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Original Research Article

Perception and Attitudes of Saudis toward Mental Illness and Mental Health

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Abstract

Mental illness or mental health disorders can affect mood, emotions, thinking and behavior. The study aims to assess the perceptions and explore the attitudes of the Saudi population toward psychiatric patients and mental illness and to determine the socio-demographic correlation with public attitudes towards mental illness among this population in Al Ahsa, Saudi Arabia. The study design is a mixed method (qualitative and quantitative). The study was conducted in Al Ahasa, Saudi Arabia. The present study used convenience-sampling method. Data collection method was through an online survey using a questionnaire with closed ended questions for the quantitative part and open-ended questions for the qualitative part. Ethical approval was obtained from IRB in King Fahd Hospital. The survey form was distributed then there were 482 participants respond to the survey. Near to half of the participants in the study belongs to the age group of 21-30 years and were found to be females. Half of the participants married and majority of them did not have family history of mental illness. The results showed that many participants had an optimistic and accepting attitude, but majority had neutral or negative attitude. The study results revealed that the score for mental illness perceptions was significantly associated with age and marital status and highly significantly associated with gender and family history of mentally ill person between the family members. The results show that there were varied perceptions and attitudes among the Saudi population pertaining to psychiatric patient. Some participants have an optimistic and accepting attitude but also the majority have a neutral or negative attitude. So, it is important to raise awareness and correct misconceptions of the Saudi community about mental illness.

Keywords: Attitudes, Knowledge, Mental illness, Mixed methods, Perception, Public Attitudes, Saudi Population

INTRODUCTION

Mental illness or mental health disorders can affect mood, emotions, thinking and behavior (Abolfotouh et al., 2019). It is defined as maladaptive reactions to stressors from the interior or outer environment, confirmed by thoughts, emotions, and behaviors that are incongruent with the nearby and social standards and meddle with individual' social, occupational, or physical functioning (Townsend and Morgan, 2012).

Mental illness is a critical medical condition that can influence the individual's thoughts, feelings, mood, and behavior (Duckworth, 2013). In 2010, the World Health Organization (WHO) reported that, globally the economic

costs of mental illness raised in 2030 (WHO et al., 2016). In recent years, mental illness is becoming increasingly acknowledged as a global issue (Eaton et al., 2014).

Globally, massive morbidity, mortality, and impairment are consequences of mental illness. It is estimated that mental illness and it estimated that 10% of disabilities are due to mental illnesses and various psychological disorders. The majority of people who have mental illness need further treatment especially in low-income countries (Iseselo, 2020). Mental illnesses are considered the most stigmatizing state in the world because of the prevalent stereotype in the community that people with mental illness might manifest peculiar and frightening behavior (Ghanean, 2015).

Perception of people with mental illnesses shape they behave around individuals with mental disorders (L'Abate L, 2011). Research found that the attitudes of the community are diverse from the acceptance, tolerance, to stigma, and even fear (Yuan et al., 2016). Researchers have explained different methods in which the community attitude might affect people with mental illness. (CDC, 2012).

Stigmatizing attitudes toward people with mental disorders have been observed in different societies and groups (Taghva, 2017). Mental illness and practices are a complex problem in Arabic countries (Gabra, 2020).

It was reported that there is a general lack of research around the rates of specific mental disorders, which affects the accuracy of the number of cases (Almutairi, 2015). In addition, another study shows that the perceptions and attitude of the Saudi community toward people who have mental illness are consequences of their previous belief system that was a result of the past and current of the public experiences (Abolfotouh, 2019). The negative attitudes and the lack of the knowledge about people who suffer from mental illness are disturbing (El Ahmed, 2008).

The public's perception about the treatment received by mentally ill patients is worthless, expensive, time-consuming, and even risky. The public then needs to have a paradigm shift in terms of how their perception of these patients' special needs. Thus, it is necessary to determine any gaps in people knowledge, perception, and attitudes toward mental illnesses, risk factors, therapy, and basic requirements. This study aims to assess the attitudes and perceptions of Saudis toward psychiatric patients and mental illness.

Specific Objectives

The study aims to assess the perceptions and explore the attitudes of the Saudi population toward psychiatric patients and mental illness and to determine the socio-demographic correlation with public attitudes to mental illness among this population in Al Hasa, Saudi Arabia.

