
Unlocking Potential: The Promising Role of Primary Care Social Work in Managing Complex Health and Social Needs in Saudi Arabia

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Abstract:

Primary care social work plays a critical role in addressing the complex health and social needs of individuals, particularly in countries undergoing rapid socio-economic transitions such as Saudi Arabia. This narrative review explores the promising role of integrating social work into primary care settings to manage chronic diseases, mental health issues, and social determinants of health. The study highlights the benefits of such integration, including improved health outcomes, reduced healthcare costs, and enhanced patient satisfaction, while addressing unique challenges within the Saudi healthcare context.

Keywords:

Primary care, Social work, Saudi Arabia, Integrated care, Chronic diseases, Social determinants of health, Mental health

1. Introduction

There are multiple barriers in relation to accessing healthcare services, continuity of care, and chronic uncontrolled diseases. Besides, society is witnessing multiple political and economic challenges such as strain on economies, globally aging populations, and rising inequities in income. Consequently, there is an increase in complex and overlapping health and social needs such as homelessness, food insecurity, social isolation, poverty, and unemployment. These complex and overlapping health and social needs cause adverse effects on consumers and sporadically flood all health services with repeated attendance from these consumers. Due to such challenges, the healthcare setting plays a vital role in prevention, protection, management, and most importantly, adding life to years. (Sultana, 2021)

Primary care is the first point of contact for most people in the healthcare system, and it is the cornerstone of any successful health system, especially when it is organized well. Likewise, primary healthcare is the first level of contact with consumers and communities in the context of the healthcare system that addresses their needs and concerns in relation to healthcare, especially those that do not occur elsewhere. Primary care is the foundation

for immunization, treatment, and prevention of the spread of diseases. Healthcare is the social aspect of medicine and is not the complete absence of disease. Rather, health is considered a state of physical, mental, and social well-being. It is important to address all three because each is interrelated and affects the others. Therefore, addressing only the physical part of health will not lead to complete well-being. Consequently, primary healthcare will start becoming a beacon of medical homes that are below 5 stars without limitation on the age of the consumer. Thus, delivering healthcare will be easier with knowledge of the condition, forms, and shape of the treatment, intervention, and referral to the consumer as a whole who might differ from the others. (Carrera et al.2022)(Sacks et al.2020)(Langlois et al.2020)(Health Organization, 2020)

1.1. Background and Rationale

Health care in the Kingdom of Saudi Arabia has been affected by several issues. A rapidly growing and aging population, coupled with urbanization and unhealthy lifestyles, has led to a growing burden of complex health needs, including chronic and mental illnesses. Comorbidity and multimorbidity, as well as undifferentiated physical symptoms, have been increasing. Therefore, the need for intense and individualized health and social care has increased. Over the past several years, Saudi Arabia has heavily invested efforts to improve patient outcomes and the effectiveness of care in its healthcare system. Many studies have proposed new models of care that result in better outcomes and cost-effectiveness. There has been a growing acceptance of integrated care in services across both sectors.

Prior to this study, very little empirical research has been done in relation to the extent, structure, and operation of integrated services across Saudi Arabia. One aspect of this is the incorporation of social work into primary care. Many policies and initiatives have been put in place to enhance health outcomes by addressing the social determinants of health. However, research has documented significant gaps in services. Social work is a discipline with unclearly defined roles, which has seen many advances in being accepted as a key profession in addressing the modern-day needs of an increasingly complex society at local, regional, national, and international levels. (Akram & Abdelrady, 2023)(Naseem, 2021)(Naseem, 2021)(Alzaydi, 2023)(Sohail and Hasan2021)(Alswaigh and Aloud2021)(Alyoussef, 2022)

