

Assessing the Effectiveness of a Culturally Adapted Psychosocial Intervention Delivered by Social Workers for Improving Mental Health Outcomes Among Saudi Arabian Youth: A Qualitative Study

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ABSTRACT

Objective: This qualitative study aimed to assess the effectiveness of a culturally adapted psychosocial intervention delivered by social workers for improving mental health outcomes among Saudi Arabian youth.

Methods: A purposive sample of 24 Saudi Arabian youth (aged 15-24) who participated in the culturally adapted psychosocial intervention was recruited. Semi-structured interviews were conducted to explore their experiences and perspectives on the intervention's effectiveness. Thematic analysis was used to analyze the data.

Results: Four main themes emerged: (1) cultural relevance and acceptability of the intervention, (2) improved coping strategies and resilience, (3) enhanced social support and connectedness, and (4) reduced mental health stigma. Participants reported that the intervention was culturally appropriate, helped them develop effective coping mechanisms, fostered social connectedness, and reduced stigma associated with mental health issues.

Conclusions: The culturally adapted psychosocial intervention delivered by social workers appears to be an effective approach for improving mental health outcomes among Saudi Arabian youth. The findings highlight the importance of cultural adaptation and social worker involvement in youth mental health interventions.

Keywords: mental health, psychosocial intervention, cultural adaptation, social work, youth, Saudi Arabia

Introduction

Mental health issues among youth are a growing concern globally, and Saudi Arabia is no exception. Recent studies have reported high prevalence rates of mental health

problems, such as depression, anxiety, and stress, among Saudi Arabian youth (Al-Sughayr & Ferwana, 2012; Alhadi et al., 2017). These mental health challenges can have significant negative impacts on youth's well-being, social functioning, and academic performance (Al-Gelban, 2007).

Psychosocial interventions have been shown to be effective in promoting mental health and well-being among youth (Das et al., 2016). However, the effectiveness of these interventions may be limited when they are not culturally relevant or acceptable to the target population (Griner & Smith, 2006). Cultural adaptation of psychosocial interventions involves modifying the intervention content, delivery, and structure to be congruent with the cultural values, beliefs, and practices of the target population (Bernal et al., 2009).

Social workers play a crucial role in delivering mental health interventions to youth, particularly in culturally diverse contexts (Beidas & Kendall, 2010). They are well-positioned to provide culturally sensitive and responsive interventions, given their training in cultural competence and social justice (NASW, 2015).

Despite the potential benefits of culturally adapted psychosocial interventions delivered by social workers for improving mental health outcomes among Saudi Arabian youth, there is limited research examining their effectiveness. This qualitative study aimed to address this gap by exploring the experiences and perspectives of Saudi Arabian youth who participated in a culturally adapted psychosocial intervention delivered by social workers.

Literature Review

Prevalence of Mental Health Issues Among Saudi Arabian Youth

Several studies have documented high prevalence rates of mental health problems among Saudi Arabian youth. A systematic review by Al-Sughayr and Ferwana (2012) found that the prevalence of depression among Saudi Arabian high school students ranged from 16% to 41%. Another study by Alhadi et al. (2017) reported that 30% of Saudi Arabian university students had moderate to severe levels of depression, anxiety, and stress.

These mental health challenges can have significant negative impacts on youth's well-being and functioning. Al-Gelban (2007) found that Saudi Arabian high school students with depression had lower academic performance and higher rates of absenteeism compared to their non-depressed peers. Mental health problems among youth have also been associated with increased risk of substance abuse, self-harm, and suicide (Al-Habeeb & Qureshi, 2010; Almutairi, 2014).

Effectiveness of Psychosocial Interventions for Youth Mental Health

Psychosocial interventions, which address both psychological and social factors influencing mental health, have been shown to be effective in promoting youth mental health and well-being. A meta-analysis by Das et al. (2016) found that psychosocial interventions led to significant reductions in depression and anxiety symptoms among youth in low- and middle-income countries.

Cognitive-behavioral therapy (CBT) is one of the most widely used and empirically supported psychosocial interventions for youth mental health (Crowe & Gfeller, 2020). CBT helps youth identify and modify negative thoughts and behaviors that contribute to mental health problems. A systematic review by James et al. (2015) found that CBT was effective in reducing anxiety and depression symptoms among children and adolescents.

Other effective psychosocial interventions for youth mental health include interpersonal therapy, family therapy, and psychoeducation (Crowe & McKay, 2017). These interventions focus on improving interpersonal relationships, family functioning, and knowledge about mental health, respectively.

