



RELATIVES' PERCEPTION ON MENTAL ILLNESSES, SERVICES AND TREATMENT, TAIF, SAUDI ARABIA

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ABSTRACT

Background: Mental health disorders are major public health issue in Saudi Arabia. Mutual collaboration of the families with the healthcare professionals needs proper understanding of mental illnesses, their causes, and treatment outcomes. **Objective:** - this study was conducted to identify relatives' perception and attitudes on mental illnesses, the provided health services, and treatment of these diseases. **Methods:** - A cross-sectional survey was conducted during the period of July to September 2013, whereby all adult relatives (aged ≥ 18 years) of mentally ill patients attending for follow-up visits in Mental Health Hospital, Taif, KSA were invited to participate. Data was collect through face-to face interview method using semi -structured questionnaire. All analysis was performed using Statistical Package for

Social Sciences (SPSS) software for Windows (version 21). **Results:** Overall 266 participated in the study, of them 216(81.2%) were males. Nearly three quarter of respondents their ages were < 40 years and 188(70.7%) were residing in the town. University graduates were 112(42.1%). Of the respondents 132(49.6%) thought that evil eye was the major cause of mental illness, followed by personal weakness 126(47.4%). The majority of respondents 196(73.7%) preferred that their patients to receive treatment in home. The interviewees who believed on conventional and/or spiritual treatment for mental illnesses were 192 (72.2%); of them 99(51.6%) believed on Quran, and 88(45.8%) on both Quran and herbs. The majority 194(72.9%) of the participants believed that medicines can treat mental. **Conclusions:** Misconceptions about the causes of mental illnesses, stigma and negative beliefs and attitudes

about mentally ill persons and mental illness were prevalent among relatives of patients with mental diseases. Health educational interventions are badly needed to raise population awareness with mental illnesses.

Key words: Perception, Mental Illnesses, Saudi Arabia.

INTRODUCTION

Mental health disorders are global health problems of concern, affecting population despite their ages; cultural socio-economic background [1]. It is estimated that 450 million people globally have mental disorders [2]. By the year 2020 neuropsychiatric conditions will account for 15% of disabilities worldwide [2]. The total economic burden of these diseases is enormous in terms of gross national product loss [3]. In Saudi Arabia, as in the rest of the world these diseases are prevalent. In the central part of the country one 3rd of primary care patients were found to suffer from mental illnesses [4]. In Saudi Arabia there is an overall improvement in delivery of mental health services to primary care clients presenting with psychiatric conditions who, like any other health consumers, should lead a better quality of life [5]. On the other hand; decentralization of care for most psychiatric diseases makes caregivers is the front line of mental health services.

Lauber *et al* [6] defined mental health literacy as knowledge and beliefs about mental disorders coupled with the ability to access understand and use information to recognize and manage disorders. Negative attitudes on mental illness were found to be associated with misconceptions and lack of knowledge [7]. Some people perceived the mental illness is due to genetic reason just because one or more other family members are also mentally ill [8].

In Nigeria no difference in socio-demographics factors between people holding biopsychosocial views of causation of mental illness with others holding exclusively religious-magical ones [9]. In both Japan and Australia, the belief in social causes and risk factors for mental disorder were found to be predominant [10]. In addition, the strong belief on personal weakness as causation, in Japan, is of particular concern.

Study findings in Malaysia revealed that almost all of the caregivers' knowledge about mental illness obtained from physicians and nurses. They also feel that this knowledge helped them in taking care of their mentally ill relatives especially in adherence to treatment. [8].

A community based survey among Iraqi population showed that their attitudes towards mental illness were negative with regard to understanding of the nature of these diseases and its implications [11].