The roles and duties of social work are so complex that effectively addressing them is a long and intricate journey. Therefore, success in this area will require good thinking, accurate planning, and the use of the right methodology and competent human resources. Primary healthcare focuses on the patient's health condition as an individual, with the goal of preventing disease, early detection of disease in the management phase to prevent complications, and provision of services to seriously ill and disabled individuals to improve their efficiency. It is known that social workers have a role in all of these categories, but no studies on this subject have been conducted. In this work, we will focus on general health services, as our society is at the forefront of societal evolution. The increasing complexity of consultation, as a result of complex health and social needs, has made the role of social work necessary in conjunction with health services. Managing these needs appropriately may lead to a more rational and cost-effective approach that utilizes the services provided by health organizations for those who need them most. All of these reasons are the main drivers of research in this field. A strategic approach in the provision

of such services is important, so a study on the appropriate organizational relationships can be useful. In the following stages, the role of social work within public health services will be studied from an international perspective, and then the role of social work in managing the well-being of patients in relation to various integrated care models will be studied in more depth through conducting a primary research study in the Kingdom of Saudi Arabia. (Moudatsou et al., 2020)(Jacobs et al.2021)(Goldberg & Warburton, 2021)(Ashcroft et al.2022)(Banks et al.2020)

1.2. Scope and Significance of the Study

This study applied a scoping review of the biomedical and health policy literature to describe and summarize the current understanding and state of primary care social work. It also defined research objectives and questions that guide the exploration of social work in primary care. With a focus on the Petro-managerial class, questions about social work in primary care abound in the Saudi healthcare system. What role might they play in managing the complex needs of this diverse class of patients? How effective could they be in practice, and how could we know? Moreover, how will Petro-managerial clients and other primary care stakeholders respond to the in-clinic introduction of this novel service? The value of this work can be understood from multiple different and overlapping perspectives. Public health practitioners may become aware of intervention components and principles that can shift primary care practice towards trauma-informed and person-centered care. Furthermore, the provision of this care may help the social determinants to move through prevention and healthy policies to designated priority issues that need urgent attention and change. The profile of the proposed Saudi sample and the focus of this scoping review could be of interest to public health researchers working in and on the MENA region, because the consequences of economic and social transitions on both health and healthcare are keenly relevant for large numbers of vulnerable people in this part of the world. (Albahri et al.2023)(de et al.2022)(Murphy et al.2021)(Pollock et al.2021)(Huang et al.2020)

Research on integrated primary care and social work is presently limited in both quantity and scope. It is confined largely to the single-payer systems of advanced capitalist states. For potentially vulnerable populations in rapidly changing low and middle-income healthcare contexts in Saudi Arabia, we do not have answers to basic questions about the nature and feasibility of integrated social work care. We do not know how patients likely to benefit would use and respond to social work in primary care or how a social work presence in primary care affects clinical interaction, practice, and provider experience. Saudi Arabia's largely publicly financed healthcare system can be described as primarily outpatient and primary care-focused. Our clinical setting, a medical complex in Jeddah, is the largest example of such primary care-focused medicine in the Middle East. In seeking to meet new community and patient demands for care, providers here sometimes face substantial gaps as they attempt to integrate social work services into the fabric of their primary care practice. (Perrin et al.2020)(McGorry et al.2022) (Ashcroft et al.2022)(McGorry et al.2022)

The Saudi population served by Saudi Aramco Medical Services Organization is large and diverse. Saudi nationals who are direct employees of the company fall into two broad categories: those who work exclusively for the company and are paid on the basis of their

day-to-day labor, usually Saudis of lower income and little or no political influence, and the Petro-managerial class. As in other companies founded and run by Americans and Europeans in the Middle East, the Petro-manager has daily contact with Americans and Europeans, often the highly paid upper executives of the company. Not employed by the company, the local Aramco Saudis are members of third-generation American or European or Saudi families, educated in various universities and colleges, respectively, and hold what the company calls "senior positions" in housing, recreation, schools, public relations, and the highly paid professional and supervisory jobs. It is thought that socio-spatial segregation, cultivation, and identification with Western style, culture, and staff hold social determinants that negatively impact the broader and more oppressed masses inside and outside the Aramco gated society. The objective in conducting this scoping review was to explore the evolving concept of using social work in primary care and describe the nature of the nascent literature for researchers, clinicians, and policymakers.