MATERIALS AND METHODS

The design of the present study is a mixed method (qualitative and quantitative). The study was conducted in Al Hasa, Saudi Arabia. Inclusion criteria of the participants were males and females, more than 18 years old and living in Al Ahsa, Saudi Arabia. The population in the eastern region is 5,148,598 persons as reported in Methodology of Population Characteristics Survey 2019 (General Authority for statistics, 2021). A Survey done in 2019 mentioned that Al Ahssa population was estimated to be 1.3 million distributed in10 cities and 60 villages. From the population characteristics in 2019 the age group over 19 is about 70% of the population (700,000 people). The study sample should be covered not less than (N=382 persons) with a confidence interval of 95%, and a 5% margin of error. The present study accepts more participants to reduce the selection bias. The present study used the convenience-sampling method. After development and pretest, the survey was kept open for 2 months (May to June 2020). Applicants were enrolled through college/educational networks, community groups, WhatsApp, and social media.

The data collection method is through an online survey using a questionnaire with closed-ended questions for the quantitative part and open-ended questions for the qualitative part. The quantitative part used a standard questionnaire on perception toward psychiatric patients. The questionnaire is used self-reported online using a link that contains 21 multiple-choice questions adopted from (Jyothi et al., 2015) and 3 open- ended questions. The reliability of the tool was determined by Cronbach's alpha with a result of 0.835.The following variables were included in the questionnaire: The first part contains the respondents' demographics (5 items):age, gender, marital status, monthly income and question that ask if there is anyone who suffers from mental illness in their families.

The second part of the questionnaire (perception toward psychiatric patients) contains three categorizations of questions: dangerousness has 5 questions, poor interpersonal and social skill has 10 questions, incurability has 6 questions. A 6-point Likert Scale was used for responses ranging from completely disagree to completely agree (from 0 to 5). In addition, three questions for the qualitative part.

The analysis of qualitative data used techniques of thematic analysis (Braun and Clarke, 2006). Before starting of data collection, an interview form was developed, guided by previous research, and revised based on five pilot interviews for insuring of understanding of the meaning of the questions. This part of the form had open-ended questions about the response of the participant in case of knowing that one of the friends had a mental illness.

Ethical approval was obtained from IRB in King Fahd Hospital Number 34-31-2020. The survey software did

Table 1. Demographic characteristics (n = 482)

	No.	%
Age/years		
18- 20	117	24.3
21- 30	205	42.5
31- 40	83	17.2
More than 40 years	77	16.0
Gender		
Male	180	37.3
Female	302	62.7
Marital status		
Married	240	49.8
Single	232	48.1
Divorced	10	2.1
Income level/ SR		
Less than 4000 SR	292	60.5
4000 – 10000 SR	11	23.7
More than 10000 SR	76	15.8
Family history of mental disorders		
No	307	63.7
Yes	119	24.7
Not allowed to answer	56	11.6

not collect identifying information such as the name, email address, or IP address. The aim of the study was mentioned in the questionnaire and the participants' confidentiality and anonymity confirmed.

Analyses of the data were done by using Statistical Package for the Social Sciences (SPSS Windows version 25.0, IBM, USA) for quantitative data and Thematic Analysis for qualitative data. All statistical analysis was done using two-tailed tests and analpha error of 0.05. P value less than or equal to 0.05 is considered to be significant. The statistical analysis included percentage (%), mean, standard deviation (SD) minimum and maximum. Quantitative continuous data were compared by using a t-test in case of comparisons between the mean scores of the two groups and the One-way ANOVA test was used between the mean scores of the three groups.

RESULTS

Quantitative findings

The survey form was distributed then there were 482 participants who respond to the survey. Those who consented to participate and completed all mandatory fields were included in the study.

Table (1) shows the percentage distribution of the studied sample in terms of their demographic characteristics. Among all groups, the largest number of respondents were between 21-30 ages (42.5%), (62.7%) were female, and (49.8%) married participants. Most respondents (60.5%) had monthly income low than 4000 SR and (63.7%) of them did not have a family history of mental illness.

Table (2) shows the percentage distribution of the studied sample in terms of the dangerousness domain. Majority of the participants (66.6%) believe that a mentally ill person is more likely to harm others. More than three-quarters of the sample (79.4%) rely on those mental disorders would require a much longer period to be cured. Only (17.8%) of the participants believe that they should stay away from mentally ill people. More than one-third of the participants (38.6%) suppose that mentally ill people are more likely to be criminals. Near to one-third of the participants (37.1%) are afraid of people who are suffering from a psychological disorder.

