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Assessing Awareness, Beliefs and Attitudes of Population towards Psychiatric Diseases in Al-Ahsa City: Cross Sectional Study

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Abstract

Objective: To obtain information about basic knowledge towards mental disorders, what they think their causes are, to evaluate public attitudes towards mental disorders, from which they recommend to seek help if needed and what kind of treatment they consider appropriate.

Population and method: This study is a questionnaire-based survey. The questionnaire language was Arabic language. The target population was varying in age, sex and socio-demographic background.

Result: A total of 210 participants about 45.7% were aged <25 and all of population lived in Al-Ahasa city. About 45.7% (n=96) rated as parent-child interactions as most important risk factor, 84% of respondents considered psychiatrist as a more frequent source of sufficient information about mental health problems, 30.5% of respondents had misunderstanding for define schizophrenia. Stigma still exists in relation to mental health. Nevertheless, 44.8% disagree about people knowing about if they themselves were experiencing mental health problems

Conclusion: According the results populations have good attitudes and beliefs but have poor knowledge about mental health problems.

Keywords: Psychiatric disease; Depression; Schizophrenia; Attitudes

Introduction

A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities and there is significantly increased risk of death, pain or other disability [1]. Psychiatric disorders are considered among the 20 most disabling conditions worldwide and affecting people of all ages, cultures and socio-economic statuses. Sigma and negative attitudes towards people with mental illness have been found to be common worldwide among both trained health professionals as well as the general population [2]. Despite the high prevalences of mental health problems, societies continue to hold deep-rooted, culturally sensitive, and often negative beliefs about mental illnesses [3]. The consequences of stigma and discrimination are so pervasive that they affect the people with mental illness in every aspect of the life and might also become the main impediment to rehabilitation and recovery [3]. Because of the stigma and discrimination, people with mental illness encounter difficulties in obtaining housing, marriage and employment. As a result, people with mental illness face social isolation, social distance, unemployment and homelessness [3]. Familiarity with these disorders (either through personal experience or exposure to the illness experiences of family members or others) has helped reduce social distancing, which in turn decreases the risk of discriminatory behaviors [4]. Stigma and discrimination have direct implications for the prevention, early detection, treatment outcome, rehabilitation, and quality of life of people with mental illness and indirectly affect the life of their significant others [5]. Not all individuals who experience symptoms of mental illness receive the same level of care or treatment. This is partly attributable to the general public's beliefs and attitudes surrounding mental illness [6]. Stigma acts as an obstacle to the presentation and treatment of mental illness at all stages, and brings about social exclusion [3]. In fact, the stigmatization of mental illness and the lack of information on the symptoms of mental illness are

seen as the main barriers to seeking help for mental health problems [7]. In Saudi Arabia, where the Islamic religion is influential such as witchcraft, evil eye, and fairies are culturally accepted. Media has role to describe patient with psychiatric disease stereotypical, negative attitude and that's meaning many people gain an unfavorable or inaccurate view of those with psychological disorders [4]. Most people have bad thinking about the medication uses for treatment psychiatric disease and they think this medication will not treat the disease and they will be addiction with medication. Therefore most of people prefer charlatans and witchcraft rather than medication.

There are a few studies of psychiatric morbidity in Saudi Arabia and there is a great need for a national epidemiological study of mental health in Saudi Arabia

Objectives

To obtain information about basic knowledge towards mental disorders, what they think their causes are, to evaluate public attitudes towards mental disorders, from whom they recommend to seek help if needed and what kind of treatment they consider appropriate.

Method

The participants consisted of 210 samples (50 interview and 160 online) respondents varying in age, sex and socio-demographic background. Participants recruited should be 18 years and older and

nationally representative. 28 questionnaire which collected basic demographic information (Age, gender, region of residence, marital status, education level and monthly income of the family), Knowledge items about mental illness included the following causal attributions (risk factors, external stressors), beliefs about controllability (by the individual themselves or via different treatments), beliefs about stability and predictability. Attitudes and behavior were explored by questions that assessed terminology used to describe mental disorders, and emotional reactions such as avoidance or social distancing. Familiarity questions explored issues such as personal or family experiences of mental disorders and predictions about future vulnerability these were supplemented by questions that explored views on likely help-seeking and appropriate management for mental disorder.