2. Primary Care and Social Work: An Integrated Approach

This paper describes the integration of primary care with social work in addressing complex chronic conditions impacting health. It provides key definitions, theoretical approaches, and models of practice for integrated health systems, and discusses the potential impact on overall system efficiency. It examines the significance of this global phenomenon within the context of the evolution of health and social services and implications for healthcare in the Kingdom of Saudi Arabia. (Donnelly et al.2021)(Colomina et al.2021)

In 2008, the agenda for integrating health and social services identified this transformative approach as necessary to shift the focus from reactive clinical practice to preventive care. It stated that health determinants are created by the interrelation of health services, public health, and social determinants, undertaking common processes across sectors to produce a desirable relationship, and the set of strategies required to integrate services at the individual, organizational, and national governance levels. The literature frames some components of integrated approaches as the move towards person-centeredness, multidisciplinary approaches, and trans-disease care. Evidence-based actions for promoting mental health and well-being, all of which are the result of and require an integrated approach between multiple sectors, are outlined. The more intricately connected a service is to the social determinants of health, the greater the need for a joined-up approach. Personal, professional, and project models of practice claim that effective primary care must be relational, at the heart of communities, culturally responsive, and economically viable for one or many social, health, and related statutory and charitable agencies. Each model is underpinned by one or more theoretical approaches including strengths, client-centered, biopsychosocial, or case management. They posit that the addition of a social worker or similarly trained individual constitutes 'truly comprehensive primary care.' Social work brings a person-centered focus to primary care, thereby enriching the delivery experience and health outcomes. In turn, those models of practice have attracted positive evaluations and robust evidence to suggest that these collaborative and multi-agency services are often better placed, relative to those working in silos, to improve patient and program outcomes. In the realm of health, they may be able to mediate better links with chronic care management and achieve collective health and allied goals,

including trunked delivery through care pathways, enhancing the efficiency of a system or service.

2.1. Definition and Conceptual Framework

This paper discusses the concept subsection of a larger research project. Key concepts are used to help understand the main topic and build the foundation for primary care social work and integrated care. An initial delineation is made between the concepts of primary care, social work, and secondary care to clarify each profession's role in healthcare. Additionally, a conceptual framework for integrated care is graphically represented, illustrating how primary care and social work interact to treat the complex needs of patients. In general, healthcare is multidimensional, encompassing physical, mental, and social health. Well-being cannot be comprehensively addressed by attending only to the physiological component of health. Secondary care typically treats physical health, whereas primary care addresses the biopsychosocial model of health. Furthermore, social work conceptualization within medicine has become clearer more recently; it may be encompassed within primary care or exist within secondary care. (Alvidrez & Barksdale, 2022)(Schmahl et al.2021)(Lomax et al.2022)

Social work in the primary care setting focuses on an individual's health-related needs and works with them to address social determinants of health. In practice, this occurs directly with the physician and the patient and/or their family; however, it cannot be limited to them alone, as there are multiple stakeholders that can support the patient in the community, and this list can continue to grow. The goal is for patients to receive patient-centered care in a timely, efficient, effective, and safe manner. This needs to be done in a collaborative environment based on best practices that are informed by evidence and research. While the developed framework is designed to support primary care and social work in Saudi Arabia, it is potentially transferable to healthcare systems in other countries after validation. It is designed to promote comprehensive assessment and management of an individual's health and social issues within the community at the primary care level.

2.2. Historical Context and Evolution

Recently, several initiatives and developments have paved the way for the integration and reintegration of payment to health systems providing health and social care services, particularly in developed nations. In Saudi Arabia, several achievements and commitments have been established in formal documents and strategies, with increasing focus on strategic directions towards comprehensive primary health care. During the last seventy years, healthcare policies have been developed in response to multiple changes, including increasing urbanization and socioeconomic changes within the citizen population. Initial policies and reforms promoted basic access to essential care, especially within city-based hospitals. Over time, increasing commitment to improvements in care and policies subsequently evolved to encompass individuals, families, and communities. Therefore, different broad historical developments and commitments underpin the growing emphasis on, and inclusion of, social determinants in all health care and health policy for the citizen.

