a cohesive, holistic model that addresses the full spectrum of human experience. For the Saudi context, where individual well-being is deeply interwoven with familial, social, and

spiritual dimensions, the integration of psychological counseling and social work is not merely beneficial but essential. The conceptual framework proposed herein is built upon the foundational Biopsychosocial-Spiritual (BPSS) model, adapted and enriched to reflect the unique socio-cultural and religious realities of Saudi society. This integrated framework posits that sustainable mental health outcomes are achieved only when therapeutic interventions targeting intrapsychic processes (the domain of counseling) are systematically synchronized with interventions addressing systemic and environmental stressors (the domain of social work), all within a culturally congruent paradigm that honors Islamic values and the collective nature of Saudi society [14].

The Biopsychosocial Model, first articulated by Engel, provided a critical correction to the reductionist biomedical model by asserting that health and illness are the result of a complex interplay between biological, psychological, and social factors [15]. However, in the Saudi and broader Islamic context, the spiritual dimension is not a separate adjunct but a pervasive force that informs all aspects of life. Therefore, this framework explicitly incorporates spirituality as a core component, transforming it into a Biopsychosocial-Spiritual (BPSS) model. The biological component refers to genetic predispositions, neurochemistry, and physical health. The psychological component encompasses cognitive patterns, emotional regulation, and personal history. The social component includes family dynamics, socioeconomic status, workplace environment, and community support. The spiritual component, central to this adaptation, involves an individual's relationship with God (Allah), sense of purpose derived from faith, religious practices (e.g., Salah, Sawm, Du'a), and Islamic worldview [16]. An effective practitioner, whether counselor or social worker, must conduct a comprehensive assessment across all four of these domains to formulate a complete understanding of the client's presenting issue.

Within this BPSS framework, the roles of the psychological counselor and the social worker are distinct yet deeply complementary. The psychological counselor operates primarily within the biological and psychological domains, with a strong competency in addressing the spiritual. Their expertise lies in employing evidence-based therapeutic modalities—such as Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), or client-centered therapy—to help individuals manage symptoms, reframe maladaptive thoughts, and process emotional trauma. The key adaptation for the Saudi context is the integration of Islamic principles into these therapies. For example, a counselor might use CBT to challenge cognitive distortions, while simultaneously incorporating Islamic concepts of *tawakkul* (trust in God's plan) to reduce anxiety, or using the Quranic narrative of prophetic patience in the face of adversity to foster resilience [17]. The counselor's focus is on healing the individual from within, equipping them with internal psychological and spiritual resources.

Conversely, the social worker in this integrated framework operates primarily within the social and spiritual domains, acting as a bridge between the individual and their wider environment. Their practice is grounded in the "person-in-environment" perspective, which is a natural fit for the collectivist culture of Saudi Arabia. The social worker conducts psychosocial assessments to identify systemic barriers to well-being, such as family conflict, financial instability, unemployment, or lack of access to community resources. In a culture where family honor (*ird*) and reputation are paramount, a social problem like a marital dispute or a youth's behavioral issues can be a primary source of psychological distress. The social worker engages in case management, connects clients with social services (e.g., financial aid from charitable organizations like the Saudi Arabian Relief Authority), provides family mediation, and advocates for clients within legal or governmental systems [18]. Furthermore, the social worker leverages the spiritual domain by mobilizing support from the mosque community, involving respected religious leaders where appropriate, and reinforcing the Islamic imperative of social responsibility (*zakat*, *sadaqah*).

The synergy between these two roles is operationalized through a structured collaborative care model. This model moves beyond simple referral to establish a shared treatment plan with clearly defined, overlapping responsibilities. For instance, consider a case of a female client presenting with major depressive disorder. The psychological counselor would work with her to address symptoms of low mood, anhedonia, and negative self-talk, potentially using Islamically-integrated CBT. Simultaneously, the social worker would investigate and intervene in the social determinants of her depression. They might discover that her distress is exacerbated by the recent loss of a male guardian (*wali*), leading to complex legal and financial insecurities. The social worker would then provide practical support in navigating the legal system, connecting her with relevant government entities, and strengthening her social support network by involving extended family, all while framing this support within the

Islamic ethic of caring for orphans and vulnerable individuals [19]. The counselor and social worker would engage in regular case consultations to ensure their strategies are aligned and reinforcing, rather than working at cross-purposes.