Results

Sample size n=210 (86=female, 124=male), the mean age was 53 years (both genders) On Table 1 summarize the demographics result.

Discussion

This study conducted primarily to established Assessing awareness, knowledge, beliefs and attitudes of population towards psychiatric diseases. The participants consisted of 210 samples (50 interviews and 160 on internets) respondents varying in age, sex and socio-demographic background. Participants recruited should be 18 years and older and nationally representative see Table 1. 45.7% were aged <25 and all of population lived in Al-Ahasa city.

Mental health knowledge

As shown in Figure 1, when offered a list of possible risk factors for mental health problems, about 45.7% (n=96) rated as parent-child interactions as most important risk factor, 18.1% (n=38) rated alcohol and drug abuser as most important risk factor while chronic illness, genetic factors and don't know was similar 9% (n=20) the remaining

factors work overload, post traumatic and medications was 5.7%, 1.9% and 0.5% respectively. About 84% of respondents considered psychiatrist as a more frequent source of sufficient information about mental health problems while the rest of sources such as education programs, media, school or university and GP was 5.7%, 5.2%, 2.8% and 1.4% respectively. Respondents for question does the mental health problems related to family history rated as 50.5% sometimes, 24.3% high probability, for rarely and no relation was approximately similar and 6.7% for don't know. There is wide range of factors that are helpful in looking after mental health. Of most value is counseling with psychiatric 69% (Figure 1D).

In the second part of assess the knowledge were asked about definitions of common mental disorders (schizophrenia, bipolar and depression). 40.5% of respondents had taken wrong answer which was multiple personality and this is common misunderstanding for define schizophrenia. 58.1% don't know what the bipolar disorder is and 67.1% of respondents had taken right definition of depression. So, most of participants didn't select the right concept or defenition of common disorder. In general, respondents were rather optimistic concerning the prognosis of mental disorders where the person will improve after receive appropriate care taken 77.6% (Figure 2). In the last part of assess the knowledge of psychotropic treatment and effectiveness the vast majority of participants thought the medicatons lead to partial recovery for pateints and 32% said medications will deal with symptoms instead of cause, 52.8% of respondents comments that's medications will take time to be effective (Figure 3). Some of side effect of medications mention in Table 2.

Mental health attitudes

As shown in Figure 4 the emotional reactions of respondents to the persons with mental disorders were measured. In general, respondents reacted most frequently with pro-social feeling (help him/her 76.7%). Across all five relationships most respondents was agree slightly towards

Demographic Characteristics of Participants (N 210)	
Participants	
Documented	50
Online	160
Gender	
Male	124 (59%)
Female	86 (41%)
Age	
18-24 years	96 (45.70%)
25-35 years	70 (33.30%)
35-45 years	34 (16.20%)
More than 45 years	10 (4.80%)
Marital status	
Married	115 (54.8%)
Single	95 (45.20%)
Education level	
Illiterate	0
Less than Secondary school	15 (7.10%)
Secondary school	45 (21.40%)
Bachelor	134 (63.8%)
Postgraduate	16 (7.60%)
Monthly income	
Less than 3000 SR	44 (20.90%)
3000-9000 SR	103 (49%)
More than 9000 SR	63 (30%)