Caregiver's satisfaction with mental health services is felt when there is mutual collaboration with the healthcare professionals providing care for their ill relatives. Furthermore, family participation in the treatment can lead to enhanced social functioning, less conflict occasions and decreased episodes of hospital admission [12]. The lack of mental health literacy can limit the optimal use of treatment services. Regarding public perception on the benefits of treatment of mental illness; some of them have positive beliefs on medical treatment, while others strongly preferred lifestyle interventions [10]. According to our knowledge; there is no data about the perception about mental illness, their causes, and the public beliefs about the medical treatment of these diseases in KSA. Therefore, this study was conducted to identify relatives' perception and attitudes on mental illnesses, the provided health services, and treatment of these diseases.

METHODS

A cross-sectional survey was conducted during the period of July to September 2013, whereby all adult relatives (aged ≥ 18 years) of mentally ill patients attending for follow-up visits in Mental Health Hospital, Taif, KSA were invited to participate. Verbal consent was obtained and the information was gathered anonymously. Relatives who refused to participate were excluded. Trained pharmacy students collected the data through face-to face interview method using semi -structured questionnaire.

The questionnaire was divided into six parts. The first part was designed to collect data on participants' demographics (e.g. gender, age in year, residence, education level, and family monthly income). Part two designed to identify respondents perceived causes of mental illness, while part three designed to identify participants' attitudes on mentally ill patients. Part four was composed of a set of questions to identify relatives' perception on social aspects related mental to illness. Part five was designed to determine the extent of satisfaction with the mental health services. Responses to the questions in the last three parts were recorded using 5- point-likert scale (Strongly agree, agree, neutral, disagree, and strongly disagree). The last part was designed to collect data on participants' perception on mental illness treatment.

Descriptive statistics of all studied variables was presented in frequencies and percentages / proportions. The chi-squared or Fischer exact tests were used to examine the association between different variables when appropriate. The significance level was set at $p < .05$. All

analysis was performed using Statistical Package for Social Sciences (SPSS) software for Windows (version 21).

Ethical approval for conduction of the survey was obtained from Pharmacy Practice Research Unit (PPRU), College of Pharmacy, Taif University, Taif, Saudi Arabia.

RESULTS

Respondents' demographics

Overall 266 relatives were participated in the study, of them 216(81.2%) were males. Nearly three quarter of respondents their ages were < 40 years. Participants who were residing in the town were 188(70.7%) and 112(42.1%) had university education. More than half of the interviewees their family monthly income was <5000 SR. Out of the relatives 179 (74.1%) classified their patients as "easy to deal with patients" and 69(25.9%) were considered as "difficult to deal with patients". Patients' demographics were presented in table (1).

Perceived causes of mental illness as disclosed by respondents

Evil eye was considered by 132(49.6%) of the respondents as a major cause of mental illness, followed by personal weakness 126(47.4%). Males more than females attributed mental disease to personal weakness 110(50.9%) and 16(32%) respectively ($P= 0.011$). Equal number 108(40.6%) of interviewees reported misuse of drugs and stress and social problems. Females 26(52%) considered that stressful life and social problems as a cause of mental illness more than males 82(38%), ($P=0.049$). Brain disease and magic were also considered as causes by 61(22.9%) and 53 (19.9%) respectively. Table (2) showed perceived causes of mental illness as disclosed by relatives.

Relatives' perception on patients with mental illness

More than half of the interviewees held the view that people with mental illness can be identified by their physical appearance. Less than forty percent of the participants believed that mentally ill persons are not capable of making true friendships. More than half of the respondents agreed that mentally ill persons can work. Nearly fifty five percents of the participants agreed with the statement that anyone can have a mental illness. In this respect, respondents whose ages were ≥ 40 years agreed more with the previous statement than younger ones, ($P= 0.017$). Table (3) showed relatives' perception on patients with mental illness.

Attitudes towards mentally ill patient

Nearly thirty five of the interviewed relatives agreed that mentally ill person should not be allowed to make decisions, even those concerning routine events {Males significantly agreed more than females ($P=0.013$)}. Over 65% of the relatives agreed that they could maintain a friendship with mentally ill person. Out of the interviewees 72 (27.1%) agreed that they could marry someone with a mental illness. Nearly thirty percent of the respondents held the idea that they would not want people to know if they are diagnosed with mental illness. Less educated strongly agreed that they will hide their diagnosis with mental illness compared to highly educated ones ($P= 0.001$). However, more than thirty five percents of the respondents stated that they will be ashamed if one of their family members diagnosed with mental illness. Males were found to be more ashamed compared to females ($P=0.000$). Table (4) showed relatives' attitudes towards mentally ill patient.