The entire integrated framework is situated within the overarching macro-context of Saudi national policy and vision, most notably Saudi Vision 2030. Vision 2030 provides the political and structural legitimacy for this collaborative approach by emphasizing the improvement of quality of life, the strengthening of the social safety net, and the promotion of community health [20]. National initiatives aimed at increasing the efficiency of the non-profit sector, empowering women in the workforce, and enhancing digital government services all create new avenues and resources for social work intervention. Similarly, the Vision's focus on healthcare transformation encourages the integration of mental health into primary care, creating natural points of entry for a collaborative BPSS approach [21]. This macro-context both enables and demands the partnership between counseling and social work to achieve its ambitious societal goals.

Inevitably, the implementation of this framework faces significant challenges that must be acknowledged. Professional turf boundaries and a lack of clear understanding of each other's scopes of practice can hinder collaboration [22]. There is a pressing need for interdisciplinary education and training, where counseling and social work students learn together, fostering mutual respect and understanding from the outset of their professional journeys. Furthermore, the development of standardized cross-disciplinary assessment tools and shared electronic health records would facilitate seamless communication and referral between professionals [23]. Finally, ongoing research is crucial to empirically validate the efficacy of this integrated model in the Saudi context. Studies comparing client outcomes in integrated care settings versus traditional, siloed services are needed to build a robust evidence base that can inform policy and funding decisions [24].

3. Social Welfare in Saudi Arabia

The modern Saudi health system has its origins in a centralized, government-funded model, with the Ministry of Health (MOH) serving as the primary provider and regulator. For decades, healthcare was treated as a public good, provided free of charge at the point of service to all citizens, a policy reflecting the state's commitment to social welfare as an extension of its Islamic and social contract responsibilities [25]. Within this system, mental health care initially occupied a marginalized position, often limited to large-scale psychiatric hospitals that focused primarily on severe mental illness, with minimal community-based or preventative services. The historical stigma associated with mental health was, to some extent, reinforced by this institutionalized and segregated model of care [26]. Similarly, the concept of social work was traditionally informal, channeled through family and tribal networks, and later, formalized through charitable organizations and government entities like the Ministry of Human Resources and Social Development (MHRSD), which focused on poverty alleviation, disability services, and family protection [27]. This early separation between the medicalized MOH and the socially-oriented MHRSD created a structural divide between psychological and social care that the system is now striving to overcome.

A seismic shift in this policy context was initiated with the launch of Saudi Vision 2030 in 2016. This strategic framework represents a comprehensive blueprint for economic, social, and governmental transformation, and it has placed human well-being at the core of its objectives. Vision 2030 has directly influenced the mental health landscape through several key drivers. First, the health sector transformation program, a key component of the Vision, explicitly aims to promote prevention, enhance the quality of care, and increase the efficiency of health services [28]. This has catalyzed a move towards integrating mental health into primary care, a policy change that inherently requires collaboration between medical professionals, counselors, and social workers to be effective. Second, the Vision's emphasis on "Vibrant Society" with a strong social safety net has elevated the importance of professional social work. It has led to increased support for non-profit organizations and the development of more robust social service programs, recognizing that a healthy society requires both medical and social stability [29]. Furthermore, the National Transformation Program (NTP) and the Human Capability Development Program (HCDP) have set specific targets for increasing the number of specialized Saudi professionals in both healthcare and social services, addressing critical workforce shortages [30].