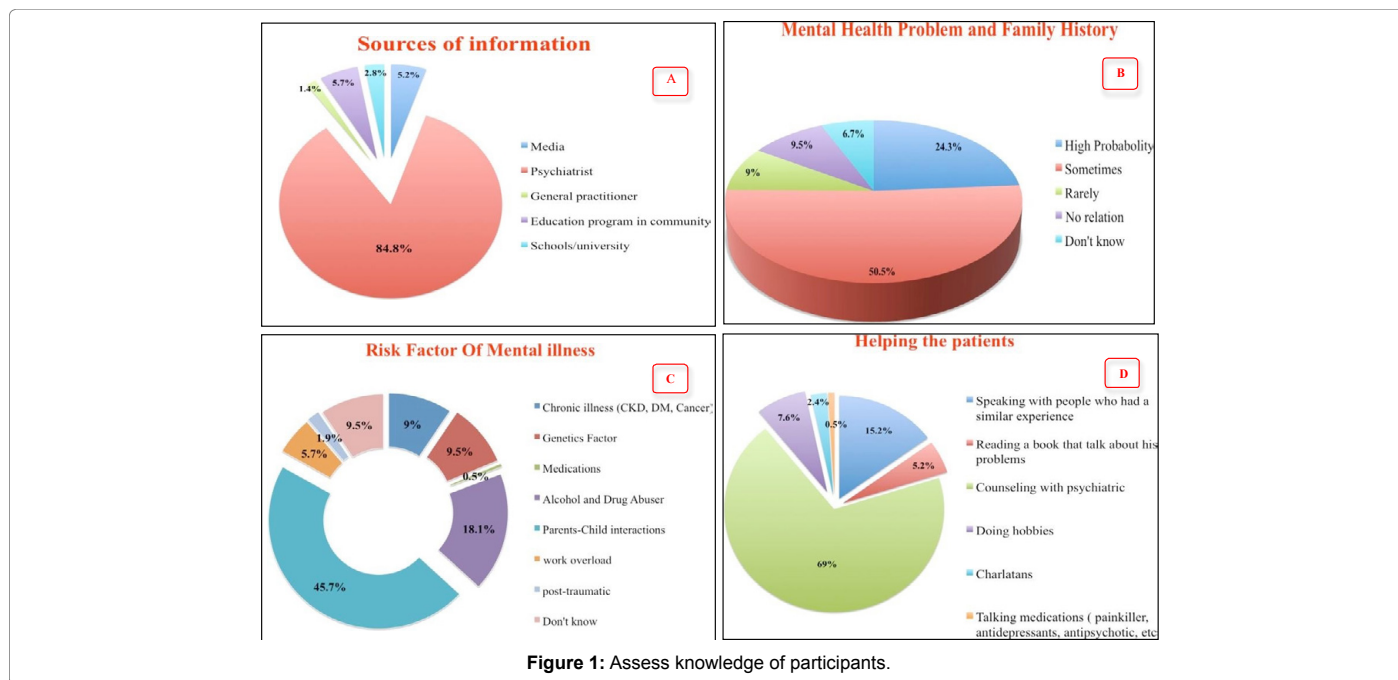**Table 1:** Demographic characteristics of participants (N 210).
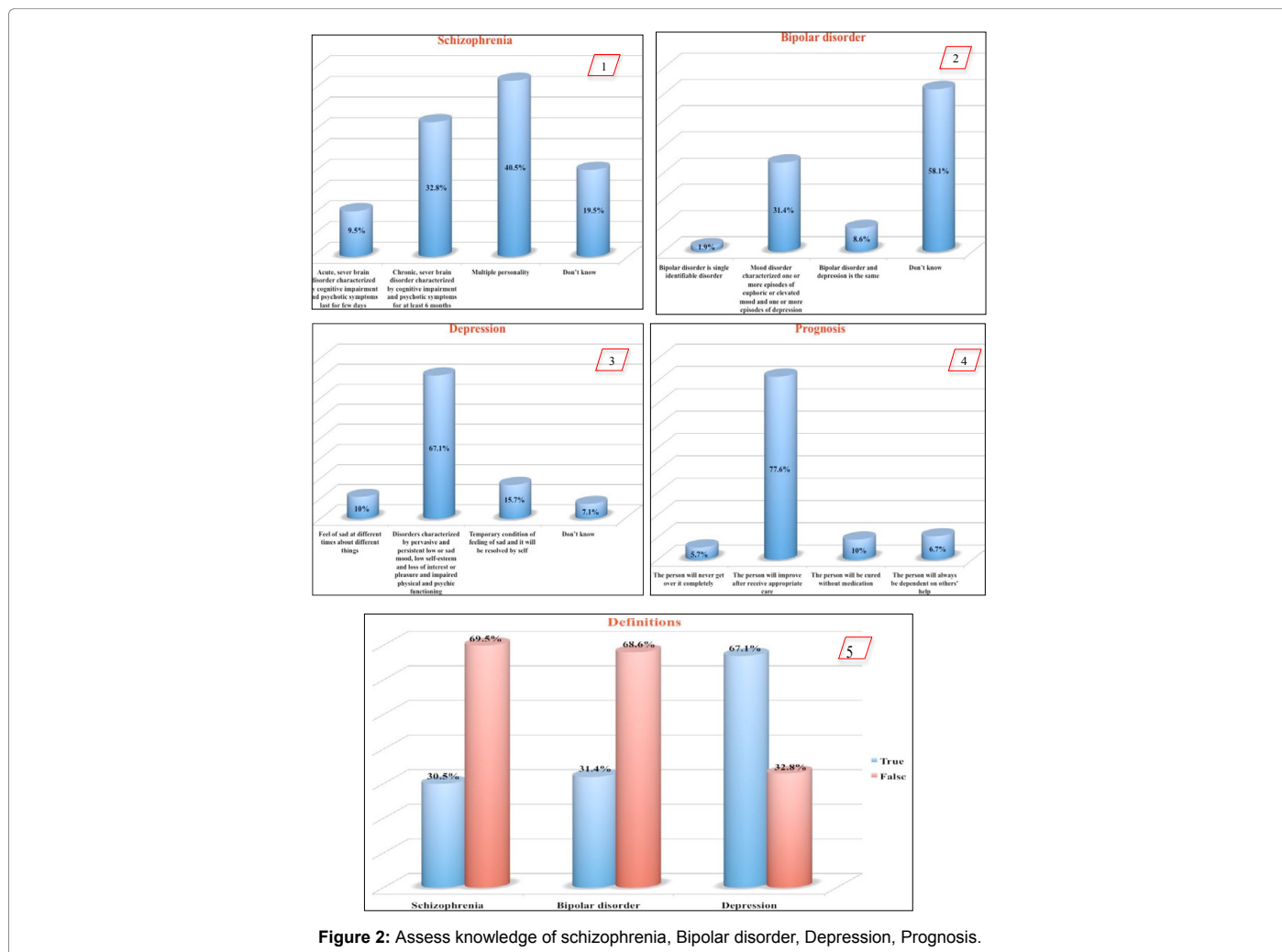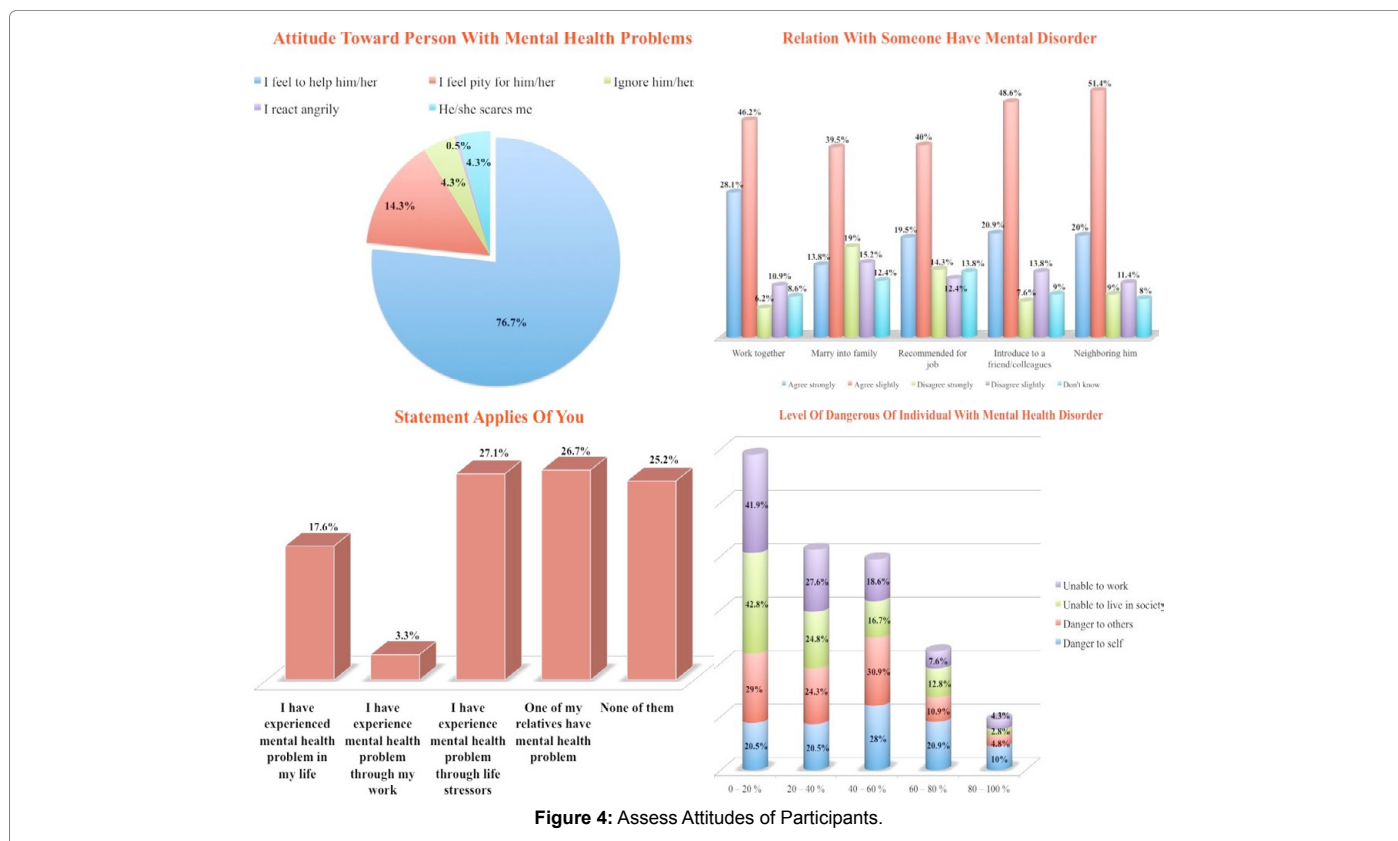