

# Knowledge and Awareness Regarding Mental Health and Barriers to Seeking Psychiatric Consultation in Saudi Arabia

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## Abstract

The Middle Eastern region, in general and Saudi Arabia, in specific, suffers from a large burden of mental illness. People's positive attitudes and correct perceptions towards mental illness and their willingness to seek help when needed can help in reducing such burden. To determine the knowledge, attitudes and perceptions of the Saudi population toward mental illness and health services and to understand the barriers that affect the people's willingness to seek psychiatric help when needed. A convenient sample of Saudi population of either sex was included in the study. A structured questionnaire was used to assess knowledge, attitudes and perceptions on mental health and the willingness to seek psychiatric help through multi-approach methods. Logistic regression was used to determine factors that were associated with not willing to seek psychiatric help, adjusting for other factors in the model. A total of 5644 participants (49.5% males) participated. About 87% were unaware about psychiatric services available in the kingdom, 85% reported that social factors were responsible for mental illnesses, about a quarter of them reported that they wouldn't seek psychiatric help when needed and about half felt ashamed about it. Male gender, >20 years age group, not knowing whether a relative is suffering from mental illness and not knowing about the services provided by psychiatric health services in the kingdom were significantly associated with not willing to seek psychiatrist consultation when needed. A number of gaps were identified in the people's knowledge about mental illness. Anti-stigma campaigns and evidence-based mental health educational programs should be implemented to enable people to reduce stigma and seek early mental health care.

**Keywords:** Awareness, Barriers, Educational Programs, Knowledge, Mental Health, Saudi Arabia, Treatment-Seeking

## 1. Introduction

Mental health disorders, according to the World Health Organization (WHO), are one of the leading causes of disability worldwide; three out of ten leading causes of disability in people aged 15-44 years were mental disorders<sup>1</sup>. The mental health action plan for 2013–2020<sup>2</sup>, published by the WHO, highlighted the need for a collective evidence based effort to improve mental health. Mental illnesses have been known to account for

25% of disabilities in some developed countries<sup>3-5</sup>. It is also considered to be the leading cause of disability in the rest of the world. The cost associated with mental illness is very high-in the US, the annual cost was estimated to be USD 190 billion and the global cost was estimated to be USD 2.5 trillion and it was estimated to reach USD 6 trillion by 2030<sup>5,6</sup>.

Epidemiologic studies have demonstrated a wide variation in the prevalence of common mental disorders across countries. Mental disorders contribute a significant

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proportion (14%) to the global burden of disease<sup>7</sup>. Participants often present to their family physician as their first contact with health services. Yet, symptoms are commonly undetected. Although potentially treatable, lack of early detection and the subsequent non-treatment result in substantial morbidity and contribute to the higher social burden of disease. Internationally, the public health burden of anxiety and depression are well recognized<sup>8</sup>.

The Eastern Mediterranean Region has a population of about 580 million people. Countries in the EMR vary significantly in terms of their gross domestic product, socio-demographic profiles, health indicators and health system capacities. Mental disorders are common in the EMR. The prevalence of mental illness in the region has been reported to vary from 16% to 36%<sup>9-11</sup>. In 2015, mental disorders contributed to 5% of the total disease burden in the EMR. Among the high-income countries in the EMR, mental disorders contributed to 2519 DALYS/100,000. Mental disorders rank as the ninth leading cause of disease burden in the EMR and the burden increased 11% from 1990 to 2013<sup>12,13</sup>. Depression and anxiety disorders are the most frequent mental disorders, and rates in women are up to double those in men<sup>14</sup>.

In accordance with the objectives of the national mental health program<sup>15</sup> to encourage community participation in the development of mental health care services, community members should be first assessed for their perception and attitude towards persons with mental illness and mental health services. Appropriate interventions could then be designed and implemented to help achieving this objective<sup>16</sup>. Hence, the current study aimed to determine the knowledge, attitudes and perceptions of the Saudi population toward mental illness and health services and to understand the barriers that affect the people's willingness to seek psychiatric help when needed.

## 2. Methodology

This was a cross-sectional study conducted in April-May of 2016. The study was conducted through a direct interview, phone interviews and online surveys through social media. All adult persons of either sex was eligible for inclusion in the study. For an assumed proportion (of those who will not consult a psychiatrist when needed) of 50%, a precision of 1.5%, an alpha level of 5% and a non-response rate of 25%, the calculated sample size was

5692. The data collection was continued till the required sample size was achieved. The questionnaire developed by the authors contained sections on socio-demographic details and knowledge and perceptions about mental illness. A short description of the study objectives and an oral consent was presented before the participants could begin to answer the questions.