Table (3) shows that nearly three-quarters of the participants(72.2%) disagreed that they would be embarrassed with the term psychological disorders. Near to half (59.1%) agreed that a person with a psychological disorder should have a job with only minor responsibilities. Also, near to half (49.4%) of them agreed that they would be afraid of others opinion if they are diagnosed with a psychological disorder. 39.5% of the participants believe that it would be difficult for mentally ill people to follow social rules. Only (7%) agreed that they would be embarrassed if people knew that they dated a person who once received psychological treatment. Near to half (48.1%) agreed that a person with a psychological disorder is less likely to function well as a parent. 11.1% of the participants agreed that they would be embarrassed if a person in their family became mentally ill. More than half (51.6%) of the participants agreed that

Table 2. Respondents Perceptions in terms of the Dangerousness Domain

	Dangerousness	**0 CD**	**1 SD**	**2 D**	**3 A**	**4 SA**	**5 CA**
1	A mentally ill person is more likely to harm others than a normal person	17 (3.5)	25 (5.2)	119 (24.7)	240(49.8)	57(11.8)	24(5.0)
2	Mental disorders would require a much longer period of time to be cured than would other general diseases	12(2.5)	7(1.5)	80(16.6)	229(47.5)	85(17.6)	69(14.3)
3	It may be a good idea to stay away from people who have psychological disorder because their behavior is dangerous	82(17.0)	89(18.5)	225(46.7)	69(14.3)	14(2.9)	3(0.6)
6	Mentally ill people are more likely to be criminals	47(9.8)	53(11.0)	196(40.7)	147(30.5)	38(7.9)	1(0.2)
13	I am afraid of people who are suffering from psychological disorder because they may harm me	54(11.2)	47(9.8)	202(41.9)	150(31.1)	15(3.1)	14(2.9)

*Likert scale score (0= "CD" completely disagree, 1= "SD" strongly disagree, 2= "D" disagree, 3 = "A" agree, 4= "SA" strongly agree, 5= "CA" completely agree)

Table 3. Respondents Perceptions in terms of Poor Interpersonal and Social Skill Domain

	Poor interpersonal and social skill	**0 CD**	**1 SD**	**2 D**	**3 A**	**4 SA**	**5 CA**
4	The term 'psychological disorder' makes me feel embarrassed	87(18.0)	61(12.7)	200(41.5)	101(21.0)	20(4.1)	13(2.7)
5	A person with psychological disorder should have a job with only minor responsibilities	34(7.1)	33(6.8)	130(27.0)	211(43.8)	44(9.1)	30(6.2)
8	I am afraid of what my boss, friends and others would think if I were diagnosed as having a psychological disorder	54(11.2)	42(8.7)	148(30.7)	190(39.4)	0(.0)	48(10.0)
11	It might be difficult for mentally ill people to follow social rules such a being punctual or keeping promises	58(12.0)	55(11.4)	179(37.1)	133(27.6)	34(7.1)	23(4.8)
12	I would be embarrassed if people knew that I dated a person who once received psychological treatment	185(38.4)	76(15.8)	183(38.0)	31(6.4)	3(.6)	4(.8)
14	A person with psychological disorder is less likely to function well as a parent	62(12.9)	30(6.2)	158(32.8)	175(36.3)	37(7.7)	20(4.1)
15	I would be embarrassed if a person in my family became mentally ill	170(35.3)	80(16.6)	178(36.9)	43(8.9)	5(1.0)	6(1.2)
17	Mentally ill people are unlikely to be able to live by themselves because they are unable to assume responsibilities	15(3.1)	52(10.8)	166(34.4)	192(39.8)	32(6.6)	25(5.2)
18	Most people would not knowingly be friends with a mentally ill person	22(4.6)	24(5.0)	165(34.2)	0(.0)	0(.0)	271(56.2)
21	I would not trust the work of a mentally ill person assigned to my work team	0(.0)	78(16.2)	269(55.8)	105(21.8)	18(3.7)	12(2.5)

*Likert scale score (0= "CD" completely disagree, 1= "SD" strongly disagree, 2= "D" disagree, 3 = "A" agree, 4= "SA" strongly agree, 5= "CA" completely agree)

mentally ill people are unlikely able to live by themselves because they are unable to assume responsibilities. Also, more than half (56.2%) of the participants agreed that most people would not be friends with a mentally ill person. Near to one-quarter (28%) of the participants agreed that they would not trust the work of a mentally ill person.