In both international and Saudi forums of importance, the comprehensive primary care approach was an early hallmark of primary health and chief nursing and midwifery officer policies. Recognition of working across primary, secondary, tertiary health, and specialist

mental health has also been demonstrated as a crucial aspect of advanced and specialist nursing and nursing education conceptualization and development. Such shifts are perhaps also reflective of other international and specific historical trends, such as recognition of primary healthcare and comprehensive systems and global recognition of the move towards increasing recognition of social determinants of health. Internationally, global instances such as the immediate post-World War Two response to social care in Europe were explicitly incorporated into burgeoning welfare states as a health issue. The proposal signed by Saudi in 1348 AH formalized the original commitment to and recognition of the impact of poor social determinants of health. Saudi Arabia experienced a consequent human resource movement toward the health system in the late 1950s to broaden the breadth of accessible services. Key documents dating back to 1373 AH, 1378 AH, and 1394 AH evidence succinct policy and political intentions to mainstream comprehensive healthcare policies and strategies responding to specific local, regional, national, and international historical, social, political, and economic challenges and opportunities.

3. Health and Social Needs in Saudi Arabia

Saudi Arabia faces a confluence of challenges that impact groups within its communities. Some of the pressing health concerns include a high prevalence of obesity, diabetes, metabolic syndrome, and cardiovascular diseases, as well as escalating mental health needs. These morbidities, which often coincide with vulnerability factors, may be personally driven and/or influenced by broader cultural and social practices such as consanguineous unions. Many individuals in need sustain lifestyle habits that are the root causes of common health conditions, of which smoking, both within and outside cultural and religious contexts, is a significant concern. (Robert & Al Dawish, 2021)(Tash & Al-Bawardi, 2023)(Mahmood et al.2024)(Alhabib et al.2020)(Al Dawish & Robert, 2021)(Albejaidi and Nair2021)(Althumiri et al., 2024)(Alghnam et al.2021)

The most vulnerable populations in KSA are often socially conservative and find cultural and socio-charitable health services more appealing and relevant to them and their families. Inherent to this strategy is that it provides an indirect channel to disseminate health promotion and disease information throughout communities. Cultural practices also exhibit a gender divide. Gendered practices filter through religious, cultural, social, and domestic spaces, yielding gendered health conditions and coping, health-seeking, and help-seeking strategies. Treatment seeking and informal care mechanisms differ across gender, thus impacting disease outcomes. Collectively, these influences result in differential access to and use of formal health care for men and women for physical and mental health conditions. The typical medical services that are available in KSA are normally not very responsive to the multifaceted patient population's needs. Healthcare services are generally vertically compartmentalized, with most practitioners focused on providing treatments and services dealing with very specific types of issues, ranging from preventive care and treatments to curative and emergency services, to palliation and end-of-life support. Few, if any, facilities offer integrated and coordinated services. Therefore, demand further outweighs the supply of healthcare services in KSA, making the typical clinical encounter very superficial. In light of the above, there is an escalated need for developing programs or initiatives that recognize and manage the multifactorial concerns and safe practices that are critical to reducing morbidity and mortality rates related to health and social needs in KSA.

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(Alasmrai, 2021)(Alotaibi, 2023)(Al Saab, 2022)(Al et al.2020)(Daghustani and MacKenzie2022)(Alwuqaysi et al.2024)(Al-Sahli et al.2024)

3.1. Overview of the Current Landscape

3.1. Contemporary Health and Social Care in Saudi Arabia Saudi Arabia has a comprehensive healthcare and social services system that operates throughout the Kingdom. In Saudi Arabia, there are two main healthcare systems in operation: one is a government-operated system, and the other operates in the private sector. There is coordination between these two entities to facilitate healthcare service accessibility to the public. Different initiatives and charters were developed to improve healthcare services on a national level, such as Vision 2030 and the National Transformation Plan 2020. (Asmri et al.2020)(Sajjad and Qureshi2020)(Chowdhury et al., 2021)(Alasiri & Mohammed, 2022)(Rahman, 2020)

Integrating health services with social services has attracted global effort due to its potential in promoting health through addressing the social determinants. A hospital is the main provider of healthcare services for patients. Therefore, because these patients are in need of social services to alleviate their conditions, the hospital is viewed by many as the suitable healthcare institution for Health-SW to provide consultancy services. The Ministry of Health and the Saudi Commission for Health Specialties are planning to launch the first official qualification for this group of professionals. This shows the importance of having advanced methods related to addressing the social determinants of patients in Saudi hospitals and increasing the outputs related to that group of professionals. Regarding child and maternal mortality in Saudi Arabia, there is an increase in the mortality of children under five, and maternal mortality has failed to achieve the sustainable development objectives and goals.

