

# General background and attitude of the saudi population towards mental illness

## Abstract

Mental illnesses or psychiatric disorders are very common worldwide although, a lot of patients might go undiagnosed and untreated due to the stigma towards mental illness that drives the patients away from seeking medical help.

**Aim:** To evaluate the background and attitude of the general population throughout Saudi Arabia about mental illnesses.

**Method:** A cross sectional study analyzed data from 5850 participants aged 18 and up. From all 13 districts of Saudi Arabia. The data were collected using self-administered anonymous electronically distributed questionnaire, between the months of April- May of 2017. The data were analyzed using the statistical analysis system (SAS version 9.1; SAS Institute, Cary, NC). Crude associations were assessed using Pearson Chi -square test. P value of less than 0.05 was used to indicate statistically significant differences.

**Result:** The mean age of the studied subjects was  $28.7 \pm 9.8$  years. Subjects' background about the general nature of psychiatric disorders was high and exceeding (90%) regarding the nature of psychiatric disorders and whether they are similar or not, a very low percent (7%) showed that psychiatric patients cannot socially adapt while (96.9%) believed that psychiatric patients are considered insane. (52%) believed psychiatrists are affected by their patients on long term exposure.

**Conclusion:** The background of Saudi population regarding mental illnesses is considered fair, the attitude towards psychiatric patients need further education to minimize the stigma towards them.

Volume 9 Issue 1 - 2018

**Malik Jelaidan, Lamees Abu Alkhair, Tafani Mohammed Thani, Abdulqader Susi and Raafat Shuqdar**

Taibah University, Saudi Arabia

**Correspondence:** Malik Jelaidan, Taibah University, 42351, Al Qiblatayn, Medina, Saudi Arabia Email [MalikJelaidan@gmail.com](mailto:MalikJelaidan@gmail.com)

**Received:** December 16, 2017 | **Published:** February 07, 2018

## Introduction

Mental illnesses are health conditions involving changes in thinking, emotion or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities. Mental illnesses are likely to have multiple causes, including genetic, biological and environmental factors.<sup>1</sup> Mental illnesses are prevalent in Saudi Arabia, especially among the elderly.<sup>2</sup> and almost one fifth of primary health care patients have mental illness.<sup>3</sup> Abdel-Fattah and Asal identified a systematic sample of 490 secondary school students in Taif, assessing depressive symptoms using the 21-item Beck Depression Inventory (BDI) and high rates of symptoms were reported.<sup>4</sup> In a second study done on high school students' ages 14 to 19, psychiatric symptoms were examined; Fifty-nine percent of the boys sample had significant levels of depression, anxiety or stress.<sup>5</sup> While the girl sample reported overall, 16% had one or more type of symptom, 9% had two or more symptoms, 6% had three symptoms, and 4% had all four symptoms.<sup>6</sup> And a prevalence estimate of the most common DSM-IV disorders was as high as 48% of the general population.<sup>7</sup> We want to explore why are patients not seeking medical help.<sup>8</sup> and the reasoning behind the stigma. As the stigma is very prevalent in the Saudi society.<sup>9-11</sup> specifically and the Muslim community in general.<sup>12</sup> and there are doubts towards the legitimacy of mental illness.<sup>13</sup> We also want to evaluate the general background of the population about mental illness in the society.

## Objectives

To evaluate the general background and attitude of the general

population of Saudi Arabia about mental illness. To determine the reasons behind the stigma surrounding mental health in general.

## Methodology

A cross sectional study analyzed data from 5850 participants. The data were collected using a self- administered, electronically distributed questionnaire. A pilot study was conducted on 54 individuals to test the validity and reliability of the questionnaire. The study took place between the periods of May-April of 2017. Ethical approval was obtained from Taibah University College of medicine research ethics committee. The study investigates the background and attitude of the Saudi population toward psychiatric disorders and mental illness, with question discussing the attained background of the nature, practice and management of psychiatric disorders, the compliance of psychiatric patients and the social stigma toward both patients and physicians. The background about psychiatric disorders was based on 8 questions. There have been 3 answers for each of the background question (yes, no, and do not know). For simplification "no" and "don't know" were grouped as "no". The background was assessed and categorized into good, fair and poor according to background score given for each of its component. Good background was defined if the subjects' correct answers was more than 75%, fair background if between (50-75%), and finally poor background if less than 50%. The attitude towards psychiatric and mental illnesses was examined by 6 attitude items with their answers were categorized as agree and disagree.