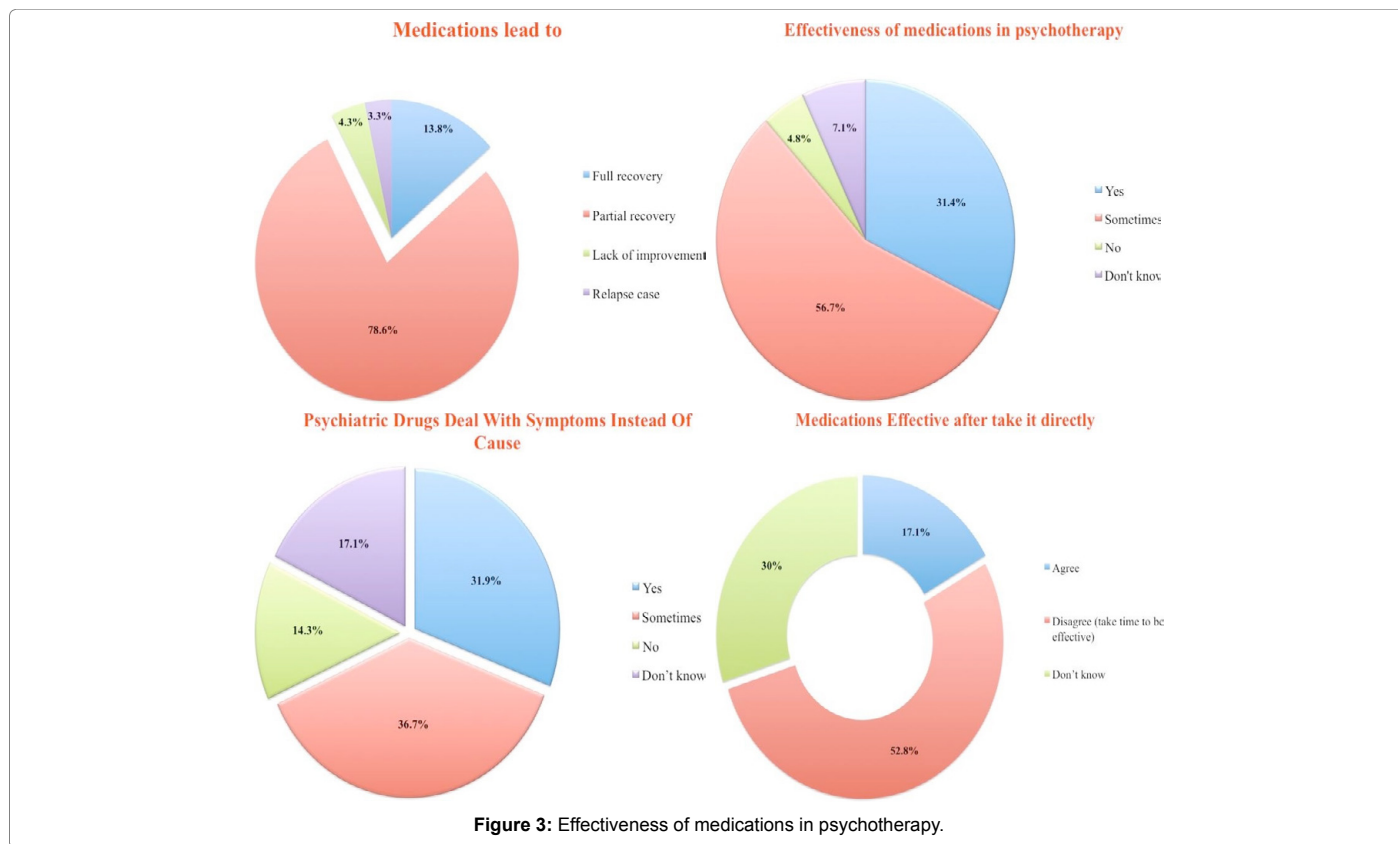
Figure 1: Assess knowledge of participants.