Underpinning these formal policy structures is a powerful ideological context rooted in Islamic teachings. The Islamic principle of social justice and the concept of *Hisba* (enjoining good and forbidding wrong) provide a strong religious mandate for both state and individual responsibility towards the vulnerable. The Quranic injunctions to care for orphans, the poor, and the wayfarer, and

the institutionalization of *Zakat* (obligatory almsgiving) and *Sadaqah* (voluntary charity), form the ethical bedrock of the social welfare system [31]. This ideological framework significantly reduces the stigma associated with seeking social or financial help, as receiving *Zakat* is a religious right for those in need. For mental health, while stigma persists, there is a parallel and powerful Islamic discourse that frames psychological distress as a test from God and seeking treatment as a form of seeking a cure, which is encouraged in the Hadith [32]. This creates a critical opening for integrating faith with therapy, allowing counselors and social workers to frame interventions within a spiritual worldview, thereby enhancing their acceptability and effectiveness. The ideological resonance of care provides a moral force that complements and strengthens top-down policy directives.

The synergy between modern policy and traditional ideology is further evident in the evolving role of key institutions. The Saudi Arabian Relief Authority, for example, has modernized its operations to provide more systematic and data-driven social assistance, yet its work remains deeply rooted in the Islamic ethic of charity [33]. Similarly, the Family Protection Program, operating under the MHRSD, addresses critical issues like domestic violence and child abuse by combining modern social work methodologies with Islamic principles that emphasize the sanctity of the family and the protection of its members from harm [34]. This blending of the modern and the traditional is a hallmark of the Saudi approach. However, navigating this complex context presents challenges. Policy implementation can be uneven, with disparities in service quality and availability between urban centers like Riyadh and Jeddah and more remote rural areas. While Vision 2030 promotes privatization and insurance-based models, there is a need to ensure that these changes do not exacerbate inequalities in access to mental health and social services for lower-income citizens [35]. The ideological emphasis on family privacy can also sometimes conflict with professional mandates to report abuse or intervene in family dynamics, requiring immense cultural sensitivity from social workers and counselors.

4. Cultural and Religious Considerations in Mental Health Practice

The foundational element for any mental health practice in Saudi Arabia is a sophisticated understanding of the Islamic worldview and its conceptualization of the human psyche. The Quranic terminology for the self—such as *nafs* (the self/soul), *qalb* (heart), and *aql* (intellect)—provides a rich, non-stigmatizing vocabulary for discussing psychological states. For instance, the struggle between the *nafs ammarah* (the soul that inclines toward evil) and the *nafs mutma'innah* (the tranquil soul) can be effectively paralleled with therapeutic concepts of impulse control and self-actualization [36]. Furthermore, the Islamic perspective on suffering is inherently meaning-oriented. Psychological distress is often interpreted through a spiritual lens as a test (*ibtila'*) from God, a means of atonement for sins, or an opportunity for spiritual growth and elevation. A therapist who dismisses this as passive fatalism misses a crucial therapeutic lever. Instead, a culturally-attuned practitioner can reframe the Islamic virtue of *sabr* (often translated as patience) not as resignation, but as an active, persevering struggle that is highly rewarded, aligning it with principles of resilience and acceptance in modern psychotherapies [37]. Religious practices, therefore, become potent therapeutic tools. The mindfulness and discipline of prayer (*Salah*), the meditative repetition in *Dhikr* (remembrance of God), and the profound comfort of *Du'a* (supplication) can be systematically incorporated into treatment to manage anxiety, cultivate gratitude, and foster a sense of connection and peace [38].

The cultural context, inseparable from religion, is characterized by a robust collectivism that prioritizes the family (*usrah*) and the tribe (*qabilah*) over the individual. In this framework, individual identity is deeply embedded within the family unit, and individual well-being is contingent upon familial harmony and the preservation of collective honor (*ird*). This has direct and practical implications for clinical practice. The identified "client" is often not just the individual but the entire family system. Decisions regarding seeking therapy, treatment goals, and even the disclosure of information are frequently family affairs, involving parents, elders, and sometimes even extended kin [39]. A counselor or social worker who insists on strict confidentiality without family engagement may find their efforts thwarted. Effective practice, therefore, necessitates engaging the family as allies in the healing process. This involves conducting family sessions, seeking the "buy-in" of a patriarchal figure, and understanding that the presenting problem—whether depression in a young adult or anxiety in a mother—is often a symptom of underlying family dynamics, social pressures, or a perceived threat to the family's reputation in the community [40].