The data sheet also covered the followings demographic variables including patient's sex, nationality, age and administrative provinces

area. Non Saudi Participants and those who were younger than 18 years old were excluded.

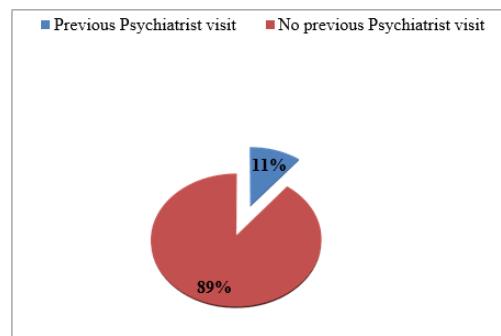
## Results

The data were analyzed using the statistical analysis system (SAS version 9.1; SAS Institute, Cary, NC). The data were tabulated and presented in frequency number and percent and mean  $\pm$  SD as appropriate. Chi square test was used to compare the studied background level (good, fair and poor) and attitude categories (agree and disagree) by subjects' characteristics (male vs. female, age groups (< 40, 40-60, and > 60 years) and the educational level (university and higher educated persons vs. less than university level of education persons). P value of less than 0.05 was used to indicate statistically significant differences. The personal characteristics of the studied subjects are presented in Table 1. The mean age of the studied subjects was  $28.7 \pm 9.8$  years and more than half of them (61.7%) were aged less than 40 years and more than two thirds were female (70.1%). About half of the studied subjects were single (51.3%), and more than two-thirds of them were university and higher educational level (70.9%). Most of the response were from Makkah region (18.2%), followed by Riyadh (17%) and Madinah (14.5%). The least response was from the Northern borders (0.9%), Gouf (2.6%) and Al- Baha (2.9%). Of the studied subjects, there have been 626 subjects (10.7%) who have reported to have a previous psychiatrist visit (Figure 1). Of these 626 subjects, there have been 505 subjects (80.7%) who were diagnosed to have one of the psychiatric disorders and only 133 of them (26.3%) were reported to follow up regularly with psychiatrists.

**Table 1** Characteristics of the studied subjects

Characteristics*	N= 5850
<b>Age in years; mean <math>\pm</math> SD (Range)</b>	<b>28.7 <math>\pm</math> 9.8 (16-84)</b>
<b>Age</b>	
< 40	3612 (61.7)
40-60	2078 (35.5)
> 60	160 (2.8)
<b>Sex</b>	
Male	1746 (29.9)
Female	4104 (70.1)
<b>Marital status</b>	
Single	3002 (51.3)
Married	2682 (45.9)
Divorced and widow	166 (2.8)
<b>Educational level</b>	
University and higher	4150 (70.9)
Less than university	1700 (29.1)
<b>Residence**</b>	
Eastern region	829 (14.3)
Baha	170 (2.9)
Gouf	149 (2.6)
Northern borders	52 (0.9)
Riyadh	985 (17.0)
Kasseem	361 (6.2)
Madinah	851 (14.5)
Tabouk	350 (6.4)
Jazan	242 (4.2)
Ha'al	226 (3.9)
Asseer	307 (5.3)
Makkah	1054 (18.2)
Nagran	274 (4.7)

\*Data are presented by n (%) and mean  $\pm$  SD.



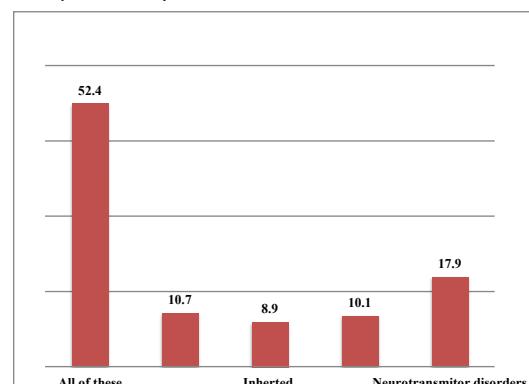
**Figure 1** History of previous psychiatrist visit of the studies subjects.