Table (4) displays that more than half of the participants (57.8%) agreed that psychological disorder is recurrent. Only (18.7%) of the participants agreed that individuals diagnosed as mentally ill suffer from its symptoms throughout their life.(31.5%) of the participants believe that psychological disorders can never be completely cured. Near to three-quarter of the participants (72.6%) agreed that the behavior of people who have psychological disorders are unpredictable. The (46.5%) of the participants agreed that psychological disorder is unlikely to be cured regardless of treatment.

Table 4. Respondents Perceptions in terms of Incurability Domain (N = 482)

	Incurability	0 CD	1 SD	2 D	3 A	4 SA	5 CA
7	Psychological disorder is recurrent	17(3.5)	26(5.4)	160(33.2)	245(50.8)	16(3.3)	18(3.7)
9	Individuals diagnosed as mentally ill suffer from its symptoms throughout their life	83(17.2)	65(13.5)	244(50.6)	63(13.1)	17(3.5)	10(2.1)
10	People who have once received psychological treatment are likely to need further treatment in the future	35(7.3)	36(7.5)	153(31.7)	210(43.6)	25(5.2)	23(4.8)
16	I believe that psychological disorder can never be completely cured	100(20.7)	60(12.4)	170(35.3)	123(25.5)	19(3.9)	10(2.1)
19	The behavior of people who have psychological disorders unpredictable	16(3.3)	22(4.6)	94(19.5)	278(57.7)	39(8.1)	33(6.8)
20	Psychological disorder is unlikely to be cured regardless of treatment	37(7.7)	38(7.9)	183(38.0)	169(35.1)	44(9.1)	11(2.3)

*Likert scale score (0= "CD" completely disagree, 1= "SD" strongly disagree, 2= "D" disagree, 3 = "A" agree, 4= "SA" strongly agree, 5= "CA" completely agree)

Table 5. Score of the Study Group on Perceptions towards Mental Illness Scale

Items	Mean ± SD	Min – Max
Dangerousness (5 item- 25 max score)	12.0 ± 3.6	1- 22
Poor interpersonal and social skill (10 item-50 max score)	22.1 ± 6.4	6- 44
Incurability (6 item-30 max score)	13.9 ± 3.8	0- 29
Total belief towards mental illness scale (105)	47.9 ± 10.8	9 - 89

Table 6. The Study Group Perceptions towards Mentally Illness Scale in Relation To Demographic Characteristics

	No.	Mean ± SD	One-way ANOVA test	*P* - Value
Age/years				
18- 20	117	45.7 ± 8.9	6.842	.001*
21- 30	205	46.8 ± 10.6		
31- 40	83	50.9 ± 10.2		
More than 40 years	77	51.1 ± 13.2		
Gender				
Male	180	50.5 ± 9.7	t-test 4.096	.0001**
Female	302	46. 4 ± 11.2		
Marital status				
Married	240	49.6 ± 11.1	5.993	.003*
Single	232	46.2 ± 10.2		
Divorced	10	46.9 ± 12.6		
Income level/ SR				
Less than 4000 SR	292	47.5 ± 9.4	.886	.413
4000 – 10000 SR	11	47.9 ± 13.6		
More than 10000 SR	76	49.4 ± 11.1		
Family history of mental disorders				
No	307	49.56 ± 10.5	11.920	.0001**
Yes	119	43.9 ± 11.0		
Not allowed to answer	56	47.9 ± 10.3		

Table (5) shows that the mean score of total perceptions towards mental illness scale (47.9 ± 10.8 out of 105 points). It tends to be a neutral attitude. It is obvious that almost of the items mean is in the middle of the score.

Table (6) reveals that the score for mental illness attitude was significantly associated with age and marital

status and highly significantly associated with their gender and family history of mentally ill person between the family members. However, it is also notable that it is not associated with their income.