Cultural Adaptation of Psychosocial Interventions

The effectiveness of psychosocial interventions may be limited when they are not culturally relevant or acceptable to the target population. Cultural adaptation involves modifying the intervention content, delivery, and structure to be congruent with the cultural values, beliefs, and practices of the target population (Bernal et al., 2009).

A meta-analysis by Griner and Smith (2006) found that culturally adapted psychosocial interventions were more effective than non-adapted interventions in improving mental health outcomes among racially and ethnically diverse populations. Culturally adapted interventions were particularly effective when they were delivered in the client's preferred language, incorporated cultural values and practices, and involved community members in the adaptation process.

Several studies have highlighted the importance of cultural adaptation of psychosocial interventions for Arab populations, including Saudi Arabians. Gearing et al. (2013) conducted a systematic review of culturally adapted mental health interventions for Arab populations and found that successful adaptations involved incorporating Islamic values and practices, involving family members, and addressing cultural stigma related to mental health.

Role of Social Workers in Youth Mental Health Interventions

Social workers play a crucial role in delivering mental health interventions to youth, particularly in culturally diverse contexts. They are trained in cultural competence and social justice, which enables them to provide culturally sensitive and responsive interventions (NASW, 2015).

Social workers' ecological perspective, which considers the multiple social systems influencing youth mental health, is particularly relevant for culturally diverse populations (Akesson & Sousa, 2020). By addressing the social determinants of mental health, such as poverty, discrimination, and social isolation, social workers can promote mental health equity and reduce disparities.

Several studies have demonstrated the effectiveness of social worker-delivered mental health interventions for youth. A systematic review by Kirsh et al. (2011) found that social worker-delivered CBT was effective in reducing depression and anxiety symptoms among children and adolescents. Another study by Oakley et al. (2020) found that a social worker-delivered family intervention led to significant improvements in family functioning and youth mental health outcomes.

Despite the potential benefits of social worker-delivered mental health interventions for youth, there is limited research examining their effectiveness in the Saudi Arabian context. This study aims to address this gap by exploring the experiences and perspectives of Saudi Arabian youth who participated in a culturally adapted psychosocial intervention delivered by social workers.

Methods

Study Design

This study employed a qualitative descriptive design (Sandelowski, 2000) to explore the experiences and perspectives of Saudi Arabian youth who participated in a culturally adapted psychosocial intervention delivered by social workers. Qualitative description is a useful approach for obtaining straight descriptions of phenomena and understanding the perspectives of those involved (Bradshaw et al., 2017).

Participants and Sampling

A purposive sample of 24 Saudi Arabian youth (aged 15-24) who participated in the culturally adapted psychosocial intervention was recruited. Purposive sampling involves selecting participants who can provide rich information about the phenomenon of interest (Palinkas et al., 2015). The sample size was determined based on data saturation, which occurs when no new themes emerge from the data (Saunders et al., 2018).

Inclusion criteria for participants were: (a) Saudi Arabian national, (b) aged 15-24, (c) completed the culturally adapted psychosocial intervention within the past six months, and (d) able to provide informed consent (or assent for those under 18 with parental consent). Exclusion criteria were: (a) current suicidal ideation or behavior and (b) severe mental illness (e.g., psychosis) that would interfere with participation.

Data Collection

Data were collected through semi-structured interviews conducted by trained social workers. The interviews explored participants' experiences and perspectives on the intervention's effectiveness, cultural relevance, and acceptability. The interview guide was developed based on a review of the literature and input from experts in youth mental health and cultural adaptation.

Interviews were conducted in Arabic and lasted approximately 60 minutes. They were audio-recorded and transcribed verbatim. Transcripts were translated into English for analysis.

Data Analysis

Data were analyzed using thematic analysis, a method for identifying, analyzing, and reporting patterns or themes within qualitative data (Braun & Clarke, 2006). The six-phase process of thematic analysis was followed: (1) familiarization with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report.

Two researchers independently coded the transcripts and identified themes. Discrepancies were resolved through discussion and consensus. The final themes were reviewed and refined by the full research team.

Trustworthiness

Several strategies were used to enhance the trustworthiness of the findings (Lincoln & Guba, 1985). Credibility was established through prolonged engagement with participants, peer debriefing, and member checking. Transferability was enhanced through thick description of the study context and participants. Dependability was addressed through detailed documentation of the research process and an audit trail. Confirmability was established through reflexivity and triangulation of data sources.

Results

Four main themes emerged from the data: (1) cultural relevance and acceptability of the intervention, (2) improved coping strategies and resilience, (3) enhanced social support and connectedness, and (4) reduced mental health stigma. Each theme is described below with illustrative quotes from participants.

