

Young Adults' Attitudes toward Mental Illness in Saudi Arabia

Samah Alkhalaidi, Lama Taher, Rola Ashour

Dar Al Hekma University, Jeddah,
Saudi Arabia

Majed Ashy

DBPRP/McLean hospital/USA & ACT center, Jeddah,
Saudi Arabia

Abstract

Background: *Public attitudes influence social acceptability of mental illness and one's decision to seek help. Despite the high prevalence rate of psychological disorders in Saudi Arabia, few studies have been conducted to examine young adults' attitudes toward mental illness in the Kingdom. Up until today, no studies have examined the differences in attitudes toward mental illness between Saudis and non-Saudis living in Saudi Arabia.*

Aim: *The main aim of the study is to examine associations between demographic characteristics (educational level, gender, past experience with mental illness and nationality), and attitudes toward mental illness in Saudi Arabia.*

Participants and methods: *The sample in this study consisted of 242 participants (females = 188; males = 54), aged 18-29. Attitudes toward mental illness were assessed using a modified version of the Attitudes to Mental Illness (AMI). The 20-item instrument measures four factors of attitudes: social distancing, tolerance and support for community care, social restrictiveness, and prejudice and misconception. The data was collected using surveys posted online.*

Results: *Results revealed that people with bachelor's degrees or higher are more socially distant and socially restrictive toward people with mental illness. Consistent with previous findings, participants with past experiences with mental illness scored higher on positive attitude scale, scoring lower on social distancing, social restrictiveness, prejudice and misconception and higher on tolerance and support for community care than people with no past experiences with mental illness. In addition, females scored higher than males on the positive attitude scale, scoring lower in social distancing, prejudice and misconception and higher on tolerance and support for community care. Furthermore, Saudis scored higher on positive attitude scale, scoring lower than non-Saudis on social distancing and prejudice and misconceptions.*

Conclusion and recommendations: *The findings of this study revealed that young adults' attitudes toward mental illness are influenced by educational level, gender, past experience with mental illness and nationality.*

Keywords: Mental illness; Attitudes; Young adults; Stigma; Saudi Arabia

Background

Mental health is defined as a state of well-being in which a person is able to recognize his/her own ability, cope with life stressors, work productively, and make a contribution to her/his community (World Health Organization, 2018). According to the World Health Organization, mental illnesses are the leading causes of disability in the world. The National Institute of Mental Health (2017) reported that one in six U.S. adults live with a mental illness (44.7 million adults in 2016). In Australia, it is reported that one in five individuals aged between 16 and 85 had a mental disorder in the previous 12 months (Slade *et al.*, 2009). The prevalence of mental illness in Saudi Arabia is quite high. In 2007, Saudi mental health hospitals revealed that approximately 5,700,902 people (about 25% of the population) suffer from various mental health problems (Dawood & Modayfer, 2016). Furthermore, Al Khathami and Ogbeide (2002) reported that around one fifth of primary care patients suffer from mental illness.

Public attitudes influence social acceptability of mental illness and subsequently an individual's decision toward seeking help. The significance of investigating attitudes toward mental illness and its influencing factors is therefore crucial. Studies examining public attitudes toward mental illness in Saudi Arabia reported that people with higher level of education have more positive attitudes toward mental illness (Dawood & Modayfer, 2016), Jelaidan *et al.*, 2018); Khalil, 2017). This is consistent with other international studies (Longkumer & Borooah, 2013; Mirnezami *et al.*, 2016; Tang, 2015). The literature reported conflicting results related to the association between gender and attitudes toward mental illness. International studies have reported that females have more positive attitudes than males toward mental illness (Aghanwa, 2004; Borooah & Ghosh, 2017; Savrun *et al.*, 2007; Yuan *et al.*, 2016). This finding has been confirmed in a Saudi-based study (Khalil, 2017). However, some studies reported that males have more positive attitude toward mental illness than females (Dessoki & Hifnawy, 2009). In addition, international studies (Dessoki & Hifnawy, 2009; Tang, 2015) as well as ones conducted in Saudi Arabia (Dawood & Modayfer, 2016; Khalil, 2017) revealed that people with past experiences with mental illness have more positive attitudes toward mental illness compared to people with no past experience. No study examined the difference in attitudes toward mental health between Saudi nationals and non-Saudi residents,

Significance of the Study

Despite the high prevalence rate of mental illnesses in Saudi Arabia, limited studies were conducted to examine factors influencing young adults' attitudes toward mental illness in the Kingdom. Furthermore, no study examined the differences in these attitudes among Saudi and non-Saudi populations living in Saudi Arabia. It is important to examine factors influencing attitudes toward mental illness.