Navigating the constructs of gender, modesty, and privacy is another non-negotiable aspect of culturally competent care. The principle of gender segregation (*ikhtilat*) profoundly shapes the

therapeutic environment. The vast majority of female clients will require, for reasons of religious adherence, personal comfort, and social propriety, to be seen by a female practitioner [41]. This makes the recruitment and training of a female workforce in both counseling and social work a critical priority for the healthcare system, not merely a matter of diversity but of fundamental access. Furthermore, the deep-seated value of modesty (*haya'*) and privacy directly influences the therapeutic relationship and communication style. Clients may employ indirect communication, use metaphors, or initially be reluctant to discuss intimate details of their lives, especially with a practitioner of the opposite gender. A clinician must interpret this not as resistance or a lack of insight, but as a reflection of cultural norms that highly value discretion and the protection of private family matters [42]. Building trust requires demonstrating respect for these boundaries and exhibiting patience.

A particularly complex challenge arises from the coexistence of multiple explanatory models for mental illness. While a bio-psycho-social model underpins clinical training, many clients may understand their suffering through a spiritual or supernatural lens, attributing symptoms to the evil eye (*al-ayn*), jinn possession (*mass al-jinn*), or witchcraft (*sihr*) [43]. A clinician who dismisses these beliefs as superstition irrevocably damages the therapeutic alliance and confirms the client's fear that the practitioner does not understand their world. The most effective strategy is one of respectful integration and collaboration. This involves validating the client's worldview while gently expanding it. A practitioner might say, "I understand that you are concerned about *al-ayn*, and we can certainly discuss ways to seek spiritual protection as guided by the Quran and Sunnah. At the same time, God has placed healing in many forms, including the knowledge of therapy and medicine, which can work alongside spiritual remedies to bring you relief" [44]. This "both/and" approach allows the client to feel heard and respected, paving the way for engagement in evidence-based treatment. It also underscores the importance of building bridges with enlightened religious scholars and imams who can provide religious guidance that complements, rather than contradicts, clinical care [45].

Professional Roles and Interdisciplinary Collaboration

The psychological counselor in Saudi Arabia operates primarily within the domain of the individual's internal world and immediate interpersonal relationships. Their professional expertise is rooted in theories of human development, psychopathology, and evidence-based therapeutic techniques. A counselor's primary function is to conduct clinical assessments, diagnose mental health disorders according to standardized criteria (e.g., DSM-5), and provide psychotherapy. This may involve employing modalities such as Cognitive Behavioral Therapy (CBT) to restructure negative thought patterns, humanistic approaches to foster self-actualization, or family therapy to improve relational dynamics [48]. The unique adaptation for the Saudi counselor lies in the cultural and religious integration of these practices. This requires competency in incorporating Islamic principles into the therapeutic dialogue, using spiritual concepts like *tawakkul* (trust in God) to mitigate anxiety or *sabr* (perseverance) to build resilience, thereby making the therapy culturally resonant and effective [49]. The counselor's focus remains on healing from within, equipping the client with psychological tools and insights to manage their symptoms and improve their mental and emotional functioning.

In contrast, the social worker adopts a "person-in-environment" perspective, focusing on the external systems and social determinants that impact an individual's mental health. Their role is to assess how factors such as poverty, unemployment, domestic violence, legal issues, or inadequate housing contribute to or exacerbate psychological distress. In a collectivist society like Saudi Arabia, this often means conducting thorough psychosocial assessments that map the client's entire family and community ecosystem [50]. The social worker's interventions are practical and systemic. They engage in case management, connecting clients with essential resources such as financial aid from the Ministry of Human Resources and Social Development or support from the Saudi Arabian Relief Authority. They provide family mediation, advocate for clients within governmental or legal systems, and develop community programs to address broader social issues [51]. For instance, while a counselor treats the depression of a woman facing divorce, the social worker assists her with navigating the legal intricacies, securing child custody, and finding financial stability and new housing, thereby addressing the root social causes of her despair.