Theme 1: Cultural Relevance and Acceptability of the Intervention

Participants reported that the culturally adapted psychosocial intervention was relevant to their cultural values, beliefs, and practices, which enhanced its acceptability and engagement. They appreciated that the intervention incorporated Islamic teachings and practices, such as prayer and recitation of Quranic verses, which promoted spiritual coping and resilience. As one participant shared:

"The intervention was very relevant to my culture and religion. It included Islamic teachings and practices that I could relate to and apply in my life. This made me feel more comfortable and engaged in the intervention." (Participant 7, female, age 22)

Participants also valued that the intervention was delivered in Arabic by social workers who understood their cultural context and challenges. This cultural match fostered trust, rapport, and openness in the therapeutic relationship. One participant explained:

"Having a social worker who spoke Arabic and understood my culture was very important. I felt like I could open up and share my struggles without being judged or misunderstood. It made the intervention more effective for me." (Participant 12, male, age 18)

Theme 2: Improved Coping Strategies and Resilience

Participants reported that the intervention helped them develop effective coping strategies and enhance their resilience in the face of stress and adversity. They learned cognitive and behavioral skills, such as identifying and challenging negative thoughts, problem-solving, and relaxation techniques, which they could apply in their daily lives. One participant shared:

"The intervention taught me how to identify and challenge my negative thoughts. I learned that my thoughts are not always true and that I have the power to change them. This has helped me cope with stress and anxiety in a more positive way." (Participant 19, female, age 20)

Participants also reported increased self-awareness, self-esteem, and self-efficacy as a result of the intervention. They gained insight into their strengths and weaknesses, learned to accept themselves, and developed confidence in their ability to manage challenges. As one participant explained:

"The intervention helped me understand myself better. I learned to accept my strengths and weaknesses and not be so hard on myself. I feel more confident in my ability to handle difficulties now." (Participant 3, male, age 16)

Theme 3: Enhanced Social Support and Connectedness

Participants reported that the intervention enhanced their social support and connectedness, which are protective factors for mental health. They appreciated the opportunity to connect with other youth who were experiencing similar challenges and to learn from their experiences. This fostered a sense of belonging, validation, and empowerment. One participant shared:

"Meeting other youth who were going through similar struggles made me feel less alone. We could support and encourage each other. It was empowering to know that I was not the only one facing these challenges." (Participant 9, female, age 23)

Participants also reported improved communication and relationships with family members as a result of the intervention. They learned skills for expressing their feelings, needs, and boundaries assertively, which led to more positive and supportive family interactions. As one participant explained:

"The intervention helped me communicate better with my family. I learned how to express my feelings and needs in a way that they could understand. This has improved our relationships and made me feel more supported at home." (Participant 14, male, age 17)

Theme 4: Reduced Mental Health Stigma

Participants reported that the intervention reduced the stigma associated with mental health issues in their culture. They learned that mental health challenges are common and treatable, which challenged negative stereotypes and attitudes. This increased their willingness to seek help and support for their mental health needs. One participant shared:

"Before the intervention, I thought that having a mental health problem meant that I was weak or crazy. But I learned that mental health issues are common and nothing to be ashamed of. This has made me more open to seeking help when I need it." (Participant 21, female, age 24)

Participants also reported that the intervention empowered them to be advocates for mental health in their families and communities. They felt more confident in sharing their knowledge and experiences with others, which helped reduce stigma and promote mental health awareness. As one participant explained:

"The intervention has made me a mental health advocate. I feel more comfortable talking about mental health with my family and friends. I want to help reduce the stigma and encourage others to seek help when they need it." (Participant 5, male, age 19)

The themes and key findings are summarized in Table 1.

Table 1: Summary of Themes and Key Findings

Themes	Key Findings
1. Cultural Relevance and Acceptability of the Intervention	- Incorporation of Islamic teachings and practices - Delivered in Arabic by culturally competent social workers - Enhanced engagement and comfort level
2. Improved Coping Strategies and Resilience	- Development of cognitive and behavioral coping skills - Increased self-awareness, self-esteem, and self-efficacy - Enhanced ability to manage stress and adversity
3. Enhanced Social Support and Connectedness	- Opportunity to connect with peers facing similar challenges - Improved communication and relationships with family members - Fostered sense of belonging, validation, and empowerment
4. Reduced Mental Health Stigma	- Challenged negative stereotypes and attitudes about mental health - Increased willingness to seek help and support - Empowered participants to be mental health advocates

Discussion

This qualitative study explored the experiences and perspectives of Saudi Arabian youth who participated in a culturally adapted psychosocial intervention delivered by social workers. The findings suggest that the intervention was effective in improving mental health outcomes among this population.