Attitudes towards care and the provided services

More than half of the respondents considered that mental health services are available in the community. Less than fifty percent of the interviewed relatives strongly agreed or agreed that hospital provide good care for mentally ill patients, while > 50% of them believed that patient with mental illness can be treated outside the hospital.

Attitudes towards treatment of mentally ill patients

The majority of respondents 196(73.7%) preferred that their patients to receive treatment in home, while 70 (26.3%) believed that treatment should be in hospital. In this respect relatives of "easy to deal with patients" preferred 169 (86.2%) in home treatment more than participants 27(13.8%) with "difficult to deal with patients", ($P=0.000$). The interviewees who believed on conventional and/or spiritual treatment for mental illnesses were 192 (72.2%); of them 99(51.6%) believed on Quran, 5(2.6%) on herbs and 88(45.8%) on both Quran and herbs. Relatives of low monthly incomes believed more in Quran compared to others ($P= 0.006$).

The majority 194(72.9%) of the participants believed that medicines can treat mental illness, while 50 (18.8%) claimed it isn't and 21(7.9%) thought that it worsen the condition. Out of the patients 138(51.9%) were considered by their relatives as taking their medicines irregularly while 127(47.7%) were adhering to treatment. Significant correlation was documented between relatives' positive beliefs on medicines and adherence to treatment plan, ($P=0.000$).

Table (1) Respondents' demographics

Background characteristic	Frequency	Percent
Gender		
Male	216	81.2
Female	50	18.8
Age in years		
<30 years	123	46.2
30-39 years	75	28.2
> 40 years	68	25.6
Residence		
Town	188	70.7
Outside town	78	29.3
Marital status		
Married	130	48.9
Single	125	47.0
Widowed	3	1.1
Divorced	8	3.0
Educational level		
University	112	42.1
Secondary	80	30.1
Intermediate	42	15.8
Primary	18	6.8
Illiterate	14	5.3
Family monthly income(SR)		
<5000	139	52.3
5000-10000	95	35.7
>1000	32	12.0
Total	266	100

Table (2): perceived causes of mental illness

Cause of mental illness	Frequency	Percent
Evil eye	132	49.6
Personal weakness.	126	47.4
Misuse of drugs	108	40.6
stress and social problems	108	40.6
Brain disease	61	22.9
Magic	53	19.9
Others	26	10.0%

Table (3): Relatives' perception on patients with mental illness (n=266)

Item	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
One can always tell a mentally ill person by his or her physical appearance.	79(29.7%)	65(24.4%)	64(24.1%)	38(14.3%)	20(7.5%)
Mentally ill persons are not capable of true friendships	52(19.5%)	44(16.5%)	65(24.4%)	75(28.2%)	30(11.3%)
Mentally ill persons can work.	61(22.9%)	88(33.1%)	38(14.3%)	50(18.8%)	29(10.9%)
Anyone can suffer from a mental illness*	60(25.6%)	79(29.7%)	71(26.7%)	36(13.5%)	11(4.1%)

* Missing =1

Table (4): Attitudes towards mentally ill patient (n=266)

Item	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Mentally ill person should not be allowed to make decisions	33(12.4%)	62(23.3%)	79(29.7%)	65(24.4%)	27(10.2%)
I could maintain a friendship with mentally ill person.	56(21.1%)	119(44.7%)	56(21.1%)	27(10.2%)	8(3.0%)
I could marry someone with a mental illness	25(9.4%)	47(17.7%)	71(26.7%)	76(28.6%)	47(17.7%)
I would not want people to know if suffering from mental illness	33(12.4%)	47(17.7%)	75(28.2%)	67(25.2%)	44(16.5%)
I would be ashamed if family member diagnosed with Mental illness	40(15.0%)	51(19.2%)	55(20.7%)	60(22.6%)	60(22.6%)

