

SPECIALIST NURSING CARE AT ERADAH COMPLEX AND MENTAL HEALTH: IMPROVING MENTAL HEALTH SERVICES IN SAUDI ARABIA

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Abstract

Mental health problems are one of the most significant contributors to the global burden of disease in developed and developing countries. They can result in a long-term health and social care burden, associated with increased hospitalization rates, outpatient clinic attendances, overall demand on emergency services, demand on diagnostic laboratory services, increased instances of unemployment, employment being hampered, neglect of other family members' needs, higher divorce rates, and ultimately death. The nursing management and prevention of physical health problems for patients suffering from other mental health issues are among the most crucial issues. The leadership and skills of specialized nurses are of utmost significance. A specialized mental health nurse can provide better physical skills, assess and monitor, develop treatment plans, collaborate with other health care professionals, provide complete and effective care, and assist patients in various ways.

The need for specialist nurses for mental health and complex care is not advanced in Saudi Arabia, and the present specialist mental health nurses in the country are not highly skilled at addressing the needs of patients with mental health issues. In many of these facilities, there is a lack of specialized acute nursing staff focused on mental health. Instead, as needed, they take up the balance, without hospital ratios indicating too high a dependency on acute care and leaving core tasks undone. In general acute care conditions, the incorrect skills, attitudes, values, and level of understanding of the patient population of the specialized point-of-care staff render acute mental health care inadequate. The Saudi commission increased the qualification of general nurses to be 4-year bachelor's degrees in nursing, and the health authorities in the region are encouraging the graduation of registered nurses specializing in mental health.

1. Introduction

Mental health care in Saudi Arabia is a relatively new and growing field. The Saudi Ministry of Health established its first mental health department only in 1987. There has been a recent move to integrate mental health with general health services in hospitals: the superspecialty

hospitals in Riyadh have now incorporated psychiatric wards into their facilities. In addition, there are four psychiatric hospitals in the Kingdom, and the Ministry of Health is planning to convert certain general hospitals to mental health facilities. This reflects a commitment of the Saudi government to develop mental health services. Financing of mental health is no longer a major obstacle given the increasing affluence and emphasis on health care development in the Kingdom. However, the development of mental health manpower continues to be a major issue for mental health service development. (Alasiri and Mohammed, 2022)

The objective of this paper is to enlighten the mental health community regarding specialist nursing services for mentally ill patients in an Islamic setting based on our experience at the Dr. Suleiman Al-Habib Medical Complex and, in particular, at the Eradah Complex. The Eradah Complex was initially established in 1985 as a rehabilitation unit and has grown to be a leader in Saudi Arabia. The quality of mental health delivered at the Eradah Complex has been recognized and referred to. The complex is a national referral center where the more difficult-to-manage psychiatric patients in the Kingdom are frequently managed. The patients at the complex usually have multiple physical and psychiatric problems; thus, the complex has established a tradition of expert specialist nursing care programs. The core professional philosophy of specialist nursing also differentiates the complications of specialist nursing in general. The authors advocate the application and development of such specialized care to other national mental health programs so that a top-level mental health nursing service can be established throughout the Kingdom.

1.1. Background of Mental Health Services in Saudi Arabia

Complex medium and high secure services including specialist nursing for Saudi Arabian forensic mental health patients in a specific hospital within the United Kingdom. Saudi Arabia has made significant progress in the provision of mental health services in the last four decades. Progress includes the development of mental health services historically based on older asylums, followed by major transformation and investment in mental health services over the last 25 years. Psychiatrist services were the main base of service provision historically, with only minor input by other disciplines. Despite detailing a shortfall across the whole area of mental health services, mental health strategy reports, and the Saudi Arabian Mental Health Society, the idea of developing mental health specialist services within nursing hasn't materialized within either mainstream psychiatry or in forensic secure mental health services. (Al-Habeeb et al.2020)

Currently, Saudi Arabia does not have specialist forensic secure mental health nursing services available or any education, training, or support for developmental health nursing within non-forensic services for either patients, families, or health care support workers. There is a need for forensic mental health nursing in areas of care for acute or chronic illness, but this historical acceptance and lack of service development or support is present. This has led to an increasing concern for funding commissioners, families, and other parties regarding what to do with such individuals within the service. Saudi Arabia continues to send patients to either Europe or the United States to be detained within specialist hospital secure units. This is both financially and culturally difficult, and even purchasing health insurance doesn't secure access. There was a call for such individuals to be sent for both care and repatriation back home, but currently, none of the available hospitals were able to accept such a request. (Alanazi, 2020)