Figure 2: Assess knowledge of schizophrenia, Bipolar disorder, Depression, Prognosis.

Figure 3: Effectiveness of medications in psychotherapy.

Figure 4: Assess Attitudes of Participants.

relationships while few of participants rejection the relationships and distanced themselves from person with mental health problems to assess the dangerous of individuals with mental disorders 28% danger to self by 40-60%, 41.9% unable to live in society and unable to work by 0-20%. Only 17.6% of respondents they experienced to mental health problems in their life, 27.1% through life stressor and 26.7% for one of their relatives.

Mental health beliefs

Stigma still exists in relation to mental health. Although, 44.2% disagree about people knowing about it if they themselves were experiencing mental health problems, 48% believe that people with

mental health problems can have important jobs, 73% of respondents disagree with all psychiatric patients should be isolated and 52% agree with psychiatrics disease related to demons, envy and witchcraft. It is important to know which aspects of life are perceived as having a positive effect on mental health. Having a supportive family and getting appropriate care appears to be the most important positive influence. Having good friends, getting enough money and have good job are the next most important influences (Figure 5).

Conclusion

Our survey helps to inform healthcare professionals of existing community awareness of attitudes to mental health problems and it's

	Yes	No	Some of them	Don't know
All psychiatric drugs cause addiction	29(14%)	33 (15%)	114 (53%)	38 (18%)
All psychiatric drugs cause sexual dysfunction	20(9%)	30 (14%)	63 (29%)	101 (47%)
All psychiatric drugs cause weight gain	32(15%)	32 (15%)	82 (38%)	68 (32%)