Table 2 presents general background about psychiatric disorders of the studied subjects. A very high number of the subjects believed psychiatric patients are considered insane, as high as 96.9%. About one third of the studied subjects believe in curability of these disorders (33.3%). The subject's background believing pscyo-tropic drugs lead to addiction were more than 50%, although 89.3% of them believe in psychotherapy sessions as an effective treatment besides the use of pscyo-tropic drugs. Almost half of the studied subjects believe that the psychiatrists are affected by their exposure to psychiatric patients and can experience psychiatric disorder on the long run (47.7%). A very low percentage of the studied subjects (16.3%) know about the effectiveness of electric shock therapy in treatment of psychiatric disorders. The causes of psychiatric and mental illness as reported by the studied subjects have been presented in Figure 2.

**Table 2** General background about psychiatric disorders among the studied subjects (n= 5850)

Background Items	Correct Answer, n(%)*
Psychiatric disorders are not similar	5287 (90.4)
Psychiatric patients are considered insane	183 (3.1)
Psychiatrists are affected by their patients on long run	2788 (47.7)
Psychiatric disorders are curable	1947 (33.3)
Pscyo-tropic drugs lead to addiction	2172 (56.1)
Side effects of pscyo-tropic drugs are more than its benefits	1349 (53.5)
Psychotherapy sessions are as important as pscyo-tropic drugs in the treatment of psychiatric disorders	5224 (89.3)
Electric shock therapy is effective in psychiatric disorders treatment	955 (16.3)

\*Percents are presented by its round.



**Figure 2** Percent distribution of the studied subjects according to their response to cause of psychiatric disorders.

Table 3 shows the level of general background of the studied subjects about psychiatric disorders. About one-fifth of the studied subjects were found to have good background about the psychiatric disorders (19.7%). There have been statistically significant differences by the studied subjects' characteristics regarding their level of background about psychiatric disorders where the percentage of subjects with good level of background was higher among female subjects (19.9%) compared to male subjects (19.4%). Also, subjects aged from 40 to 60 years were found to have significantly higher level

**Table 3** Level of background of the studied subjects about psychiatric disorders by their characteristics

Level of Knowledge	Good Background n (%)	Fair Background n (%)	Poor Background n (%)	P value
<b>All studied subjects</b>	1157 (19.7)	4216 (72.1)	477 (8.2)	-
<b>Sex</b>				
Male	339 (19.4)	1241 (71.1)	166 (9.5)	
female	818 (19.9)	2975 (72.5)	311 (7.6)	0.04*
<b>Age in years</b>				
< 40	668 (18.5)	2621 (72.6)	323 (8.9)	
40-60	464 (22.4)	1477 (71.0)	137 (6.6)	
> 60	25 (15.6)	118 (73.8)	17 (10.6)	0.0002*
<b>Educational level</b>				
University and higher	814 (19.6)	2991 (72.1)	345 (8.3)	
Less than university	343 (20.1)	1225 (72.1)	132 (7.8)	0.73
<b>Psychiatric disorder diagnosis</b>				
Yes (n= 505)	99 (19.6)	357 (70.7)	49 (9.7)	
No	1058 (19.8)	3859 (72.2)	428 (8.0)	0.41

\*Significant

Table 4 presents the studied subjects' attitude towards psychiatric disorders. Sixty percent of the studied subjects agreed to permit a friendship between their sons and daughter the psychiatric patients. Very low percent (7%), however, showed that psychiatric patients cannot socially adapt. The attitude item considered that psychiatric

of good background compared with other studied age categories. Educational level, however, was found to not significantly affecting the level of background among the studied subjects, as good level of background was found comparable among university and less than university levels. The level of good background among subjects reported to have one of psychiatric disorders was lower compared to other studied subjects (19.6% vs. 19.8%), although not statistically significant difference ( $p=0.41$ ).

**Table 4** Attitude of the studied subjects towards psychiatric disorders (n= 5850)

Attitude Items	Agree n(%)	Disagree n(%)
Permit your son of 18 years to be friends with a psychiatric patient	3533 (60.4)	2317 (39.6)
Permit your daughter of 18 years to be friends with a psychiatric patient	3371 (57.6)	2479 (42.4)
Psychiatric patients cannot adapt socially outside psychiatric hospitals	422 (7.2)	5428 (92.8)
Psychiatric disorders are treated by getting closer to god without a psychiatric consultation or medication	2515 (43.0)	3335 (57.0)
Psychiatric patients exaggerate their complaints	2034 (34.8)	3816 (65.2)
Addiction is a form of psychiatric diseases	4739 (81.0)	1111 (19.0)

Table 5 presents the attitude of the studied subjects towards psychiatric disorders according to their sex. There have statistically significant differences for most of the studied attitude items regarding the percentage of agreement between male and female subjects. Female subjects were found to have the higher percentage of agreement to permit a friendship between their sons and daughters and psychiatric patients. Male subjects, however, were found to have a very low percent of agreement (8.9%) that psychiatric patients cannot adapt social life outside hospital compared to 63.2% among female subjects. The studied attitude items concerning the treatment of psychiatric disorders by getting closer to god alone and considering addiction as a form of psychiatric disorder showed similar agreement level among male and female subjects, with no statistically significant difference.