Qualitative Findings

In order to explore the attitudes of the population toward mental illness, it was decided that this research should focus on identifying themes within the participants' responses. Participants were asked questions regarding their attitude toward mentally ill persons. Participants discussed what they believed to be their response toward mental illnesses and the best way for dealing with mentally ill persons. Participants had mixed perceptions and attitudes toward mental illness. It was therefore decided that the most appropriate method of analysis would be a thematic analysis. There are three major themes identified in the study. The first theme is "Help and Support" which has two subthemes "Seeking for Care" and "Accept Mental Illness". The second theme is "Careful Consideration". While the third theme is" Rejection".

Major Theme One: Help and Support

Most participants have a positive attitude toward mentally ill persons. Many participants stated that they would be supportive toward an individual who has a mental illness. Findings are supported with direct quotes from participants' stories.

The first subtheme: Presence and unlimited help and support

For example the answer of one participant "I will definitely help him and try to understand his illness, its causes, prognosis, and treatment, so that I will understand how to deal with it properly". Another answer from the participant "I will deal with him like a friend, and I will not change my behavior so that he will not feel embarrassed". In the same line, another participant responded, "I will stand by him in order to overcome the situation, I will advise him to draw close to God, read the Qur'an, and visit a doctor if necessary".

Another response from a female participant who suffered from community reaction "A friend told me before that she had a mental illness, and she showed me the medical reports, but I dealt with the situation calmly and said, it's okay, I chose your friendship and chose to stay with you and support you. I discovered that both of us have mental illnesses, but the difference is that my friend decided to go to a psychiatrist from an early age, and I still hesitated from going to the psychiatric clinics. I stand at the door and come back, afraid of the community and my family's unacceptable reaction to the idea of psychotherapy".

The second subtheme: Advice to seek medical care

Different ideas related to advising for seeking care affected by personal beliefs and education. For example, one of the participants replied that "I will ask him to visit a physician" another one replied "I will guide him to seek help from those who have experience with mental illnesses".

The third subtheme: acceptance of mental illness

A different experience was noted for those participants. For example, one of them said "I will help him to accept the matter, accept treatment, and try to make him aware of the matter". Another participant who had strong faith said "recognizing God's mercy and care about us is enough and attaching to high spiritual ideals to have a guarantor of feeling the blessing of existence. They are the doctor for the soul". Another response from one participant who had different feelings and ideas said, "At first, I might be afraid of this, but then I will accept the reality and live with that person according to what is issued from him, I will guide him to adhere to the therapeutic sessions with the doctor, I will try to create a comfortable, calm and enjoyable atmosphere for him".

Major Theme Two: Careful Consideration

Some of the participants have special considerations, other participants have harmful perceptions and responses toward mental illnesses. One of the participants noted "I will handle it with caution, I will handle it more cautiously than before, I will feel afraid and avoid being with him alone". Another participant reported that "Cautiously and tenderly, it depends on the disorder itself, I will not tell anyone about her disease, I will deal with her very carefully, I will try to be more careful because she may hurt me, also I will avoid everything that provokes her anger". Another participant will neglect the illness and said, "I will not do anything, just I will probably pray for him and avoid him, but I will excuse him for some behavior, I will not do anything as long as he does not do something harmful to anyone". Another participant considers the mentally ill persons have less mental capacity and said, "I will be careful in my dealings with him and my behavior with him and talk with him as he can understand, so he will not misunderstand me and harm me".

Major Theme Three: Rejection

Some participants believed that it was helpful to collect all mentally ill people in the hospital. One of the participants told that “I will tell him that his place should be in the hospital not between normal people”. Likewise, another participant reported that “By telling him that he should go to the hospital to cure, I will neglect him, I will not do anything more than asking him and his family to put him in a psychiatric hospital, their anger is devastating”.

DISCUSSION

The purpose of this study was to assess the perceptions and explore the attitudes of the Saudi population toward psychiatric patients and mental illness and to estimate the socio-demographic correlation with public attitudes to mental illness among this population in Al Ahsa, Saudi Arabia. The results show differences in attitudes towards mental illness between populations. The results showed that many participants had an optimistic and accepting attitude, but the majority had a neutral or negative attitude.

Near to half of the participants in the study belongs to the age group of 21-30 years and were found to be females. This is common in Saudi Arabia where many females are staying at home. Half of the participants married and the majority of them did not have a family history of mental illness. In contrast, Ghanean et al., 2015 reported that the majority of the participants were males and mean age was 37.3 years. The differences in results between the studies may be due to the fact that the responses are biased in the present study because the collection method was done online, including more social media users.