1.2. Significance of Specialist Nursing Care

Specialist nursing services for people treated at Eradah and related mental health courts in Saudi Arabia are thought to be appropriate and needed. All service users in the study made a clear call for such care. It centered on the custodial health care staff who often lacked respect and therapeutic regard and who were felt to "care less." They had skilled lawyers for legal matters but nobody to help them with their mental health – not adequately at all. Indeed, one

court exchange reminded service users that it was they who had asked for expert help, "who wanted this type of treatment." They had not been isolated during a trial period to see how everything was going for their court appearances and outcomes, but to protect their own "physical and mental health." (Altamimi et al.2023)

This call was community-driven in that it often related to existing relationships and help provided by experienced prison-based service users. Specialist nursing care was seen as pivotal in improving the pathway from remand to community care and rehabilitation for these patients. However, they were equally clear about what was required: nurses trained to a specialist mental health level, who cared and related well to people, and worked with other custodial care staff and managers. This clarity, when frequently repeated and with examples, aligns with the experiences regarding the core attributes they feel nursing staff need when working in larger, more established mental health services. They felt that nurses could contribute by providing someone who "listened, considered their views, and acted upon them," counseling and psychological reorientation for their illnesses back to the inside and out. (Wardrop et al.2021)

1.3. Overview of Eradah Complex

Eradah is a new type of mental health facility that encompasses a comprehensive system of services, including inpatient, outpatient, specialized day programs, and aftercare models. All components of the system provide comprehensive, specialized nursing care and rehabilitation for individuals with psychiatric illnesses. The system places the patient and family at the center of care and includes education, counseling, and life skills training as important components. Inpatient treatment is individually designed to meet the patient's needs, providing 24-hour nursing care, a therapeutic environment, privacy, and human dignity. Outpatient services are designed to further individual treatment needs in as little as four hours per week. The Intensive Outpatient Program expects patients to spend six hours a day, five days a week in specialized rehabilitation. The step-down system from inpatient to outpatient services is coordinated to provide for an effective placement of patients in the least intrusive environment. The overall goal of the continuum is to provide specialized nursing care to maintain mental well-being and to return individuals to their previous level of functioning as soon and as safely as possible by lessening the need for prolonged inpatient care. (Altamimi et al.2023)

Eradah Complex is located in Al Qarrah District in Riyadh. It is the Core Service System of the Eradah program and is designed to provide first-rate facilities for individuals with psychiatric illnesses. The program was initiated to meet the requirements of Saudi society, which is witnessing an increasing burden of mental illness. The desirable budgetary efficiency of the facility and program led to the development of an innovative policy. This system not only brings economic benefits but also ensures interdisciplinary assessment and design of more comprehensive care plans, as well as cooperation, trust, and consistency between staff members from different specialties. (AM et al., 2022)

2. Theoretical Framework

A common perception, embedded in the underlying constructs that represent illness or need, lies at the root of tensions between generalist and specialist nursing practice. That is, healthcare needs are best met by generalist practitioners, whereas intake into specialist practice is necessary because not all healthcare is best delivered by generalists. The constructs are not inadvertently developed. They are the result of drafting new shares of knowledge and skills by creating systems that organize and control the manner in which a person learns those skills and gains the appropriate certification in order to enable them to deliver specified undertakings for either wider ranges of service consumers or far more detailed tasks. The question that continually replays in relation to nursing is whether specialist services are only about complex technical work. (Jimenez et al.2020)

2.1. Conceptual Frameworks in Mental Health Nursing

One of the vehicle frameworks that has influenced mental health nursing, and nursing in general, was that proposed by Hildegard Peplau in 1952. Peplau was the first person to suggest that nurses seek to use nursing opportunities to improve individual mental health outcomes. Although her public health approach to providing care outside the hospital environment was not practicable at that time, she identified, along with Adolf Meyer, that chronic inpatients should be moved to more open settings. This was a new concept; at that time, psychiatric patients were treated in asylums, and within the asylum, patients were categorized and placed in specific wards, making hope of any improvement less likely. The institutional approach was surrounded by traditional protocols; for example, eight out of nine patients were treated with crude medication treatments, noted as hydrotherapy and seclusion. Since this time, there have been significant shifts in service delivery in most developed countries.