The third Annual Health Report in Saudi Arabia 2020 found that the life expectancy for Saudis was 74 years for men and 76 years for women. Participants in health coverage exceed 300%. More than 166 governmental or private health centers and 30 hospitals were added to the health infrastructure in 2019. Maternal care, elderly assessment, and the availability of social services for hospitals were already provided through, in our area, the involvement of private or non-government sectors and some NGOs. In the area under study, a considerable number of community health workers played a substantial role in providing healthcare and social services in the primary health care clinics in Hail City and are in charge of outreach in the community. However, there is a question of whether these health indicators mirror the real population health or indicate what is achievable from a current situation point of view. The marginalized people with low social determinants of health scores continue to receive the minimum from such health programs and healthcare services and still have unspeakable unmet needs. It is possible that these reported health indicators have not captured the overall burden of the high level of services being provided in the area as a reaction to deal with the social determinants of health of those with lower social determinants of health through providing them with health and social care, when the real package of health and social services has not been initiated. Creating a similar set of indicators is required, and it can be named the Health and Social Determinants of Health Indicators. (Tash & Al-Bawardy, 2023)(Albejaidi and Nair2021)(Rojas-Rueda et al.2021)(Noorwali & Aljaadi, 2023)

3.2. Challenges and Gaps

Accessing healthcare services. The Saudi Arabian healthcare system is affected by many challenges. These stem from working in a huge geographical area comprising rural and remote areas where access to healthcare is a major problem. One of the major challenges in the healthcare delivery system comes from the need for specialized services, which will be covered by many providers. Also, unless the patient falls under the high-risk category, he or she will not attend the hospitals, and there is no entry point to any healthcare providers. The multiple cutoffs in the provision of health services may create differences in the aims of healthcare policy and facilities, and what is happening in the health sector of the country does not create an impact on the health of the community.

Access to healthcare services. General people are not able to get healthcare services in the government sector, and in the city, they find the cost of care, and consequently, they move to the government healthcare system. Services for the general public are delayed, and finally, when they receive care, they do not get the desired or rational quality of care. This means that many resources are wasted. The challenges of a misfit in service delivery and the needs of people are also major problems within the healthcare system. English is a second language, and many expatriate healthcare workers deliver care in the Kingdom. This may be one challenge among the population coming from rural and remote areas of the nation. Although large projects have been initiated to achieve the health goals of the Kingdom, very little impact has perhaps been achieved. The health and well-being of the local populations in many areas of Saudi Arabia are still compromised. Addressing the needs of primary health care is the only solution for the above problems and issues. Populations in many of the rural and remote areas always face an unlimited number of health and social needs because of diverse determinants of health and social conditions. Very limited local studies are available. Designing more targeted interventions requires a better understanding of the healthcare delivery system in the light of providing services to the rural and remote areas.

4. The Role of Primary Care Social Work in Addressing Complex Needs

Emerging over the last decade has been the understanding of the impact of non-medical, or 'intermediate,' social determinants on patient management. Health researchers have shed light on what this means for the complexity of patient conditions, particularly for those patients who do not receive early intervention and management. The argument is emerging that, globally, primary care and community-based services, where a significant portion of preventive, curative, and rehabilitative support is sought, offer the new 'front door' to early community-necessary supports. Traditional medical health staff lack the training, understanding, and capacity to meet these services that typically fall under the umbrella of social work. In this section, we outline the roles of the new discipline in healthcare and offer an international picture of how these staff operate, with some examples. The section concludes with a set of commitments relating to the operation of social work in primary care. (Almujadidi et al.2022)(Galea, 2022)(Oster et al.2023)(McGagh et al.2020)

Within the healthcare setting, social work is a profession that has developed evidence and professional practice to respond to the social determinants of health that impact the management of long-term, complex conditions and that add to the burden of stress that patients and whānau experience over time. In a healthcare setting, particularly in primary

care, social workers manage and complete a range of essential components of a person's consultation and follow-up that cannot be covered clinically. There are numerous health sector functions that traditionally and contemporaneously use the sophisticated mix of social work skills in primary care with generalist services: care coordination and case management; social work supports; treatment adherence and home-based visiting; emotional and psychosocial supports; access and navigation support to resources; protection and sacrifice; living well, dying well. In a community setting, there are significant parallels between a traditional model and specialist primary care services. Further, social workers work within a drug and alcohol field ensuring access, supports, and harm reduction interventions can enable recovery and wellness.