Descriptive statistics were presented as frequencies and percentages. Proportions of various explanatory variables were compared with the willingness to seek psychiatric consultation when needed by means of Chi square test. Multiple logistic regression was then performed to identify factors that were significantly associated with willingness to seek psychiatric consultation, after adjusting for other factors in the model. The decision to include variables in the model was based on statistical significance found in the bivariate analysis and relevance of the variable to the model building. All analyses were carried out in SPSS v.20. A p value of <0.05 was considered to be statistically significant. The institute review board of the study hospital approved the research.

## 3. Results

A total of 5644 individuals were included in the analysis, after removing forms with major errors and those which were grossly incomplete. Gender distribution of the respondents was nearly equal. Majority (40%) of the individuals were >20 years old, followed by 21-25-year olds (35%). More than three-quarters (78%) of the respondents were currently single, while 21% were currently married. About two-thirds were students, while 22% were employed, 11% were unemployed and about two-thirds were educated upto graduate level and a similar percentage self-rated their economic status to be average. (Table 1).

When asked if any of their relatives suffered from any mental illness, about 36% said that at least one relative had a mental illness and about 64% said that they didn't know. A majority of the respondents said that family bonding was an important factor in preventing mental illness and about 85% reported that social factors were the main reasons for mental illness, followed by economic factors (24%), environmental factors (23%) and educational factors (19%). A large majority (87%) were unaware of the services provided by mental health facilities in the kingdom (which consist of 23 special psychiatric hospitals including 3 Amal hospitals and 90 mental health clinics in the general hospitals run by

**Table 1.** Socio-demographic characteristics and knowledge and attitudes regarding mental illness among the study participants

	No.	%
<b>Gender</b>		
Male	2796	49.5
Female	2848	50.5
<b>Age (years)</b>		
>20	2272	40.3
21-25	1961	34.7
26-35	847	15.0
>=36	564	10.0
<b>Marital status</b>		
Single	4401	78.0
Married	1182	20.9
Divorced	61	1.1
<b>Employment status</b>		
Employed	1258	22.3
Unemployed	624	11.1
Student	3762	66.7
<b>Educational level</b>		
Graduate	3509	62.2
Diploma	137	2.4
Less than diploma	1991	35.3
<b>Economic status</b>		
Excellent	1583	28.0
Average	3714	65.8
Weak	347	6.1
<b>Relative suffering from mental illness</b>		
None	7	0.1
One	1077	19.1
More than one	938	16.6
Don't know	3622	64.2
<b>Perceived preventive measures for mental illness</b>		
Family bonding	3405	60.3
Psychological counselling	995	17.6
Exercise	782	13.9
Professional comfort	462	8.2
<b>Know about services provided by mental health facilities in the kingdom</b>		
Yes	718	12.7
No	4926	87.3

<b>If and when you feel the need, would you be willing to consult a psychiatrist</b>		
Yes	1424	25.2
No	4218	74.8
<b>Feel ashamed when visiting a psychiatrist</b>		
Yes	630	14.8
Slightly	1339	31.4
No	2296	53.8
<b>Perceived reasons for mental illness (multiple response)</b>		
Social factors	4794	84.9
Economic factors	1325	23.5
Environmental factors	1294	22.9
Educational factors	1085	19.2
Biological or genetic factors	92	1.6
Family factors	67	1.2
Religious factors	80	1.4
Drugs	54	1.0
Other factors	76	1.3

the Ministry of Health all over the kingdom). About three quarters of the participants reported that they were willing to consult a psychiatrist if the need arises and about half of the respondents said that they would feel ashamed to meet a psychiatrist, which signifies an element of stigma attached to mental illness (Table 1). The most common perceived mental illness in the society was depression (44%), followed by obsessive disorders (19%), anxiety (17%) and others (20%) (Figure 1).