DISCUSSION

The increased prevalence of mental illnesses in Saudi Arabia and decentralization of mental health services place the families in the front line of patient care. Mutual collaboration of the families with the healthcare professionals needs proper understanding of mental illness, their causes, and treatment outcomes. Analysis of the demographic data obtained in the current study showed that over 70% of the families of mentally ill patients residing in the city. Rapid urbanization and urban life have a series of negative impacts on individuals' mental health [13]. Sundquist *et al* [14] identified strong association between urbanization and the increased rate of some mental disorders among both gender. Nearly half of the relatives' family monthly incomes were within the lower determined limit. Strong association between poverty and increased risk of mental illnesses was documented [15]. On the other hand, mentally ill persons are more likely to be drift into, or remain in, poverty because of disability and associated stigma.

Beliefs about the causes of mental illness may alter both patterns of help –seeking and outcome of treatment. Regarding the causes of mental illnesses a broad range of causes were reported by the participants. Nearly half of the respondents believed that 'evil eye' is a major cause of mental illness. The 'evil eye' has long been a topic of interest in Saudi society. This finding can be attributed to the strong cultural belief on magic and the evil eye among Saudi people [16]. A considerable number (47.4%) of interviewees attributed mental illness to personal weakness. Similarly Turkish people believed on personal weakness as a cause of Schizophrenia [17]. Equal number (40.6%) of interviewees reported misuse of drugs, and stressful life and social problems as causes of mental illnesses. In contrast, in study conducted in Malawi the majority (95%) of participants attributed mental disorder to alcohol and illicit drugs abuse [18]. Stressful life events and impaired social support were found to be significantly associated with the occurrence and course of mental disorder [19].

Generally the interviewed relatives in the current survey had negatives attitudes towards mentally ill patients and mental illnesses. Similar finding was reported from a neighboring country to Saudi as researchers reported very mixed attitudes towards mental illness, with negative attitudes towards mentally ill patients with regard to treatment, work, social aspects and cure of mental illness [11]. Negative attitudes were found to be correlated with religious-magical views as causation mental illness [9].

Despite the fact that above 40% of the relatives participated in the current survey had university education but unfortunately this did not improve their knowledge and attitudes towards mental illness or mentally ill patients. This may be attributed to the absence of health educational programs and the influence of community beliefs on mental illnesses. In Ghana a higher level of education was found to be associated with more positive attitudes towards mental illness [20].

Less than half of the interviewed relatives believed that hospitals provide good care for mentally ill patients, while > 50% of them agreed that patient with mental illness can be treated outside the hospital. Up to date no scientific evidence to support the use of hospital services alone for the care of mentally ill patients [21]. In Eastern societies, families have a central role in patient treatment [22]. But according to the findings from the current survey not all families preferred in home treatment, especially when it is difficult to deal with the patient.

A considerable number of participants believed on traditional and /or spiritual treatment with Holy Quran. Likewise a nearly similar percentage of the recruited relatives believed that medicines can treat mental disorders. In order to produce the best, fastest, and enduring outcomes treatment plan for patient with mental illness all aspects of the mental illness must be considered [23].

The results showed that nearly half of the patients were considered by their relatives as adherent to medical treatment. Interestingly the results of the present study found that relatives' positive belief on medicines was significantly associated with patient commitment to treatment plan. This can be considered as a practical indicator for the influence of positive beliefs on the outcome of treatment and patient-well being.

As the current study was conducted in one hospital in Taif city, the sample of the recruited relatives may not be a representative to the whole society, this limits the generalisability of the obtained results. Future studies in the topic can include sample from the entire population of the country.

In conclusion, misconceptions about the causes of mental illnesses, stigma and negative beliefs and attitudes about mentally ill persons and mental illness were prevalent among

participants. Health educational interventions are badly needed to educate the public on important aspects related to mental illnesses.

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