The present study revealed that the majority of the participants believe that a mentally ill person is more likely to harm others. More than three-quarters of the sample relies on that mental disorders would require a much longer period to be cured. Less than a quarter of the participants believe that they should stay away from mentally illness people. More than one-third of the participants believed that mentally ill people are more likely to be criminals. Near to one-third of the participants, feel afraid of people who are suffering from a psychological disorder.

These results were less in percentage in comparing with the study of (Jyothi et al., 2015) who reported that most of the participants(90%) believe that a mentally ill person is more likely to harm others and (100%) of the respondents says that they get afraid of what others would think if they were diagnosed as having a psychological disorder. Also, it’s similar to study done by (Ghanean et al., 2015) who found that (52 %) of Tehran think that people with mental illness are dangerous because of violent behavior. The (24%) of the participants in Tehran feel that they get ashamed if people knew someone in their family been diagnosed with mental illness.

The study results represented that the score for mental illness perceptions was significantly associated with age and marital status and highly significantly associated with gender and family history of mentally ill person between the family members. The results were in contrast with the study done by (Frykman and Angbrant, 2018) and found that the Indian participants with low income have a more positive and accepting attitude toward mentally ill persons rather than Swedish participants. A systematic review done for public attitudes towards mental illness, appear that there are 32 studies that stated a positive relationship between negative attitudes and age out of 33 studies (Angermeyer, 2006).

Different investigations show that the attitude of the community was impacted by personality and socio-demographic factors including gender, age, and education level. As regards to the study of (Gabra, 2020) which reported that increasing age of the caregivers is an important factor that is responsible for the negative attitude and less knowledge toward the psychiatric patients.

Cultural practices also affect how patients and families perceive and react to mental illness. The traditional therapy for healing the psychiatric patient is a strong belief held in the Arabian countries and transmitted from generation to generations. A study was done in United Arab Emirates reported that 60% of patients with bipolar disorders go to faith healers before attending the clinics of the psychiatrist at Al Rashid Hospital, Dubai (Sherra, 2017).

In harmony with this finding, a meta-analysis of 27 studies among the overall population discovered that participants with a negative attitude towards mental health help-seeking and stigmatizing attitudes for people with a mental illness were linked to less active psychiatric help-seeking (Schnyder, 2017).

The present study results showed that many participants have an optimistic and accepting attitude, but the majority have a neutral or negative attitudes. The results are in contrast with (Riffel, 2019) study which evidence that participants have positive attitudes toward patients with mental illnesses, but there are some stigmatizing perceptions in the findings.

CONCLUSIONS

The results show that there were varied perceptions and attitudes among the Saudi population pertaining to psychiatric patients. Some participants have an optimistic and accepting attitude but also the majority have a neutral or negative attitude. So, it is important to raise awareness and correct misconceptions of the Saudi community about mental illness.

Awareness is helpful to remove the rejection theme and the negative view toward people who have a mental illness. Awareness can be created through programs, education, and advocacy campaigns. The finding in our research may have implications for generating awareness, providing support, and helping in the management of the stigma toward mental patients. Considering mental health in a broader perspective, it is important for the various stakeholders in the community to provide the public with the correct information. Clearly out misconceptions through explanation and understanding and change the public negative perceptions.

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REFERENCES

Abolfotouh M, Almutairi A, Almutairi Z, Salam M, Alhashem A, Adlan A, Modayfer O (2019). Attitudes toward mental illness, mentally ill persons, and help seeking among the Saudi public and sociodemographic correlates. *Psychology research and behavior management*, *12*, 45–54. https://doi.org/10.2147/PRBM.S191676

Almutairi A (2015). Mental illness in Saudi Arabia: an overview. *Psychol Res Behav Manag*,8, 47-9. https://pubmed.ncbi.nlm.nih.gov/25674019/

Angermeyer M, Dietrich S (2006). Public beliefs about and attitudes towards people with mental illness: a review of population studies. *Acta Psychiatrica Scandinavica*,113,163–179.