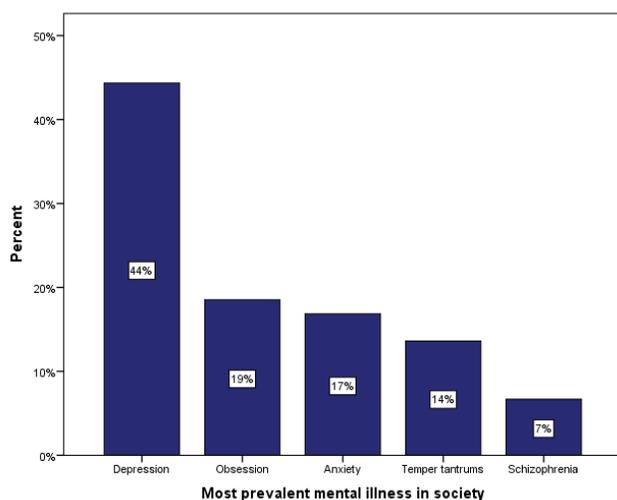
In bivariate analysis, we found that male gender, younger age, single status, being a student, not knowing whether a relative is suffering from mental illness and not knowing about the mental health services provided in the kingdom were significantly associated with not willing to consult a psychiatrist when needed. But educational level, economic status and feeling ashamed to meet a psychiatrist were not statistically significant (Table 2). However, in the multiple logistic regression, male gender, >20 age group, not knowing whether a relative is suffering from mental illness and not knowing about the mental health services in the kingdom were significantly associated with not willing to seek psychiatrist consultation. In this model, marital and employment statuses were not found significant. The model was statistically significant

**Table 2.** Barriers of willingness to consult a psychiatrist when the need arises among the study participants – bivariate analysis

	Willingness to consult a psychiatrist				P value
	Yes		No		
	No.	%	No.	%	
<b>Gender</b>					
Male	552	19.8	2242	80.2	<0.001
Female	872	30.6	1976	69.4	
<b>Age (years)</b>					
>20	508	22.4	1764	77.6	<0.001
21-25	514	26.2	1445	73.8	
26-35	222	26.2	625	73.8	
>=36	180	31.9	384	68.1	
<b>Marital status</b>					
Single	1054	24.0	3345	76.0	<0.001
Married	349	29.5	833	70.5	
Divorced	21	34.4	40	65.6	
<b>Employment status</b>					
Employed	333	26.5	923	73.5	0.003
Unemployed	187	30.0	437	70.0	
Student	904	24.0	2858	76.0	
<b>Educational level</b>					
Graduate	914	26.1	2594	73.9	0.13
Diploma	29	21.2	108	78.8	
Less than diploma	478	24.0	1512	76.0	
<b>Economic status</b>					
Excellent	372	23.5	1211	76.5	0.15
Average	965	26.0	2747	74.0	
Weak	87	25.1	260	74.9	
<b>Relative suffering from mental illness</b>					
None	1	16.7	5	83.3	<0.001
One	316	29.4	760	70.6	
More than one	295	31.4	643	68.6	
Don't know	812	22.4	2810	77.6	
<b>Know about services provided by mental health facilities in the kingdom</b>					
Yes	279	38.9	438	61.1	<0.001
No	1145	23.2	3780	76.8	
<b>Feel ashamed when visiting a psychiatrist</b>					
Yes	679	34.5	1289	65.5	0.10
No	738	32.2	1557	67.8	

**Table 3.** Barriers of willingness to consult a psychiatrist when the need arises among the study participants – multiple logistic regression

	Adjusted Odds Ratio (95% CI)	P value
<b>Gender</b>		
Male	1	
Female	0.51 (0.44, 0.58)	<0.001
<b>Age (years)</b>		0.007
>20	1	
21-25	0.76 (0.65, 0.89)	0.001
26-35	0.80 (0.61, 1.06)	0.12
>=36	0.72 (0.51, 1.01)	0.05
<b>Marital status</b>		0.76
Single	1	
Married	0.92 (0.73, 1.14)	0.45
Divorced	0.95 (0.54, 1.66)	0.86
<b>Employment status</b>		0.67
Graduate	1	
Diploma	1.09 (0.87, 1.38)	0.43
Less than diploma	1.09 (0.86, 1.38)	0.46
<b>Relative suffering from mental illness</b>		<0.001
One or less	1	
More than one	0.91 (0.75, 1.11)	0.38
Don't know	1.33 (1.14, 1.56)	<0.001
<b>Doesn't know about services provided by mental health facilities in the kingdom</b>	1.99 (1.68, 2.35)	<0.001



**Figure 1.** Common mental illnesses in the society as perceived by the study participants.

(omnibus tests for model coefficients  $p < 0.001$ ) and had a classification accuracy of 75%, (Table 3).

## 4. Discussion

This cross-sectional study has explored the knowledge, attitude and perceptions of a sample of Saudi population regarding mental illness. It revealed that a large proportion were unaware of the health services available for mental illness, a quarter of them were unwilling to consult a psychiatrist if needed and nearly half were ashamed of meeting a psychiatrist, which denotes the widely prevalent stigma associated with mental illness in Saudi society. Also, the study demonstrated that factors such as gender, age, awareness of mental illness in family members and knowledge of available health services were significant in determining the willingness to seek psychiatric help, if and when needed.