4.1. Key Functions and Responsibilities

Social workers in primary care consider patients' psychological, social, and environmental needs, as well as chronic physical health needs. Some primary care social workers participate in patient rounding, see patients on referral from physicians, or have their own patient panel. Others work on low- or high-risk care management or interdisciplinary teams. Primary care social workers might also work in psychiatric-mental health or women's health settings. While the roles may vary, social workers provide a comprehensive assessment of health and well-being that encompasses physical, social, psychological, and environmental factors. They attend to the patients' health and functioning in the many areas of day-to-day living, including functioning in the home, community, and workplace. Social workers in primary care settings plan care, connect patients to resources in the community, and engage in crisis intervention. In the context of the Primary Care Patient-Centered Model, social workers lead the multidisciplinary care team's discussion and coordinate meeting agendas that inform treatment goals and interventions.

Social workers in primary care complete a comprehensive assessment of the patient or family in order to evaluate psychosocial contributing factors to a person's and family's health. The assessment is a combination of objective information and the patients' subjective psychological, environmental, and social data, as patient self-report is highly considered. The social worker in primary care is typically responsible for leading the development and implementation of individualized care management plans. The care management plan is a single, dynamic instrument that has a multidisciplinary collaborative assessment to monitor action plans, including risk action plans, in one place and is updated as the patient's condition changes. The care management plan identifies the needs that relate to the medical, psychological, and social needs of the patient. Social workers advocate for persons who are disenfranchised, collaborate with other professionals to develop numerous care plans based on the arthritis state, provide patient education about medical and psychosocial issues to increase compliance and improve quality of life, and assist with service navigation or identify barriers to care and avoidance in following self-care treatment.

4.2. Best Practices and Models

Many specialists have recommended integrating medical care with other health and social care services since it is clear that such integration is beneficial for patients with health conditions or those needing support related to mental health, drug and alcohol abuse, or homelessness. A wide range of primary care social work models have been developed in

response to this evidence, most characterizing primary care social work as a specialty practice. We recommend our readers look at the literature first for ideas about how they might adapt existing models, structurally and in process. Their importation data analyses revealed that clients and professionals preferred social work services integrated with a medical unit, rather than any other interface of access to primary care services. The social work they described was conducted with specific populations, was characterized by advocacy, and was holistic in its response to client needs and goals, using person-centered casework to achieve outcomes, rather than assessments organized around the need for services and/or programs. (Gordon et al. 2020)(Haleem et al., 2021)(Shah et al., 2021)(Radder et al. 2020)(Albahri et al. 2023)

In Australia, importation methodology between states reveals similar trends regarding preferences for integration with medical care by front-line services. These data have been used to shift the conceptualization of generalist practice. However, we believe the many models of changing practice together have the potential to be turned into recommendations about how the industry might come to align standards across sites to enhance best social work practices in primary care. By combining these best practices, we make a series of suggestions that can be taken up for use by informed professionals in primary care humanitarian work. In primary care, we believe it is important to help connect social work professionals with health services to assist in the conduct of wellness assessments and falls prevention, wound and continence management, medication following, and behavioral and psychological symptoms support.