(Fathidokht et al.2023) Another significant shift in conceptual framework came in the 1960s with the Copenhagen study. This concept identified the influential role that nurses could play in mental health service delivery. Patients were not categorized on admission for treatment. This approach meant that therapeutic relationships, built up through contact and continuity of care, encouraged mutual trust and understanding. Over the years, influential studies and research have identified the importance of the nurse-patient relationship as an influential factor in recovery from mental ill health. These have included data from the anti-psychiatry movement and subsequent studies suggesting that the interaction between nurses and patients would be beneficial to recovery if flexibility were given to the institutional approach (Aznar-Huerta et al.2024).

3. Specialist Nursing Care in Mental Health

Specialist nursing care in a mental health context is an essential component in the care of those experiencing mental distress. The nurse is the person who is most intimately involved with the individual and is required to offer a positive therapeutic involvement to enable individuals to develop their full potential. Specialist nursing care is different from general nursing care. General nursing care provides the essentials of living; it is vital, life-enhancing, and something that the majority of inpatients will need. Specialist nursing care goes that extra step beyond general nursing care to provide the necessary specialist interventions aimed at ameliorating the severe difficulties experienced by many inpatients needing inpatient mental health care. (Smith et al.2020)

The nurse needs to have excellent communication skills and the knowledge to rapidly assess, plan, and implement the most appropriate evidence-based and person-centered care for the individuals. This requires a range of sophisticated skills and the development of a positive relationship of trust and understanding. The nurse must also be competent in discussions with other staff members. The purpose of this discussion and documentation is to ensure that the interventions provide the desired and expected service and outcomes and to establish a framework for evaluation in the required areas for sustained recovery of inpatients. The requirements for evaluation proposed include regular quantitative and qualitative reports on, and discussion of specific areas as they apply at both the individual patient level and also across the hospital as a whole. (Liu et al.2020)

3.1. Role of Specialist Nurses in Mental Health Care

In considering the role of specialist nurses in Eradah Complex and mental health, it might be helpful to look at what a mental health nurse or specialist should 'look' like. There is now more emphasis on the development of the role of specialist mental health nurses, those who care for the mentally ill in a variety of settings outside the traditional psychiatric inpatient unit. This shift in focus can be seen as part of a pattern of change that may be of value both to the specialist and the practitioners. It can be argued that specialist roles require special characteristics. (Johnson et al.2022)

Various studies have identified core or generic roles for the specialist practitioner. A framework that identifies the competencies of specialist mental health nurses has suggested that underpinning competencies include a knowledge of mental illness, knowledge of the social and interpersonal context of mental illness, therapeutic competence based on valuing the individual, developing a therapeutic relationship, sharing control, and reflective practice. However, the traditional mental health nurse role is geared to a secondary care service in which mental ill health is identified, treated, and healed, with the individual then returning to the community with a view based on a normal body structure, biochemical balance, and a return to integration in the community. This has effectively maintained the differentiation and disempowerment of those with mental health issues from the rest of the community. (Cornish, 2020)(Ward-Miller et al.2021)

4. Eradah Complex: A Case Study

Eradat Complex caters to the forensic mental health needs of the Kingdom of Saudi Arabia. The combination of therapy offers, the expertise of the multi-disciplinary mental health team, and the physical environment means that we are able to safely manage individuals who are a risk to themselves or others. This specialist service model aims to reduce liability risks, create predictability of successful placement, and ultimately reduce the length of stay of our service users. All those who access these services are considered in the multi-disciplinary team meetings for forensic mental health services, which already come from all over Saudi Arabia. The work demonstrates success in risk assessment, shared care planning, staging of those who may yet be ready to leave, and developing knowledge about forensic mental health that can be shared more widely.