Aruna G, Mittal S, Yadiyal M, Acharya C, Acharya S, Uppulari C (2016). Perception, knowledge and attitude toward mental disorder and psychiatry among medical undergraduates in Karnataka: a cross sectional study. *Indian J. Psych.* 58,70-76.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4776586/

Braun V, Clarke V (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Centers for Disease Control and Prevention (CDC) (2012). Substance Abuse and Mental Health Services Administration, National Association of County Behavioral Health & Developmental Disability Directors, National Institute of Mental Health, Program TCCMH. Attitudes Toward Mental Illness: Results from the Behavioral Risk Factor Surveillance System. Atlanta (GA): Centers for Disease Control and Prevention

Choudhry F, Mani V, Ming L, Khan T (2016). Beliefs and perception about mental health issues: A meta-synthesis. *PubMed Central*,12,28072818.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5096745/

Duckworth K (2013). Mental Illness: What you Need to Know.*National Alliance on Mental Illness*

Eaton J, Kakuma R, Wright A, Minas H (2014). A position statement on mental health in the post-2015 development agenda. *Int. J. Mental Health Sys.* 8(28).https://ijmhs.biomedcentral.com/articles/10.1186/1752-4458-8-28

El Ahmed N (2008). Knowledge attitudes and behaviors of psychiatric patients and families in relation to psychiatric patients' rights. *Alexandria University*

Frykman S, Angbrant J (2018). Attitudes towards Mental Illness: A Comparative Sample Study of Sweden contra India.

Gabra H, *et al.*(2020). Knowledge, attitude and health-seeking behavior among family caregivers of mentally ill patients at Assiut University Hospitals: a cross-sectional study. *Middle East Curr Psychiatry*, 27.

General Authority for statistics (2021). Retrieved from https://www.stats.gov.sa/en/1006

Ghanean H, Nojomi M, Jacobsson L (2015). A community study on attitudes to and knowledge of mental illness in Tehran, 5, 26-30. http://urn.kb.se/resolve?urn=urn:nbn:se:ltu:diva-69276</div https://doi.org/10.1186/s43045-020-0015-6

Iseselo M, Ambikile J (2020). Promoting Recovery in Mental Illness: The Perspectives of Patients, Caregivers, and Community Members in Dar es Salaam, Tanzania, *Psychiatry Journal*. https://doi.org/10.1155/2020/3607414

Jyothi N, Bollu M, Ali F, Chaitanya S, Mounika S (2015). A Questionnaire Survey on Student's Attitudes towards Individuals with Mental Illness. *Pharmacetual Sciences and Research,* 7, 393-396.

L'Abate L (2011). Mental Illnesses—Understanding, Prediction and Control.

Mathew K, Sangeeta S (2017). Community perceptions of mental illness in Jharkhand, India. *East Asian Archives of psychiatry*, 27, 97-105.

Mehrotra K, Nautiyal S, Raguram A (2018). Mental health literacy in family caregivers: a comparative analysis. *Asian Psychiatr*,31, 58–62.

Morgan K, Townsend M (2018). Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice

Riffel T, Chen P (2019). Exploring the Knowledge, Attitudes, and Behavioural Responses of Healthcare Students towards Mental Illnesses-A Qualitative Study. *Int. J. Environ. Res. Pub. health*, *17*(1), 25. https://doi.org/10.3390/ijerph17010025

Salve H, Goswami K, Sagar R, Nongkynrih B, Vishnubhatla S (2013). Perception and Attitude towards Mental Illness in an Urban Community in South Delhi – A Community Based Study. *Indian J. Psychol. Med.* 35, 154-8.

Schnyder N, Panczak R, Growth N, Schultze F (2017). Association between mental health-related stigma and active help-seeking: systematic review and meta-analysis. *Br J Psychiatry*. 210(4), 261–268.

Sherra K, Shahda M, Khalil D (2017). The role of culture and faith healers in the treatment of mood disorders in rural versus urban areas in United Arab Emirates. *Egypt Psychiatry.* 38(2).

Taghva A, Farsi Z, Javanmard Y, Atashi A, Hajebi A, Noorbala A (2017). Strategies to reduce the stigma toward people with mental disorders in Iran: Stakeholders' perspectives. *BMC Psychiatry*, 17.

WHO (2003).Investing in mental health.

Yuan Q, Abdin E, Picco L, Vaingankar J, Shahwan S, Jeyagurunathan A, Sagayadevan V, Shafie S, Tay J, Chong S, Subramaniam M (2016). Attitudes to Mental Illness and Its Demographic Correlates among General Population in Singapore(11).