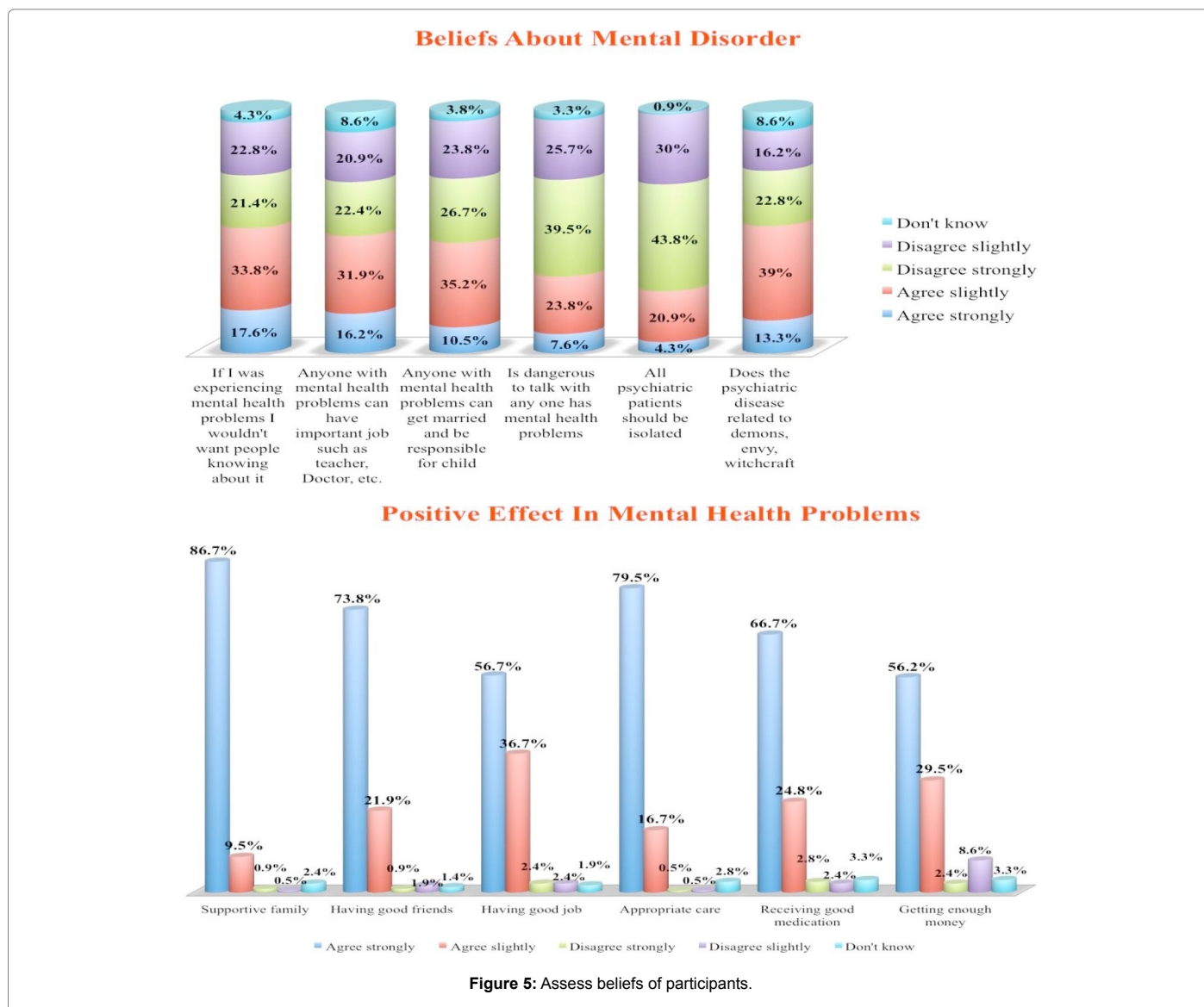**Table 2:** Assess knowledge of participants.

Figure 5: Assess beliefs of participants.

treatments and provides a baseline against future impacts of current population based mental health initiatives can be measured. According the results populations have good attitudes and beliefs but have poor knowledge about mental health problems.

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