The service has been in operation for four years and is a forensic mental health inpatient center, representing the most comprehensive forensic service available in the Kingdom. The population of our services includes only those who have been officially referred as being involuntarily detained in the Saudi Health System. This can be either via the Penal Law for those who present with a serious mental illness and are involved with the police or court system, or via the mental health act. The establishment of the hospital is primarily for the purpose of specialist treatment and clarification regarding mental state and does not serve any custodial requirement. After medical leave described in the established criteria and conditions, individuals can be assessed and returned to prison. All individuals who receive treatment in the hospital must not know more than 45 days have passed since the case began. Our role is not to provide a prison service but a mental health service if and when needed in a custodial setting. A get-you-sick and get-you-better quick approach seems to be driving the belief in the special service some are discussing. The service can also include a higher-level program for personalized patient care. Hosted interest provides first-level protection, providing health care or specialist forensic mental health nursing care. Already within the first 100 days of Eradah's life, we had used professional-level mental health nursing skills to provide assistance to those receiving inpatient care. This is a positive development for our nursing services.

4.1. History and Development

The Ministry of Health in Saudi Arabia, since its foundation, has made strenuous efforts to meet the requirements of the Saudi people in the area of health care. The health care services were expanded, with the number of hospitals increasing from 74 to 204. In addition to general hospitals, there were specialized hospitals such as those for obstetrics, gynecology, pediatrics, and psychiatric hospitals. At present, plans for more specialized hospitals, including a center for addiction research studies, are under consideration. These services were provided by qualified and specialized doctors, supported by highly trained nursing and ancillary staff. Despite the development in the provision of Saudi specialist health care, there were few

advances in the nursing roles from the traditional nursing roles of providing care for patients after an increased hospitalization for medical or surgical treatment. (Lee and Yoon2021)

In the early years of nursing education, training schools for nursing were established in hospitals and operated by hospital staff. In 1395 A.H., the first training school was established by the Ministry of Health for general nursing education under the Jeddah Training Health Directorate. In 1397 A.H., it was transferred to the Preventive Medicine Services in the same Directorate. Then in 1397 A.H., another was established by the Ministry to provide qualified nurses who would be able to help. The other type of care was at the psychiatric hospital in Saudi Arabia. At that time, the training program included all aspects of general nursing care. (Kalateh et al.2021)

4.2. Facilities and Services Offered

Eradah Professional Complex works to make the long hospitalization of patients who live in hospitals and nursing homes shorter, reduces morbidity and the burden on hospitals, and shortens the hospital bed waiting time. We work for the unification of mental health services by providing a versatile medical option that keeps the patient in interaction with their family and enhances their occupational and functional capability even during the treatment journey. It provides a specialized healthcare service for the humane care of elderly people with dementia and mental illness in the Kingdom. (Alanazi et al.2023)

In fact, Eradah creates numerous treatment options for people with high needs through our comprehensive mental health services, such as general practitioners, psychiatrists, psychologists, social workers, rehabilitators, psychiatric nurses, home caregivers, supported living, and hostel service. All our professionals in the nursing community are highly qualified to develop behavioral methods to address mental health and behavioral challenges in their various residential settings. By assessing and monitoring individuals and providing custom treatment plans and care management services, families are advised and supported.

(Ali et al.2024)Our facility is built to provide independent living based on comfort, quality of care, recreational needs, and housekeeping control. It is fully heated and provides twenty-four hours of constant care. It also offers different activities to improve the quality of life and satisfaction of the elderly. Designed to provide optimal support for their living, our facilities take into account all aspects to ensure a healthy, sociable, autonomous, and mentally shaped lifestyle. We also created special dementia care units because awareness of the challenges related to dementia care is very important to us.

5. Strategies for Enhancing Mental Health Services

Emphasis needs to be placed on producing specialist mental health practitioners as well as developing mental health-enhancing services staffed by trained professionals in other related areas. Our proposed vision for a comprehensive nursing mental health service in a primary care setting considers a multiskilled nursing workforce as an essential part of the future of mental health services. With well-prepared community mental health nurses and nursing teams, positive outcomes can be expected for people who use mental health services, as well as for the health workforce. The presence of nurses in a center can create a calm and more healing environment. Patients receive better clinical management of mental health problems and feel empowered, and mental health outcomes are improved. Patients receiving their mental health care following a stepped-care approach have healthier life experiences, and this boosts self-confidence and mental well-being alike. (Peng et al., 2020)