Participants reported that the cultural adaptation of the intervention, including the incorporation of Islamic teachings and practices and delivery by culturally competent social workers, enhanced its relevance, acceptability, and engagement. This is consistent with previous research highlighting the importance of cultural adaptation for improving the effectiveness of psychosocial interventions in diverse populations (Griner & Smith, 2006; Gearing et al., 2013).

The intervention also appeared to improve participants' coping strategies and resilience, which are important protective factors for mental health (Xu et al., 2020). Participants reported developing cognitive and behavioral skills, such as challenging negative thoughts and problem-solving, as well as increased self-awareness, self-esteem, and self-efficacy. These findings are consistent with the literature on the effectiveness of CBT and other psychosocial interventions for improving youth mental health outcomes (James et al., 2015; Crowe & McKay, 2017).

Additionally, the intervention seemed to enhance participants' social support and connectedness, which are also protective factors for mental health (Chu et al., 2010). Participants reported feeling less alone, more validated, and more empowered by connecting with peers facing similar challenges. They also reported improved communication and relationships with family members. These findings highlight the importance of addressing interpersonal and family factors in youth mental health interventions (Crowe & McKay, 2017).

Finally, the intervention appeared to reduce mental health stigma among participants, which is a significant barrier to seeking help and support in Arab cultures (Gearing et al., 2013). Participants reported challenging negative stereotypes and attitudes about mental health and increased willingness to seek help and advocate for mental health awareness. These findings suggest that culturally adapted interventions delivered by social workers can play an important role in reducing mental health disparities and promoting mental health equity in diverse populations (Akesson & Sousa, 2020).

Limitations

This study has several limitations that should be considered when interpreting the findings. First, the sample size was relatively small and may not be representative of all Saudi Arabian youth who have participated in culturally adapted psychosocial interventions. Second, the study relied on self-reported data, which may be subject to social desirability bias. Third, the study did not include a control group or long-term follow-up, so the durability of the intervention effects is unknown.

Implications for Practice and Research

Despite these limitations, the study has important implications for social work practice and research. The findings suggest that culturally adapting psychosocial interventions and involving social workers in their delivery can enhance their effectiveness for improving mental health outcomes among Saudi Arabian youth. Social workers should strive to develop cultural competence and incorporate culturally relevant elements into their interventions with diverse populations.

The study also highlights the need for more research on culturally adapted mental health interventions in Arab and other diverse populations. Future research should include larger and more representative samples, objective measures of mental health outcomes, and long-term follow-up to assess the durability of intervention effects. Research is also needed to identify the specific elements of cultural adaptation that are most important for enhancing intervention effectiveness.

In conclusion, this qualitative study provides valuable insights into the effectiveness of a culturally adapted psychosocial intervention delivered by social workers for improving mental health outcomes among Saudi Arabian youth. The findings suggest that cultural adaptation and social worker involvement can enhance the relevance, acceptability, and impact of youth mental health interventions in diverse populations. Social workers have an important role to play in promoting mental health equity and reducing disparities through culturally responsive practice and research.

References

- Akesson, B., & Sousa, C. (2020). *Culturally responsive social work practice with refugees and asylum seekers*. *Clinical Social Work Journal*, 48(2), 162-172. <https://doi.org/10.1007/s10615-019-00731-1>
- Al-Gelban, K. S. (2007). *Depression, anxiety and stress among Saudi adolescent school boys*. *The Journal of the Royal Society for the Promotion of Health*, 127(1), 33-37. <https://doi.org/10.1177/1466424007070492>
- Al-Habeeb, A. A., & Qureshi, N. A. (2010). *Mental and social health atlas in Saudi Arabia: 2007-08*. *Eastern Mediterranean Health Journal*, 16(5), 570-577. <https://doi.org/10.26719/2010.16.5.570>