Public attitude can influence help seeking behavior and successful treatment of mental illness (Wolff *et al.*, 1996). As a result of the stigma associated with mental illness, people are also subjected to social exclusion and restricted chances to education and employment which negatively impact the quality of their lives (Rusch, Angermeyer & Corrigan, 2005; Quinn, 2007).

Aim of the Study

The main aim of this study is to examine associations between socio-demographic characteristics (educational level, gender, past experience with mental illness and nationality) and attitudes toward mental illness amongst young adults in Saudi Arabia. The study aims to answer the following question:

- What are the association between socio-demographic characteristics and attitudes toward mental illness in Saudi Arabia?

Methodology

Participants

A total of 242 out of 298 participants, mainly from Jeddah and Riyadh, completed the questionnaire, creating a response rate of 81%. The online survey was self-administrated and was shared using social media applications to the target group age. The inclusion criteria was as follows: (1) age range (18-29) (2) both genders and (3) resident in Saudi Arabia.

Amongst the 242 participants, 77.7% were female (n=188) and 22.3% were male (n=54). With regards to age, 40.1% (n=97) were between the ages of 18-20, 47.5% (n=115) of the participants aged between 21 to 25 and 12.4% (n=30) aging 26-29. The analysis showed that 76.4% (N=185) of the participants were Saudi and 23.6% (n=57) were of other nationalities. The majority was single (never been married), 94.6% (n=229). Their levels of education were as follows: 38.4% (n=93) with bachelor’s degree or higher, 29.3% (n=71) with post-high school courses, 26.9% (n=65) with high school diploma and 5.4% (n=13) with incomplete high school education. Most of the participants were students 70.7% (n=171). With regards to their socioeconomic status, the majority came from middle class and upper middle class families, 45.9% and 35.5% respectively. More than two thirds had a mental illness or personally knew someone with a mental illness 71.9% (n=174) in comparison to 28.1% (n=68) with no past experience of mental illness. Descriptive characteristics of participants are presented in Table 1.

Table 1. Descriptive characteristics of participants of the study (No. =242)

Characteristics	N	%
Age		
18-20	97	40.1
21-25	115	47.5
26-29	30	12.4
Gender		
Male	54	22.3
Female	188	77.7
Nationality		
Saudi	185	76.4
Other	57	23.6
Marital Status		

Married	8	3.3
Never married	229	94.6
Others (divorced, widowed, separated)	5	2.1
Education Level		
Incomplete high school education	13	5.4
High school diploma	65	26.9
Post-high school courses	71	29.3
Bachelor degree or higher	93	38.4
Employment Status		
Homemaker	2	0.8
Student	171	70.7
Unemployed	23	9.5
Employed	46	19
Socio-economic Status		
Upper class	13	5.4
Upper middle class	86	35.5
Middle class	111	45.9
Lower middle class	22	9.1
Working class	10	4.1
Past experience with mental illness		
Yes	174	71.9
No	68	28.1

Outcome Tool of the Study

The measures of this study were:

Part I. Socio-demographic questionnaire which consists of information regarding age, gender, marital status, employment status, educational level, nationality and past experience with mental illness.

Part II. The Modified version of the Attitude to Mental Illness (AMI) instrument consists of twenty items measuring four factors of attitude: social distancing (3 items), tolerance & support for community care (9 items), social restrictiveness (3 items) and prejudice and misconception (5 items). The original version of this instrument covered twenty-seven items (UK Department of Health, 2014). The current instrument has a reported internal reliability of 0.66- 0.70 (Yuan *et al.*, 2016). Items are rated on a 5-point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree.