Table 6 shows the attitude of the studied subjects towards psychiatric disorders according to their studied age groups. The

disorders are treated by getting closer to god without a psychiatric consolation or medication was agreed by 43%, while those agreed that psychiatric patients exaggerate their complaints were 34.8%. The majority of the studied subjects (81%) agreed that addiction is a form of psychiatric disorder.

subjects aged more than 60 years were found to have the highest percentage of agreement to permit a friendship between their sons and daughters and psychiatric patients, with statistically significant difference ( $P<.0001$ ). Subjects less than 40 years showed the highest significant percentage (82.9%) of agreement that addition is a form of psychiatric disorder. For other studied three attitude items, however, the analysis showed no statistically significant difference among the studied subjects by their age groups.

Table 7 displays the attitude of the studied subjects towards psychiatric disorders according to their educational level. The attitude item concerning the agreement to make a friendship between subjects' sons and daughters and psychiatric patients, showed no significant difference by subjects' educational level where about 60% agreed to make this friendship. Statistically significant differences, however, were observed among the studied subjects regarding their attitude towards treatment of psychiatric disorders by getting closer to god

alone and the exaggeration of the complaints by patients, with the highest percentage of agreement was found among subjects with less than university educational level. Addiction as a form of psychiatric

disorder was similarly agreed by the majority of the studied subjects, with no statistically significant difference ( $p= 0.82$ ).

**Table 5** Attitude of the studied subjects towards psychiatric disorders by their sex

Attitude Items	Sex	Agree n(%)	Disagree n(%)	P value
Permit your son of 18 years to make friendship with a psychiatric patient	Male	961 (55.1)	784 (44.9)	<.0001*
	Female	2571 (72.7)	1533 (37.3)	
Permit your daughter of 18 years to make friendship with a psychiatric patient	Male	849 (48.6)	897 (51.4)	<.0001*
	Female	2522 (61.5)	1582 (48.5)	
Psychiatric patients cannot adapt socially outside hospital	Male	155 (8.9)	1591 (91.1)	0.002*
	Female	267 (63.2)	3837 (36.8)	
Psychiatric disorders are treated by getting closer to god without a psychiatric consultation or medication	Male	741 (42.4)	1005 (57.6)	0.57
	Female	1774 (43.2)	2330 (56.8)	
Psychiatric patients exaggerate their complaints	Male	670 (38.4)	1076 (61.6)	0.0002*
	Female	1364 (33.2)	2740 (66.8)	
Addiction is a form of psychiatric disorder	Male	1399 (80.1)	347 (19.9)	0.26
	Female	3340 (81.4)	764 (18.6)	

\*Significant

**Table 6** Attitude of the studied subjects towards psychiatric disorders by their age groups

Attitude Items	Age in Years	Agree n(%)	Disagree n(%)	P value
Permit your son of 18 years to make friendship with a psychiatric patient	< 40	2309 (63.9)	1303 (36.1)	<.0001*
	40-60	1116 (53.7)	962 (46.3)	
	> 60	108 (67.5)	52 (32.5)	
Permit your daughter of 18 years to make friendship with a psychiatric patient	< 40	2220 (61.5)	1392 (38.5)	<.0001*
	40-60	1052 (50.6)	1026 (49.4)	
	> 60	99 (61.9)	61 (38.1)	
Psychiatric patients cannot adapt socially outside hospital	< 40	252 (7.0)	3360 (93.0)	0.65
	40-60	157 (7.6)	1921 (92.4)	
	> 60	13 (8.1)	147 (91.9)	
Psychiatric disorders are treated by getting closer to god without a psychiatric consultation or medication	< 40	1551 (42.9)	2061 (57.1)	0.62
	40-60	901 (43.4)	1177 (56.6)	
	> 60	63 (39.4)	97 (60.6)	
Psychiatric patients exaggerate their complaints	< 40	1227 (33.9)	2385 (67.1)	0.26
	40-60	749 (36.0)	1329 (64.0)	
	> 60	58 (36.3)	102 (63.7)	
Addiction is a form of psychiatric disorders	< 40	2994 (82.9)	618 (17.1)	<.0001*
	40-60	1619 (77.9)	459 (22.1)	
	> 60	126 (78.6)	34 (21.4)	