Our strategy for the mental health workforce involves building a mental health-enhanced nursing workforce that can be found or accessed in primary care health settings. Our current practice highlights the fact that there are unmet mental health needs involving the use of alternative approach models of mental health care. The problems of access, high costs, and long waiting times associated with traditional mental health services are reflective of the

cultural, demographic, psychological, and socioeconomic diversity of the area. Mental health practitioner networks involved in partnership include primary care nurses, general practitioners, psychiatrists, clinical psychologists, case managers, and social workers. This document sets out a framework for the development and support of staff delivering a range of mental health-enhancing nursing services in conjunction with others. It is about being a part of a culture of care in which nobody delays the emergence of a mental health deterioration that might lead to hospitalization. (Milavetz et al.2021)

6. Training and Education for Specialist Nurses

Psychiatry and the other medical professions have always been the main providers of care and treatment for the mentally ill. However, practical nursing care is supplied by specialist mental health nurses, in conjunction with medical care until recovery. Other professionals contributing to the care of the mentally ill are also trained within colleges of nursing education and are qualified nursing graduates. In Saudi Arabia, nursing education is marketed as unisex, with equal opportunities for both male and female students to be trained to work with males and females regardless of the area of specialization. However, pathways into specialist mental health nurse training need to be regarded as equally satisfactory whether the arrival is from intermediate, vocational technical, or general nursing training schools, by either gender. (Horgan et al.2020)

Lecturers within the nursing colleges are nurse educators with postgraduate qualifications in the required area of nursing, such as specialist mental health nursing or nurse education. Problems arose in attracting nurses to specialist mental health nursing in Saudi Arabia because they were qualified around 20 years prior and had since gained roles within nurse education, making further study in the area difficult due to family or age status. The College of Nursing for Jazan University hosts general and specialist mental health comprehensive nursing education degree programs that are internationally attractive to students. There are five universities in the Jazan area: King Abdul Aziz University, Jazan University nursing college, Jazan University medical college, and two women's degree-giving colleges that have specialist mental health training facets located within the general nursing curriculum.

7. Collaboration and Partnerships

The importance of developing strong partnerships to build bridges between Eradah and other national and local health and social care organizations in Saudi Arabia and elsewhere has been emphasized. Collaboration in health and social care can lead to innovation and great improvements in service provision. These improvements can be achieved by linking the knowledge and experience of different professional and lay groups, service users, and their various interests and objectives within and between organizations. There are many different types of working in partnership, ranging from formal, contractual, and structural collaboration within the existing teams and organizations to flexible and informal working alliances between practitioners and agencies. Factors facilitating inclusion include support from organizations and their leaders, ensuring that staff have good communication and advocacy skills and a positive attitude toward service improvements. (Segun-Falade et al.2024)

Global discussions and research to improve health and well-being have reached consensus on effective practices in health and social care that can be specifically included and adapted to meet regional, religious, physical, forensic, and cultural service user needs and expectations. Improved national and local partnerships can bridge service gaps, disconnects, and regional imbalances in the health care and welfare system. Accordingly, by cross-fertilizing public, private, national, and local health and social care partnerships, many communities in transition will be able to achieve better health for all their residents. Moreover, as the action research progresses, total care public and private health networks between and within national and local authorities, service providers, and the public and private sector will increasingly reduce the

traditional burden on service user families, leading eventually to jointly funded, accessible, and sustainable health and welfare for local residents. (Duffy et al.2020)

Conclusion and Future Directions

Mental health promotion and the prevention and treatment of mental disorders are essential to human welfare. While progress has been made in mental health reform in Saudi Arabia, the absence of a coordinated mental health policy, plan, or structure at national or regional levels remains a key challenge. The distribution and delivery of mental health services are inequitable and inaccessible. The range and skill-mix of community-based mental health services do not meet the demands within the wider population.

A change of context of illness of the mind can move illness to a position in human experience where blame and shame is inappropriate using a recovery focus and the modern experience of the meaning and search on health service technique in a way that puts the patient's perspective at the forefront of investigation in psychiatry. In conclusion, the present review may suggest a change in priority for psychiatric research: from 'illness' to the 'experience of illness', from 'treatment' to 'recovery', which constitute the original human beliefs for the reason in approach, but not much included in modern psychiatry. The future challenge for psychiatry is, undoubtedly, the street psychiatry with the projects that should be fully committed to promoting full mental health for people, setting research and psychiatric care as a respect of the human rights and the dignity of all patients.

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