The true power of these disciplines is unleashed not when they work in parallel, but when they engage in structured interdisciplinary collaboration. The most effective model for the Saudi context is a collaborative care model, where the counselor and social worker function as a coordinated team, often alongside psychiatrists and primary care physicians. In this model, they develop a shared treatment plan

with clearly defined, overlapping responsibilities and maintain regular communication through case conferences [52]. The benefits of this synergy are profound. First, it provides a holistic, Biopsychosocial-Spiritual (BPSS) approach to care, ensuring that both the internal psychological wounds and the external social stressors are addressed simultaneously. Second, it significantly improves patient outcomes. A client receiving consistent psychotherapy while their social worker resolves a pressing housing crisis is far more likely to show clinical improvement than one receiving therapy alone [53]. Finally, this collaboration is a powerful tool for destigmatizing mental health. When social workers, who are often perceived as dealing with "real-world" problems, are visibly partnered with counselors, it normalizes the seeking of psychological help by framing it as part of a comprehensive solution to life's challenges.

Despite its clear advantages, successful interdisciplinary collaboration faces significant barriers in Saudi Arabia. One major challenge is role ambiguity and professional territoriality. Without a clear understanding of each other's training and scope of practice, counselors and social workers may duplicate efforts or, conversely, leave critical gaps in care [54]. This is compounded by the current lack of standardized interdisciplinary protocols and shared electronic health records that would facilitate seamless communication and referral between professionals in different institutions [55]. Furthermore, the existing silos in higher education and professional training perpetuate this divide. Counseling and social work students often graduate without having shared a single classroom or collaborative project, missing the foundational experience of working as a team [56].To overcome these barriers, a multi-faceted approach is required. Firstly, professional licensing bodies, in conjunction with the Ministry of Health and MHRSD, must work to clearly define and legally codify the scopes of practice for both counselors and clinical social workers, minimizing overlap and clarifying points of collaboration [57]. Secondly, and most crucially, educational reform is needed. Universities must develop interdisciplinary training modules and joint practicum experiences that force counseling and social work students to learn together, solve complex case studies as a team, and develop mutual respect for their complementary expertise [58].

5. Education, Training, and Workforce Development in Saudi Mental Health

The foundation of a professional workforce is laid within the halls of higher education. In Saudi Arabia, the number of universities offering undergraduate and postgraduate degrees in psychology and social work has grown significantly over the past two decades. These programs have been instrumental in establishing an academic foundation and creating a pipeline of Saudi nationals entering the field. However, the curriculum in many of these programs often faces a significant challenge: a heavy reliance on Western theoretical frameworks and textbooks, with insufficient integration of local cultural and Islamic perspectives on mental health and healing [59]. While understanding global standards is crucial, graduates may find themselves ill-equipped to handle the unique presentations and explanatory models of their Saudi clients. There is a pressing need to "Saudize" the curriculum by incorporating content on Islamic psychology, local research on mental health prevalence, case studies relevant to the Saudi family structure, and the ethical nuances of practice within a Sharia-informed context [60]. Furthermore, social work programs must evolve beyond a traditional charity-based model to embrace clinical social work training that prepares graduates for therapeutic roles within the expanding mental health infrastructure.

Beyond the academic curriculum, the most critical gap in current education and training is the lack of standardized, high-quality clinical supervision. The transition from university to professional practice is a vulnerable period, and without adequate supervision, new graduates risk burnout, ethical missteps, and the provision of substandard care. The current availability of qualified supervisors who can provide structured, ongoing mentorship is limited and does not meet the growing demand [61]. Clinical supervision is not merely administrative oversight; it is an educational process that enhances therapeutic skills, supports case conceptualization, navigates complex ethical dilemmas, and fosters professional identity. Establishing a mandatory, structured supervision system for all new practitioners, overseen by the Saudi Commission for Health Specialties (SCFHS), is a non-negotiable step towards ensuring quality and safeguarding public welfare. This requires an urgent initiative to train and certify a sufficient cohort of experienced professionals to serve as supervisors themselves.