Ethical Considerations

Ethical approval was obtained from the Research Department and Ethics Committee at the University. Prior to proceeding with the survey, participants provided their consent after receiving a full description and explanation of the study. To ensure confidentiality, anonymity of participants was maintained. No names or personal information were collected from the questionnaires and study ID numbers were used instead.

Data Analysis

Data was analyzed using Statistical Package for the Social Sciences (IBM SPSS Statistics) version 24. Frequencies and percentages were computed for the socio-demographic variables. Independent Samples T Test, one-way ANOVA and multiple regression analyses were conducted to examine associations between the demographic variables and the four factors of the attitude scale.

Results

For data interpretation, 'lower' scores in social distancing, social restrictiveness, prejudice and misconception indicate more positive attitudes, while 'higher' scores in tolerance and support for community care represent positive attitudes.

Association between Level of Education and the 4 Factors Measuring Attitude toward Mental Illness

One-way ANOVA revealed a significant difference across educational levels in two of the four factors of attitudes (social distancing and social restrictiveness). Scores of social distancing were significantly different across educational levels ($F(3) = 3.78, p = 0.011$). Further analysis, using a LSD post hoc test, revealed that people with bachelor's degree or higher scored significantly higher in social distancing compared to those with incomplete high school education or high school diploma. The LSD post hoc test found a significant mean difference in social distancing between those with bachelor's degree or higher compared to those with incomplete high school education ($MD = 2.26, p = 0.008$). In addition, a significant difference in social distancing was found between those with bachelor's degree or higher compared to those with high school diploma ($MD = 1.21, p = 0.01$). Furthermore, ANOVA results represent significant differences in social restrictiveness across educational levels; ($F(3) = 3.04, p = 0.03$). As with social distancing, LSD post hoc test revealed a significant difference in social restrictiveness for those with bachelor's degree or higher compared to those with high school diploma ($MD = 1.02, p = 0.004$). People with bachelor's degree or higher had significantly higher scores in social restrictiveness than people with high school diploma.

Association between Gender and the 4 Factors Measuring Attitude toward Mental Illness

Results showed that females have lower scores in social distancing and prejudice and misconception and higher scores in tolerance and support for community care than males. Independent T Test revealed significant differences between females and males in three of the attitude factors. The scores of social distancing in males ($M = 7.38, SD = 3.48$) were significantly different than in females ($M = 6.30, SD = 2.65$); $t(71.60) = -3.00, p = 0.004$. Similar results were found in tolerance & support for community care, where males ($M = 38.28, SD = 4.09$) and females ($M = 39.64, SD = 3.79$) had significantly different scores; $t(240) = 2.29, p = 0.023$. Furthermore, results of prejudice and misconception showed the same pattern where males ($M = 12.48, SD = 3.66$) and females ($M = 11.14, SD = 3.60$) differed significantly; $t(240) = -2.41, p = 0.017$. However, there were no significant difference in social restrictiveness in both genders; $p > 0.05$.

Association between Past Experience and the 4 Factors Measuring Attitude toward Mental Illness

Results showed that people with previous experience of mental illness scored lower in social distancing, social restrictiveness, prejudice and misconception and scored higher in tolerance and support for community care. Significant differences were found in all four factors. The results of social distancing were significantly lower in people with past experience with mental illness ($M = 6.25$, $SD = 2.84$) compared to individuals with no experience ($M = 7.65$, $SD = 2.90$); $t(240) = -3.43$, $p = 0.001$. The scores of tolerance and support for community care were significantly higher in people with past experience ($M = 39.88$, $SD = 3.65$) compared to those without any experience ($M = 37.96$, $SD = 4.17$); $t(240) = 3.54$, $p < 0.001$. Furthermore, people with past experience with mental illness had significantly less social restrictiveness scores ($M = 5.35$, $SD = 2.14$) than those with no experience with mental illness ($M = 6.22$, $SD = 2.31$); $t(240) = -2.78$, $p = 0.006$. Prejudice and misconception was found to be significantly lower in people with experience ($M = 10.90$, $SD = 3.63$) compared to individuals with no experience ($M = 12.82$, $SD = 3.33$); $t(240) = -3.80$, $p < 0.001$.