The association between gender and the willingness to go to a psychiatrist was reported in a study conducted by Matheson *et al.*, they showed that women with chronic physical illnesses were 10% more likely to seek support for mental health issues than men with similar illnesses. Also, women used medical services for mental health treatment earlier than men<sup>17</sup>. This may be because women feel more comfortable seeking mental health support or that symptoms are worse among them. Similar to our finding that older persons were more willing to seek psychiatric help, a study from Ethiopia<sup>18</sup> showed that individuals aged 31-40 were about 10 times more likely to seek treatment than subjects under 20 years, which may be explained by the fact that older adults tend to have more knowledge about mental illness. However, a survey conducted in Singapore, reported that younger age was significantly associated with willingness to seek professional help<sup>19</sup>. There is still no conclusive evidence on the association between age and seeking psychological help. Some studies<sup>20-22</sup> report that older adults have a negative attitude towards seeking help and some others<sup>23</sup> have shown the opposite relationship. There is a need to further explore the role of age which may depend largely on knowledge and cultural contexts.

Marital status was significantly associated only in bivariate analysis in our study; single people were less willing to seek help. This was similar to the findings of a study from Europe, which showed that people living together had a significantly higher score on the 'Total Attitude toward Treatment' scale in comparison to people living alone<sup>24</sup>.

This is troublesome because people who are living alone may be at higher risk of mental illness. Although we did not find any association between employment status and economic level and willingness to go to a psychiatrist, a study by Buffel *et al.*, reported a significant association<sup>25</sup>, Unemployed persons may be pessimistic about their prospects and the employed may perceive greater job insecurity, which are risk factors for worse mental health.

On the effect of knowledge regarding the services available for mental illness, we found that those who had a better knowledge were also more likely to show willingness to seek psychiatric help. This relationship is straight forward in that people who have more knowledge about mental illness and keep themselves informed of the services available are more likely to harbor less stigma and would be more open to suggestions of take psychiatric help, when the need arises. Stigma is considered a major barrier to seek psychiatric treatment as many studies have reported<sup>26-29</sup>. We did not find an association between feeling shame and willingness to seek treatment, but a large proportion of respondent said that they indeed felt shameful about visiting a psychiatrist. A study<sup>30</sup> conducted among parents of children with mental illness in the United Arab Emirates, reported that a significant proportion of the respondents showed reluctance to acknowledge that a member of their family had a mental illness and only 38% said that they would seek psychiatric help for a family member, including their children. Stigma has a major role to play in modifying the attitudes and behaviors of the population with regard to perceiving mental illness and treatment seeking decisions<sup>31</sup>. The stigma associated with mental illness prevents many mentally ill people and their caregivers from seeking adequate treatment. People may refuse to seek help from mental health professionals for fear of social reaction and may try to hide the illness, which lead to underestimation of the problem<sup>32</sup>.

## 5. Limitations

This study has been conducted with a large sample size and explored the important factors in reducing mental health burden. But there are some limitations that have to be taken into account. Since this was a cross-sectional study, cause-effect relationships between the factors found to be significantly associated with willingness to seek psychiatric help could not be conclusively established.

Future studies can be designed as a cohort to study these factors in a more valid manner. The convenient sampling methodology reduces the generalizability of the study findings but the huge sample is less likely to produce markedly variable results. But considering the social and cultural uniqueness of the Saudi society which limit random sampling in a community based setting, this study would serve as a usual first step. Factors other than those that have been considered here, such as religious beliefs<sup>33</sup>, are also important and these factors should be explored in future studies.

## 6. Conclusions and Recommendations

Knowledge regarding available mental health services was poor in the Saudi population – significant proportion of the participants were hesitant to seek psychiatric help when needed and many harbored stigma towards mental illness. These and other factors were found to influence their willingness to seek help when needed.

In order to overcome the several gaps identified in this study, a complete overhaul of the national mental health program is required. There is a need to increase public awareness on the facts regarding mental health and the various services available through the health system. In addition to this, anti-stigma campaigns aiming to develop a healthy attitude to mental illness and evidence-based mental health educational programs insisting the importance of early treatment seeking and family participation in caring for the mental ill need to be implemented. Programs to enable people to seek early and sustained care will go a long way in reducing the burden of mental illness in Saudi Arabia.

## 7. Funding

None.

## 8. Conflicts of Interest

None declared.

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