Workforce development challenges extend far beyond the classroom and supervision room. A severe shortage of specialized professionals persists, particularly in regions outside the major urban centers of Riyadh, Jeddah, and the Eastern Province [62]. This geographic maldistribution creates significant disparities in access to care. Additionally, high rates of attrition and burnout

among existing professionals, driven by heavy caseloads, administrative burdens, and the emotionally taxing nature of the work, further deplete the workforce [63]. To address these systemic issues, a multi-pronged national strategy is required. First, aggressive "Saudization" efforts must continue, with targeted scholarships and incentives for students to pursue advanced degrees (Master's and Doctorates) in clinical psychology, counseling, and clinical social work, with a commitment to serving in underserved regions [64]. Second, creating clear and attractive career progression ladders within government and private sectors is essential to retain talent. Professionals need to see a future with opportunities for advancement, specialization, and competitive remuneration.

Interprofessional Education (IPE) represents a paradigm shift necessary for building a collaborative workforce. Currently, counseling, social work, psychiatry, and nursing students are often educated in separate silos, reinforcing professional boundaries and hindering future collaboration. IPE involves creating learning experiences where students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes [65]. Implementing IPE through joint workshops, simulated patient scenarios, and shared clinical rotations would foster mutual respect and understanding between future counselors and social workers from the earliest stages of their training. This foundational teamwork competency would then naturally translate into more integrated and efficient patient care in their professional lives, directly supporting the holistic Biopsychosocial-Spiritual model of care [66].

Finally, the pursuit of professional licensure and the commitment to continuing education are pillars of a mature and accountable mental health sector. The SCFHS has made strides in establishing licensure requirements for healthcare practitioners, but the pathways for counselors and clinical social workers need to be clearly defined, standardized, and rigorously enforced [67]. Licensure ensures a baseline of competency and protects the public from unqualified practitioners. Coupled with licensure must be a robust system of Continuing Professional Development (CPD). The fields of psychology and social work are dynamic, with constantly evolving research and best practices. Mandatory CPD requirements ensure that professionals remain current with evidence-based interventions, ethical standards, and emerging topics, such as the use of digital mental health platforms, which have seen rapid adoption in Saudi Arabia post-COVID-19 [68]. By investing in a continuous learning ecosystem, Saudi Arabia can ensure its mental health workforce remains competent, confident, and capable of providing world-class care that is simultaneously deeply rooted in the cultural and religious values of the society it serves [69]. The journey towards a healthy society, as envisioned in Vision 2030, depends fundamentally on the strength, skill, and dedication of the human capital at the forefront of this endeavor.

6. Service Delivery Models:

The public sector, primarily represented by the Ministry of Health (MOH), has historically been the cornerstone of mental health service delivery in Saudi Arabia. This system is built on the principle of providing free-at-the-point-of-care services to all citizens, embodying the state's commitment to welfare. The backbone of public mental health care has traditionally been large psychiatric hospitals, which focused on acute and chronic severe mental illnesses. While these institutions provide essential, life-saving care, they have also been criticized for perpetuating stigma and fostering a model of care that is often isolated from general health services [70]. In response to this, a significant and positive shift is underway towards integrating mental health into Primary Health Care Centers (PHCCs). This policy, a key component of the health sector transformation, aims to destigmatize mental health, provide early intervention, and make basic services more accessible in local communities [71]. However, the implementation faces challenges, including a shortage of trained primary care staff, limited time for consultations, and inadequate referral pathways to secondary and tertiary care, often leading to fragmented patient experiences [72]. Despite these challenges, the public MOH system remains the most critical safety net for the majority of the population, particularly those with severe disorders and those from lower socioeconomic backgrounds.Complementing the public sector is a rapidly growing private mental health care market. Driven by Vision 2030's emphasis on privatization and private sector participation, there has been a notable increase in the establishment of private clinics, specialized hospitals, and corporate wellness programs offering psychological services. The private model offers several advantages, including reduced wait times, greater perceived privacy, a wider choice of providers, and often more luxurious facilities [73]. This sector is particularly attractive to specific demographics, such as expatriates, higher-income Saudis, and those seeking discretion due to persistent social stigma. Furthermore, private