Association between Nationality and the 4 Factors Measuring Attitude toward Mental Illness

Results indicate that Saudis scored lower in social distancing and prejudice and misconception than other nationalities. Significant differences in nationality were found in two out of the four factors of Attitude to Mental Illness (AMI). The scores of social distancing in Saudis ($M = 6.37$, $SD = 2.90$) significantly differed from scores of other nationalities ($M = 7.53$, $SD = 2.85$); $t(240) = -2.65$, $p = 0.009$. The results of prejudice and misconception were also significantly different across nationality; Saudis ($M = 11.12$, $SD = 3.45$) and other nationalities ($M = 12.47$, $SD = 4.08$); $t(240) = -2.48$, $p = 0.014$. However, no significant difference was found in factor tolerance & support for community care and social restrictiveness.

Regression

A multiple regression was used to further examine the relationship that the independent variables have on factors of the attitude scale. Four variables were entered into multiple regression models (educational level, gender, past experience with mental illness and nationality). The interaction of the four independent variables examined in the study explained 15.2% of social distancing ($R^2 = 0.152$, $F(4,237) = 10.581$, $p < 0.01$), 7.0 % of tolerance and support for community ($R^2 = 0.070$, $F(4,237) = 4.453$, $p < 0.01$), 7.6% of social restrictiveness ($R^2 = 0.076$, $F(4,237) = 4.871$, $p < 0.01$) and 9.4% of prejudice and misconception ($R^2 = 0.094$, $F(4,237) = 6.117$, $p < 0.01$).

Discussion

While examining the association between socio-demographic variables on attitude factors, our results showed that individuals with previous experience with mental illness scored higher on the positive attitude scale compared to those without any experience. This finding is consistent with international studies (Taylor & Dear, 1981; Dessoki & Hifnawy, 2009; Tang, 2015) as well as studies conducted in Saudi Arabia (Dawood & Modayfer, 2016; Khalil, 2017). This could be attributed to improved knowledge regarding mental illness as a result of immediate contact with affected individuals. Moreover, females scored higher

than males on the positive attitude scale. This is consistent with international studies (Aghanwa, 2004; Borooah & Ghosh, 2017; Savrun *et al.*, 2007; Yuan *et al.*, 2016) and a Saudi-based study (Khalil, 2017). Gender differences can be due to cultural factors and differences in gender expectations. Females are often expected to be supportive, tolerant and caring while males are expected to be tough. These expectations can eventually influence individuals' attitudes. Similarly, the discrepancy between attitudes in Saudi citizens compared to non-Saudis could be due to the lack of services available to non-Saudis which in turn can lead them to resist or deny mental illness. It may seem somewhat surprising at first that people with higher degrees scored lower in the positive attitude scale. However, this finding is parallel to another study where people with higher education scored lower in the positive attitude scale (Bedaso *et al.*, 2016). It could be that people with higher education have higher expectations for social responsibility. However, this finding is inconsistent with studies supporting the impact of higher educational level on positive attitudes (Dawood & Modayfer, 2016; Jelaidan *et al.*, 2018).

Findings of this study should be interpreted with caution, given certain limitation relating to participant recruitment and study design. First, study participants were mainly from Jeddah and Riyadh, two major cities in Saudi Arabia with better access to health care and educational institutions. Therefore, it is important to acknowledge that the study sample is not representative of the Saudi population. Another limitation is that the study focuses on attitudes toward mental illness in general and not specific type of mental illness. As a result, people might answer questions based on their knowledge of a particular mental illness. Given that stigma may be associated with one mental illness more than others, the responses may be biased.

Conclusion and Recommendations

Findings revealed that young adults' attitudes toward mental illness are influenced by educational level, gender, past experience with mental illness and nationality. People with bachelor's degrees or higher are more socially distant and socially restrictive toward people with mental illness. Females, participants with past experiences with mental illness and Saudis scored higher on the positive attitude scale. Further studies should include participants from different Saudi cities as well as rural areas, where awareness and exposure to medical knowledge is minimal. Moreover, future studies should examine attitudes toward different types of psychological disorder in order to understand the stigma associated with it and to examine other possible reasons behind negative attitudes toward mental illness.

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