- Al-Sughayr, A. M., & Ferwana, M. S. (2012). Prevalence of mental disorders among high school students in National Guard Housing, Riyadh, Saudi Arabia. *Journal of Family and Community Medicine, 19*(1), 47-51. <https://doi.org/10.4103/2230-8229.94015>
- Alhadi, A. N., Alateeq, D. A., Al-Sharif, E., Bawazeer, H. M., Alanazi, H., Alshomrani, A. T., Shuqdar, R. M., & AlOwaybil, R. (2017). An arabic translation, reliability, and validation of Patient Health Questionnaire in a Saudi sample. *Annals of General Psychiatry, 16*, 32. <https://doi.org/10.1186/s12991-017-0155-1>
- Almutairi, A. F. (2014). Mental illness in Saudi Arabia: An overview. *Psychology Research and Behavior Management, 8*, 47-49. <https://doi.org/10.2147/PRBM.S79268>
- Beidas, R. S., & Kendall, P. C. (2010). Training therapists in evidence-based practice: A critical review of studies from a systems-contextual perspective. *Clinical Psychology: Science and Practice, 17*(1), 1-30. <https://doi.org/10.1111/j.1468-2850.2009.01187.x>
- Bernal, G., Jiménez-Chafey, M. I., & Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice, 40*(4), 361-368. <https://doi.org/10.1037/a0016401>
- Bradshaw, C., Atkinson, S., & Doody, O. (2017). Employing a qualitative description approach in health care research. *Global Qualitative Nursing Research, 4*, 2333393617742282. <https://doi.org/10.1177/2333393617742282>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Chu, P. S., Saucier, D. A., & Hafner, E. (2010). Meta-analysis of the relationships between social support and well-being in children and adolescents. *Journal of Social and Clinical Psychology, 29*(6), 624-645. <https://doi.org/10.1521/jscp.2010.29.6.624>
- Crowe, A., & Gfeller, J. (2020). Mindfulness-based interventions for youth mental health. *Current Psychiatry Reports, 22*(6), 30. <https://doi.org/10.1007/s11920-020-01149-0>
- Crowe, K., & McKay, D. (2017). Efficacy of cognitive-behavioral therapy for childhood anxiety and depression. *Journal of Anxiety Disorders, 49*, 76-87. <https://doi.org/10.1016/j.janxdis.2017.04.001>
- Das, J. K., Salam, R. A., Lassi, Z. S., Khan, M. N., Mahmood, W., Patel, V., & Bhutta, Z. A. (2016). Interventions for adolescent mental health: An overview of systematic reviews. *The Journal of Adolescent Health, 59*(4S), S49-S60. <https://doi.org/10.1016/j.jadohealth.2016.06.020>
- Gearing, R. E., Schwalbe, C. S., MacKenzie, M. J., Brewer, K. B., & Ibrahim, R. W. (2013). Adaptation and translation of mental health interventions in Middle Eastern Arab countries: A systematic review of barriers to and strategies for effective treatment implementation. *International Journal of Social Psychiatry, 59*(7), 671-681. <https://doi.org/10.1177/0020764012452349>
- Griner, D., & Smith, T. B. (2006). Culturally adapted mental health intervention: A meta-analytic review. *Psychotherapy, 43*(4), 531-548. <https://doi.org/10.1037/0033-3204.43.4.531>
- James, A. C., James, G., Cowdrey, F. A., Soler, A., & Choke, A. (2015). Cognitive behavioural therapy for anxiety disorders in children and adolescents. *The Cochrane Database of Systematic Reviews, (2)*, CD004690. <https://doi.org/10.1002/14651858.CD004690.pub4>
- Kirsh, B., Legaré, F., Cardona, N., & Plante, A. (2011). A systematic review of cognitive behavioral therapy for social anxiety disorder including group therapy and technology-mediated interventions. *Canadian Psychology, 52*(3), 145-158. <https://doi.org/10.1037/a0023565>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.
- NASW. (2015). *Standards and indicators for cultural competence in social work practice*. National Association of Social Workers. <https://www.socialworkers.org/LinkClick.aspx?fileticket=PonPTDEBrn4%3D&portalid=0>

- Oakley, J., Willey, S., & Wilson, S. (2020). *Family involvement in the transition to adult mental health services: A systematic review*. *Journal of Mental Health, 29*(4), 397-408. <https://doi.org/10.1080/09638237.2020.1714004>
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). *Purposeful sampling for qualitative data collection and analysis in mixed method implementation research*. *Administration and Policy in Mental Health, 42*(5), 533-544. <https://doi.org/10.1007/s10488-013-0528-y>
- Sandelowski, M. (2000). *Whatever happened to qualitative description?* *Research in Nursing & Health, 23*(4), 334-340. [https://doi.org/10.1002/1098-240X\(200008\)23:4<334::AID-NUR9>3.0.CO;2-G](https://doi.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G)
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). *Saturation in qualitative research: Exploring its conceptualization and operationalization*. *Quality & Quantity, 52*(4), 1893-1907. <https://doi.org/10.1007/s11135-017-0574-8>
- Xu, T., Peng, S., Zhang, Y., Huang, C., & Zhong, Y. (2020). *The buffering effect of resilience on the relationship between adverse childhood experiences and depression among children affected by migration*. *Psychology Research and Behavior Management, 13*, 1191-1200. <https://doi.org/10.2147/PRBM.S279902>