5. Conclusion and Recommendations

This study sought to understand the role of primary care social work in addressing health and social needs in Saudi Arabia. The findings indicated that primary care social workers play an important role in helping primary care teams to address complex health and social needs. Specifically, they help increase access to necessary services, support social determinants of health, and improve patient quality of life. They also have potential benefits in reducing inappropriate general practice attendance and hospital readmissions. Therefore, integrating social workers within primary care can help to manage increasing healthcare demands and move from a disease-oriented system to a more people-oriented one. One of the main strengths of the social work role was found to be the access to appropriate healthcare professionals as part of the primary care team, which was highlighted as an enabler for the role to be effective. Several changes were suggested that could improve social work in primary health care in Saudi Arabia. This research has shown that social work in a primary care setting, particularly in Saudi Arabia, can provide improved quality of care for those with complex health and social needs by using a health and social care model that is more aligned to their needs. From this paper, we offer recommendations for improving healthcare policy and practice in Saudi Arabia: to implement integrated care, it is suggested that policy impulses are needed to reform healthcare systems and move away from biomedical, disease-focused models. It also suggests aspects that could be changed to improve working with social workers in healthcare, such as training for GPs, and that broader support and improved communication among the healthcare team could further enhance the social worker's role. Collaboration and ongoing research around integrated approaches in healthcare are essential if a cross-disciplinary approach is to be supported. Finally, social workers play an essential role in

addressing systemic gaps in the provision of healthcare services, and addressing gaps in the healthcare system can only be achieved if there is a societal mindset shift with mental health and social issues seen as increasingly important. There is a national aim to promote a more inclusive society through Vision 2030.

5.1. Summary of Findings

International literature supports the integration of social work and primary care. Social workers convene a range of functions that meet the complex health and social needs of this target group. Social work can be responsive to the issues as they present in the primary care setting. Some models for integrating social work in primary care focus on care enhancement and health system change. When modeled effectively, the integration of social work in primary care becomes an effective population health intervention and is associated with many varied improved patient outcomes. These include access to care, increased quality of life and patient satisfaction, and a reduction in hospital ambulatory care-sensitive hospitalizations and A&E/ED visits. The social work role in each of these papers spans direct services through a two-tiered (or more) case management and discrete direct services function, right through to policy and advocacy functions. Despite this evidence, significant distances remain between what is known to work at a clinical level and how many healthcare systems are organized. Findings from this program fall into four main categories. (Hanson et al.2022)(Ashcroft et al.2022)(McGorry et al.2022)

Across the vast majority of data we have analyzed, systems-level issues have been shown to limit system integration for individuals with complex health and social needs. For these reasons, in the area of policy, discussion about the practice of social work in primary care should, as an initial step, focus on interventions and issues that are not separate from the evidence base. Systems change that flows from policy intervention is needed to support best practice. Systems change is required at both the micro and macro levels, and evidence supporting these conclusions refers to both service user and service delivery system-level barriers. Social work in health services needs to focus on specialist and collaborative roles as well as systems change.

5.2. Implications for Policy and Practice

5.2.1. Why We Need to Inform Policy and Practice

The potential of primary care social work to deliver both efficiency and effectiveness improvements suggests an important area to inform future policy in Saudi Arabia seeking to facilitate more effective integrated health and social care solutions. Demonstrating the value of integrating social work within health services is important to raise the level of discussion from being a clinical matter to becoming a population health matter. Our findings suggest a range of specific policy and practice action areas. The first is for a clear framework of the place of social work that provides scope for supportive healthcare regulations where all individuals using healthcare services have access to social work services as part of routine healthcare provision in a variety of professional groupings. A further policy recommendation would be to provide a clear mandate to the health education entity responsible for coordinating social work training that should be a core component of all health-related professional training schools and training programs. This is important to

ensure the conceptualization espoused in the vision statement can be actualized. Equally, the provision of an easily accessible service would require significant resources to ensure fair and widespread coverage exists.

5.2.2. Implications for Policy

Access to social work services was regarded as normal and an integral part of healthcare provision. This supports the more policy-focused findings of the study. The physical co-location or easily accessible social work services provide a necessary but not sufficient condition for effective care planning; other facilitating factors are necessary, with the most important being the need to support the development of inter-professional norms for sending and receiving referrals. It is imperative, especially in Saudi Arabia where social work is not fully established, for the community to play a notable role in making decisions about which strategies are operational and therefore culture-sensitive and feasible in practice. Socio-ecological models for public health adapted to Middle Eastern and Islamic countries, including that represented by Saudi Arabia, are rich in potential for developing and establishing effective means of integrated health interventions.

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