Impact of Societal Knowledge on Psychiatric Patients: A Cross-Sectional Study using a Standardized Questionnaire

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Abstract
Psychiatry is part of medicine that studies mental, emotional, and behavioral disturbances. Unfortunately, stigma is often associated with psychiatry, as it is a mark of shame associated with feelings of disapproval toward a topic, which has generated negative views, leading to discrimination. As a result, the knowledge of Saudis toward psychiatric patients and services has become limited. Therefore, stigma is considered a key factor that prevents patients from pursuing psychiatric consultation. In this study, we aimed to establish Saudi society’s knowledge of mental illness and the mentally ill and what prevents them from seeking psychiatric evaluation. To achieve this, a cross-sectional study was conducted in Jeddah, Kingdom of Saudi Arabia between January and May 2019 that included 1,424 Saudi participants. Approximately 62% of participants acknowledged that mental illness is an illness like any other and 42% expressed that the mentally ill are far less of a danger than most people perceive. However, 56% disclosed that mental illness cannot be treated with psychotherapy and behavioral therapy. In conclusion, the study showed that society’s knowledge regarding psychiatry influences the mentally ill individuals in direct and indirect manners.

Keywords: Society Knowledge; Stigma; Mental Illness

Methodology
The study has been approved by biomedical ethics unit of King Abdulaziz University. A cross-sectional study was conducted in Jeddah, Kingdom of Saudi Arabia between January 2019 to May 2019 and included any Saudi during that time with 1,424 participants, of whom 1,170 completed the questionnaire. Data was collected through distributed questionnaires of modified Community Attitude to Mental Illnesses (CAMI) scale (electronic and paper) and we made minor changes to make it culturally appropriate for Saudi. Then the data was analyzed using SPSS software version 16.0 (SPSS Inc., Chicago, IL, USA). Categorical data are described as percentages. Pearson Chi-square tests were used to compare the categorical variables between the two groups. P-value < 0.05 was considered as statistically significant (Table 1).

Results
We included 1,424 participants and data were collected between January 2019 till May 2019 through paper and electronic questionnaires. Of the total number of participants, 53% were below 25 years of age, 80% were female and about two-thirds had received a university education (Table 1).
Community attitude was evident when most of the participants agree that no one has the right to exclude the mentally ill from their neighborhood and accept the location of mental health facilities in their neighborhood to serve the needs of the local community (73% and 85%, respectively). Moreover, around 88% agreed that the mentally ill should not be denied their individual rights. Most participants acknowledge that we need to adopt a far more tolerant attitude toward the mentally ill in our society and they should not be treated as outcasts (93% and 94%, respectively). Furthermore, 60% acknowledged that there are insufficient existing services for the mentally ill and 93% expressed that we have the responsibility to provide the best possible care for them. However, around 48% reported that one of the main causes of mental illness is a lack of self-discipline. Finally, around 84% accepted that essentially anyone can become mentally ill (Table 2).

Community attitude is also assessed according to 3 variables: age, gender, and education. Firstly, there was no significant difference between most of the statements according to age (p>0.05). Secondly, according to gender, there was statistically significant difference between males and females in reporting that mental health care should be provided by specialists, mental illness is an illness like any other, there are sufficient existing services for the mentally ill, and acceptable treatment by psychotherapy and or behavioral therapy (p<0.05) (Table 3). Lastly, there was no statistically significant difference in community attitude according to education (p>0.05).

### Discussion

We aimed to study the impact of societal knowledge about psychiatric disorders on patients with mental illness. First, it’s been found that female participants had better knowledge regarding mental illness and treatment modalities as recorded by Jelaidan M, et al. (2018), and they had a more accepting attitude towards the mentally ill (93%) (Table 3).

To begin with, society acknowledged that mentally ill individuals has a special-characteristics that differentiate them from society in spite of their agreement on the patients’ rights and including them in the community, giving a conflicting attitude that indirectly influences the mentally ill to become a member in the society. Particularly as described by Jelaidan M, et al. (2018) that mentally ill are a trouble to the mentally ill should not be denied their individual rights. Most participants recognized the influence of merging their neighborhood to serve the needs of the local community (73% and 85%, respectively). Moreover, around 88% agreed that the mentally ill should not be denied their individual rights. Most participants acknowledge that we need to adopt a far more tolerant attitude toward the mentally ill in our society and they should not be treated as outcasts (93% and 94%, respectively). Furthermore, 60% acknowledged that there are insufficient existing services for the mentally ill and 93% expressed that we have the responsibility to provide the best possible care for them. However, around 48% reported that one of the main causes of mental illness is a lack of self-discipline. Finally, around 84% accepted that essentially anyone can become mentally ill (Table 2).

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### Equally important, society recognized the influence of merging
the mentally ill to the community as a treatment from their psychiatric condition as well as the injustice use of spiritual mediators. Conversely, they are rejecting the benefits of psychotherapy and behavioral therapy which has direct impact on the patients, as illustrated by Dardas L, et al. (2015) in self-stigmatization and their effects [3].

Furthermore, the society understands the responsibility of providing the best care for the mentally ill individuals and agreed that they must be seen by professionals and mental health facilities location should be in the neighborhood to serve the community’s needs. In addition, society accepted that anyone can become mentally ill, although some believed the cause is from lack of self-discipline which may affect the patient indirectly by not revealing their condition to the society where Dardas L, et al. (2015), described insulation and low confidence [3].

Finally, we discovered, majority of the society had a fair knowledge about mental illness as reported by Jelaidan M, et al. (2018) and that the mentally ill are certainly not a threat on society, yet it was not sufficient to minimize the insufficient services and poor attitude towards them [9]. In another word, society acknowledged the need for change in the behaviors and attitude towards the mentally ill and accepting them in the community [13-15].

Conclusion

This study aimed to establish the impact of society knowledge regarding psychiatric illnesses, patients, treatment modalities and facilities on the mentally ill individuals. In conclusion, female was superior as to knowledge and accepting attitude.

However, the society’s perspective regarding the cause is alarming which showed indirect harm to the mentally ill person by refuse disclosing to the community. Thus, we recommend introducing intensive educational material and/or community-based campaigns into Saudi society as first step to reduce the stigma and false impressions that surrounds mental illness and mentally ill.

Limitations

The main limitation of this study was the initial data collection process, which involved manual distribution of questionnaires and collecting fully answered surveys.

Ethical Consideration

The manuscript does not contain clinical studies or patient data.

References