\*Significant

**Table 7** Attitude of the studied subjects towards psychiatric disorders by their educational level

Attitude Items	Educational Level	Agree n(%)	Disagree n(%)	P value
Permit your son of 18 years to make friendship with a psychiatric patient	University and higher	2503 (60.3)	1647 (39.7)	0.85
	Less than university	1030 (60.5)	670 (39.5)	
Permit your daughter of 18 years to make friendship with a psychiatric patient	University and higher	2383 (57.4)	1767 (42.6)	0.62
	Less than university	988 (58.1)	712 (41.9)	
Psychiatric patients cannot adapt socially outside hospital	University and higher	251 (6.1)	3899 (93.9)	<.0001*
	Less than university	171 (10.1)	1529 (89.9)	
Psychiatric disorders are treated by getting closer to god without a psychiatric consultation or medication	University and higher	1703 (41.1)	2447 (58.9)	<.0001*
	Less than university	812 (47.7)	888 (52.3)	
Psychiatric patients exaggerate their complaints	University and higher	1381 (33.3)	2769 (66.7)	0.0002*
	Less than university	653 (38.4)	1047 (61.6)	
Addiction is a form of psychiatric disorder	University and higher	3365 (81.1)	785 (18.9)	0.82
	Less than university	1374 (80.8)	326 (19.2)	

\*Significant

## Discussion

This study is measuring the awareness of mental illness in regards to general background and attitude of the general Saudi community. Mental illnesses in Saudi Arabia as a part of the Islamic community are considered to be a punishment or test from God.<sup>14-16</sup> Subjects' general background about psychiatric diseases was high and exceeding 90% regarding the nature of psychiatric diseases. Most of the respondent with good general background is female aged 40-60 with educational levels between university (bachelors) and higher (masters). This is similar to the study (Attitudes towards mental illness in UK).<sup>15</sup>

Of the studied subjects, there have been 626 subjects (10.7%) reported to have a previous psychiatrist visit. and (8.63%) were diagnosed to have a psychiatric disorder, which is less than (Attitudes towards mental illness in UK).<sup>15</sup> that shows 30% were diagnosed with mental illness which is contributed to the fact that in the UK they have more mental health facilities and services than Saudi Arabia and an easier accessibility than in Saudi Arabia for it being available in general hospitals. In our study (26.3%) of the (8.63%) were reported to follow regular visit to psychiatrists while 3% of the study (Attitudes towards mental illness in UK) 15 adults reported that they were currently receiving counselling or therapy. This could be due to the effect of stigma practiced by families and them seeing psychiatric patients as a burden and above all the discrimination applied on them by the community.<sup>17</sup> In our study 90% answered correctly the question regarding whether mental illnesses are not the same which could reflect a very good background, but on the other hand 96% responded that all psychiatric patients are insane, which reflects the need for mental illness awareness to be improved in our community and the need of health institution to disclose more information about mental illnesses.

As for the background towards treatment of mental illness, 43.0 % answered that mental illnesses are cured by getting closer to God, which reflects that the community thinks that being disconnected from God and away from religious command and lacking of faith is the main cause of having mental illnesses.<sup>18</sup> 89.3% of our sample reported that psychotherapy is as needed as medication, which is more than the sample that agreed in the other study which was 79.6%. In one study out of 459, only 15.7% reported the need for counselling.<sup>16</sup> On the other hand, measuring the community's awareness towards the curability of mental illness revealed that only 33.3% believed mental illness or psychiatrist disorders are curable which is less than what the other study which showed that 60.2% in England's community believed in their curability (Public knowledge, attitudes and behaviour regarding people with mental illness in England 2009).<sup>15</sup> In regards to the attitude, our sample answered 34.8% in psychiatric patients got ill due to their weak personalities whereas 15.7% agreed to that in (Public knowledge, attitudes and behavior regarding people with mental illness in England 2009-2012).<sup>15</sup> which reflects that there is a lack of background towards etiologies of psychiatric illness. Also our sample is comfortable in dealing with psychiatric patients and sees them as being able to socially adapt and can make friendship with their sons and daughters in 92.8%, whereas 93.3% had same opinion in (Public knowledge, attitudes and behavior regarding people with mental illness in England 2009- 2012).<sup>15</sup> it is consistent with the fact that in Egypt psychiatric patients are not considered to be a threat to the society.<sup>19,20</sup>