providers are often early adopters of innovative therapies and technologies, such as digital mental health platforms and specialized treatment programs for eating disorders or trauma, which may not be as readily available in the public system [74]. However, the private model's primary limitation is its cost, which places it out of reach for a significant portion of the population and risks creating a two-tiered system where the quality of care is determined by one's ability to pay. The success of this sector's integration into the national ecosystem will depend on the development of effective regulatory frameworks and insurance schemes that ensure quality control and potentially subsidize access for certain groups.Perhaps the most culturally resonant and underutilized component of the Saudi mental health landscape is the community-based approach. This model seeks to move care out of clinical settings and into the natural environments where people live, work, and worship. It aligns perfectly with the collectivist nature of Saudi society and the Islamic emphasis on community support. Community-based initiatives can take many forms, including school-based counseling programs that identify and support at-risk youth, mental health first-aid training for community leaders and teachers, and wellness programs integrated into workplace settings [75]. A particularly powerful venue for community-based intervention is the mosque. As the central religious and social hub in most neighborhoods, mosques offer a non-stigmatizing entry point for mental health awareness. Initiatives involving trained imams delivering sermons on psychological well-being, hosting support groups, or providing basic counseling and referral services can dramatically increase reach and acceptability [76]. The success of the community-based model hinges on effective task-sharing, where trained non-specialists, such as community health workers or peer supporters, are empowered to provide basic psychosocial support, thus extending the reach of the specialized workforce [77].The ultimate goal for a modern mental health system is not to have these three models compete, but to foster their strategic integration. A visionary approach would involve a "stepped-care" model, where an individual's first point of contact is a low-intensity, community-based service (e.g., a school counselor or a mosque-based program). If more specialized care is needed, they can be seamlessly referred to a primary health care center (public or private) for assessment and basic intervention. Complex or severe cases are then stepped up to specialized MOH hospitals or private clinics, with a clear pathway for stepping back down to community-based support for recovery and rehabilitation [78]. Technology, particularly tele-mental health, serves as a powerful integrator across these models. A national tele-counseling platform, for instance, could provide initial assessments, follow-up care, and specialist consultations to remote public clinics, private practices, and even community centers, bridging geographical and resource gaps [79]. The government's role in this integrated vision is to act as the regulator, planner, and funder—setting quality standards, purchasing services from private providers for public patients where necessary, and actively funding and scaling successful community-based initiatives. By strategically weaving together the comprehensive reach of the public sector, the innovation and efficiency of the private sector, and the cultural embeddedness of community-based care, Saudi Arabia can construct a mental health system that is not only clinically effective but also truly responsive to the needs and values of its people.

7. Conclusion

In conclusion, the integration of psychological counseling and social work is not merely a professional preference but a fundamental necessity for addressing the complex mental health needs of Saudi society. This research has demonstrated that the journey toward a robust mental health system is a multi-faceted endeavor, requiring synchronized efforts across various domains. The foundational step is the unwavering commitment to a culturally and religiously attuned practice, where Islamic values are viewed as therapeutic assets and the collectivist family structure is engaged as a partner in care. The conceptual Biopsychosocial-Spiritual model provides a comprehensive framework for such holistic intervention, ensuring that both internal psychological struggles and external social determinants are addressed concurrently.The realization of this vision hinges on systemic reforms. Policymakers must continue to champion mental health as a national priority, aligning regulations and funding with the goals of Vision 2030 to enhance quality of life. Educational institutions bear the critical responsibility of revolutionizing their curricula to produce a new generation of professionals who are not only clinically proficient but also skilled in interdisciplinary collaboration and culturally competent care. This must be supported by the development of a strong, specialized, and well-distributed national workforce, backed by robust clinical supervision and continuous professional development. Furthermore, the strategic integration of public, private, and community-based service delivery models, facilitated by technology, can

create a seamless stepped-care system that ensures accessibility and equity for all citizens, from major cities to remote regions.Ultimately, the path forward for mental health care in Saudi Arabia is one of synthesis—synthesizing global evidence-based practices with local Islamic and cultural wisdom; synthesizing the clinical focus of counseling with the systemic advocacy of social work; and synthesizing the reach of the public sector with the innovation of the private sector and the grassroots power of community-based care. By steadfastly pursuing this integrated path, Saudi Arabia can transform its mental health landscape, effectively reducing stigma, promoting well-being, and building a truly vibrant and healthy society, as envisioned in its national blueprint for the future.

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