

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

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Introduction

Stigma is associated with psychiatry, which is defined as a mark of shame associated with strong feelings of disapproval toward a topic that generates a negative view, leading to discrimination [1,2]. Because of this, Saudi culture's knowledge toward psychiatric patients and services is limited. Most psychiatric patients experience disadvantages such as poverty and illness due to the stigma [3]. For that reason, it is important to establish what increased the stigmatization around psychiatric patients.

For instance, Zolezzi M, et al. (2018) showed that the reason for stigmatization is that psychiatry is perhaps a specialty that is reliant on culture [4]. Multiple studies showed that psychiatric disorders are rising across a wide range of ages, from adolescents to the elderly [5-8], with Jelaidan M, et al. (2018), demonstrating that 72% of the Saudi population having a background of psychiatric disorders [9]. However, due to its stigmatization, one study found that alternative or unconventional therapies, such as faith healers, are usually recommended among Saudis to treat such illnesses [10]. This was corroborated by Al Shammari S, et al. (2016), who also established that the Saudi community tends to look for non-medical help despite the availability of capable medical professionals [11]. Clement S, et al. (2015), also found that stigma is one of the barriers that prevent individuals from seeking professional help for mental disorders [12].

In this study, we aim to establish the impact of society's knowledge

regarding psychiatric illness and psychiatric patient on the mentally ill individuals. Which is important to minimize the stigma and misbeliefs around psychiatric patients and services.

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).



Approximately 62% percent 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. About 31% stated that there is a distinguishable character in mentally ill individuals, with 18% agreeing that the mentally ill have been the subject of ridicule for too long. Moreover, 41% reported that the mentally ill should be examined by a specialist, and 29% reported that the best therapy for many mental patients is to be part of a normal community. On the contrary, 56% disclosed that mental illness cannot be treated by psychotherapy and behavioral therapy. Furthermore, 42% of participants acknowledged that mental illness cannot be treated by spiritual mediators. However, there was not a considerable difference in the acceptance of treating mental illness by traditional methods or “folk remedies” (Table 2).

Table 1: Demographic characteristics of studied population n=1170.

Variable		Studied Population	
		N=1170	
		#	%
Age	15-	622	53.2
	25-	221	18.9
	35-	204	17.4
	45-	94	8
	> 55	29	2.5
Gender	Male	238	20.3
	Female	932	79.7
Education	Basic education	271	23.2
	Technical education	82	7
	University	747	63.8
	Post graduate studies	70	6
Health Care Work / Education	Yes	176	83.8
	No	990	16.2

Table 2: Attitudes of the studied group towards mental illnesses, mentally ill, and their integration in the community.

Attitude	Agree (%)	Disagree (%)
As soon as a person shows signs of mental disturbance, he should be examined by a specialist	482(41.2)	40(3.4)
The best therapy for many mental patients is to be part of a normal community	333(28.5)	23(2.0)
Mental illness is an illness like any other	724(61.8)	16(1.4)
The mentally ill are far less of a danger than most people suppose	492(42.05)	246(21.0)
There is something about the mentally ill that makes it easy to tell them from normal people	71(6.1)	360(30.8)
The mentally ill have for too long been the subject of ridicule	1.8209(17.9)	355(30.3)
No one has the right to exclude the mentally ill from their neighborhood	850(72.6)	114(9.7)
We need to adopt a far more tolerant attitude toward the mentally ill in our society	1092(93.4)	15(1.3)
Residents should accept the location of mental health facilities in their neighborhood to serve the needs of the local community	997(85.2)	40(3.4)
The mentally ill should not be treated as outcasts of society	1097(93.8)	40(3.4)
There are sufficient existing services for the mentally ill	150(12.8)	707(60.4)
The mentally ill should not be denied their individual rights	1034(88.4)	60 (5.1)
One of the main causes of mental illness is a lack of self-discipline and will power	560(47.8)	232(19.8)
We have the responsibility to provide the best possible care for the mentally ill	1091(93.2)	11(0.9)
Virtually anyone can become mentally ill	981(83.8)	59(5)
Mentally ill persons can be treated by traditional methods "folk remedies"	283(24.2)	344(29.4)
Mentally ill persons can be treated by spiritual mediators	241(20.6)	494(42.2)
Mental illness can be treated by psychotherapy and behavioral therapy	154(13.1)	657(56.2)

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 [9] (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 their family and stigmatized by the community [9].

Equally important, society recognized the influence of merging

Table 3: Community attitude towards mental illness according to gender.

Question	Male	Female	χ^2 Test	P Value
	N= 238 (%)	N= 932 (%)		
As soon as a person shows signs of mental disturbance, he should be examined by a specialist				
Agree	147(61.8)	251(26.9)	10.4	0.005
Disagree	3(1.3)	27 (2.8)		
Neutral	88(37.0)	654(70.2)		
Mental illness is an illness like any other				
Agree	137(57.8)	583(62.9)	9.8	0.007*
Disagree	8(3.4)	67(7.2)		
Neutral	92(38.8)	277(29.9)		
There are sufficient existing services for the mentally ill				
Agree	41(17.3)	109(11.7)	8.7	0.01*
Disagree	125(52.7)	582(62.4)		
Neutral	71(30.0)	241(25.9)		
Mental illness can be treated by psychotherapy and behavioral therapy				
Agree	54(22.7)	100(10.7)	23.8	<0.001*
Disagree	117(49.2)	540(57.9)		
Neutral	67(28.2)	292(31.3)		



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.

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