## Conclusion

Mental illness or psychiatric disorders are very common disorders. The researched concluded that 72% of the subject's background is

fair while only 19% had good backgrounds, with 8.2% with poor backgrounds. Unfortunately, there are no specific statistics regarding the number psychiatric patients in Saudi Arabia because many of the patients do not seek medical help from psychiatrists due to the stigma surrounding mental health. The stigma is the most prevalent factor delaying the visit towards psychiatrists as 96.9% of the community believed psychiatric patients are insane and have been affected to mental illness due to weak personalities which emphasis on the need for more awareness to the general public is very much needed.

## Acknowledgements

None.

## Conflicts of interest

None.

## References

1. Ranna Parekh *What Is Mental Illness?* American Psychiatric Association (APA), USA, 2015.
2. Al-Shammari SA, Al-Subaie A. Prevalence and Correlates of Depression among Saudi Elderly. *Int J Geriatr Psychiatry*. 1999;14(9):739-747.
3. Al-Khathami AD, Ogbeye DO. Prevalence of mental illness among Saudi adult primary-care patients in Central Saudi Arabia. *Saudi Med J*. 2002;23:721-724.
4. Asal ARA, Abdel-Fattah MM. Prevalence, Symptomatology, and Risk Factors for Depression among High School Students in Saudi Arabia. *Neurosciences (Riyadh)*. 2007;12:8-16.
5. Al-Gelban KS. Depression, Anxiety and Stress among Saudi Adolescent School Boys. *J R Soc Promot Health*. 2006;127(1):1-5.
6. Al-Gelban KS. Prevalence of Psychological Symptoms in Saudi Secondary School girls in Abha, Saudi Arabia. *Ann Saudi Med*. 2009;29(4):275-279.
7. Shahab M, Al-Tuwaijri F, Bilal L, et al. The Saudi National Mental Health Survey: Methodological and logistical challenges from the pilot study. *Int J Methods Psychiatr Res*. 2017;26(3).
8. Shahrou TM, Rehmani RS. Testing psychiatric stigma in a general hospital in Saudi Arabia. *Saudi Med J*. 2009;30(10):1336-1339.
9. Al Namlah RA. What is interfering with attendance in adult psychiatric out patients clinics Neurosciences (Riyadh). 2006;11(4):293-296.
10. Abdullah T, Brown TL. Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review. *Clin Psychol Rev*. 2011;31(6):934-948.
11. Yassar Alamri Mental illness in Saudi Arabia: Stigma and acceptability. *International Journal of Social Psychiatry*. 2016;62(3):306-307.
12. Tahirah Abdullah, Tamara L. Brown Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review. *Clin Psychol Rev*. 2011;31(6):934-948.
13. Al-Habib TA. A pilot study of faith healers' views on evil eye, jinn possession, and magic in the Kingdom of Saudi Arabia. *J Family Community Med*. 2003;10(3):31-38.
14. Nevena Ilic, Helen Henderson, Claire Henderson. *Graham Thornicroft Attitudes towards Mental Illness*. 1. Attitudes towards mental illness. 2014.
15. Sara Evans Lacko, Claire Henderson, Graham. Thornicroft Public knowledge, attitudes and behaviour regarding people with mental illness in England 2009-2012. *Br J Psychiatry Suppl*. 2013;55:S51-S57.
16. Abu-Ras W, Abu-Bader SH. The impact of the September 11, 2001 Attacks on the well-being of Arab Americans in New York City. *Journal of Muslim Mental Health*. 2008;3(2):217-239.

17. Cinnirella M, Loewenthal KM. Religious and ethnic group influences on beliefs about mental illness: A qualitative interview study. *British Journal of Medical Psychology*. 1999;72:505–524.
18. Coker EM. Selfhood and social distance: Toward a cultural understanding of psychiatric stigma in Egypt. *Social Science & Medicine*. 2005;61(5):920–930.
19. Khan Z. Attitudes toward counseling and alternative support among Muslims in Toledo, Ohio. *Journal of Muslim Mental Health*. 2006;1(1):21–42.
20. Marrow J, Luhrmann TM. The zone of social abandonment in cultural geography: On the street in the United States, inside the family in India. *Cult Med Psychiatry*. 2012;36(3):493–513.