



Awareness of Mental Health, Attitudes about Mental Illness, and Utilization Barriers of Mental Health Services by Adults in Najran Region, Kingdom of Saudi Arabia

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ABSTRACT

Background: Lack of awareness and negative perceptions regarding mental well-being and mental diseases among high-risk population prevents them from seeking help. **Purpose:** The aim of the current study is to assess awareness of mental health, attitudes towards mental illness, and utilization barriers of mental health services among adults in Najran region, Kingdom of Saudi Arabia. **Methods:** To meet the study's objectives, a cross-sectional design was employed, utilizing a convenience sample of 400 participants. The research involved a validated survey tool that featured structured questions covering demographic information, the Mental Health Knowledge Questionnaire (MHKQ), the Community Attitudes Toward Mental Illness Inventory (CAMI), which includes 40 Likert-scale items, and the Barriers to Mental Health Services Questionnaire. **Results:** The results of the current study revealed that most of the participants had unsatisfactory knowledge: 245 (61.3%). A significant majority showed negative attitudes toward mental illness: 290 (72.5%). The main barriers to accessing mental health services were; stigma: 135 participants (33.7%), unwanted intervention concerns: 82 (20.5%), financial problems: 78 (19.5%), access difficulties: 45 (11.3%), and confidentiality concerns: 60 participants (15%). Furthermore, a significant positive connection existed between knowledge scores

and positive attitudes ($r=0.598$, $p= 0.0001$). **Conclusion:** The current study shed light on the concerning lack of knowledge and the prevalent negative attitudes among the studied sample. The main barriers to accessing mental health services were stigma, unwanted intervention concerns, and financial issues. **Implications for Nursing:** The findings underscore the urgent need for targeted interventions to address these issues, such as organizing workshops and seminars to educate the public about mental health, as well as about mental illness, and promote positive mental health practices.

Keywords: Awareness of mental health, Attitudes regarding mental illness, Utilization barriers of mental health services, Najran region, Kingdom of Saudi Arabia.

What does this paper add?

1. This study provides crucial insights into the levels of mental health awareness, attitudes toward mental illness, and barriers to utilizing mental health services among adults in the Najran region of Saudi Arabia.
2. The study findings are essential for healthcare providers, policymakers, and community leaders to develop strategies aimed at improving mental health awareness, reducing stigma, and addressing the barriers to accessing mental health services in Najran region.

Introduction

More than 950 million people worldwide were coping with a mental disorder in 2019. Anxiety and depressive disorders are the most common ones, with approximately one out of each eight people. In the following year, the prevalence of anxiety and depressive disorders has increased significantly due to the impact of the COVID-19 pandemic. In just one year, early estimates suggested a 26% increase in anxiety disorders and a 28% increase in major depressive disorders. Most people with mental disorders lack access to quality care, despite the availability of effective treatment and prevention options. This can be due to stigma, discrimination, and abuse (World Health Organization, 2022).

According to a previous study conducted in community health centers in Al Khobar, Kingdom of Saudi Arabia, the prevalence of moderate to severe depression was approximately 16 % (Al-Qadhi et al., 2014). Although research has shown that early diagnosis has several benefits, including a 80% cost reduction and a 30% to 50 % reduction in depression, patients do not attend their appointments or sessions (Leijdesdorff et al., 2021). The main obstacle to developing programs to reduce mental illness is negative reactions towards people with mental illness (Aldabal et al., 2015).

Access to mental health care is hindered by several challenges, including a shortage of well-trained health care providers and a high prevalence of mental health and addiction issues. Addressing these systemic problems, through measures such as increasing the number of providers and improving inter-agency collaboration, is crucial for enhancing access to mental health services. However, previous studies have identified several enabling factors that facilitate seeking psychological services, including positive attitudes, higher levels of self-efficacy, a positive past history, and knowledge of mental health (Baklola et al., 2023).

Lack of knowledge and negative attitudes among high-risk population prevent them from seeking help. Therefore, understanding these barriers and promoting attitudes that encourage seeking help for mental health problems are critical. It is important to examine the relationship between mental health literacy (MHL) and help-seeking attitudes. MHL includes understanding mental illnesses and how they are treated, knowing how to maintain positive mental health, reducing stigma associated with mental illness, and being more effective in seeking help (Lien et al., 2024).

The National Health Authority according to Saudi Arabia's Vision 2030 aims to enhance the primary mental health system by expanding counseling services. This involves increasing the number of mental health clinics and professionals across the country. Furthermore, the initiative aims to increase mental health literacy (MHL) by educating people about the origins, identification, and handling of mental illnesses, ultimately improving treatment outcomes. The first step in reducing the shame associated with mental health issues is tailoring educational programs according to knowledge and perceptions of these issues (Alluhaibi & Awadalla, 2022; Mansfield et al., 2020). Therefore, the objective of the present study is to evaluate the awareness, attitudes, and utilization barriers of mental health services in Najran region of the Kingdom of Saudi Arabia.

Methods

Design & Setting

A cross-sectional design was chosen for this study to gain a snapshot of awareness, attitudes about mental illness, and utilization barriers of mental health services in Najran region, Kingdom of Saudi Arabia, during the specified time frame from April 2023 to December 2023.

Population, Sample, and Eligibility Criteria

The study population was all the Saudi population living in Najran city during the data-collection period. All the population members who were 18 years or older and who accepted to participate in study were included. Non-Saudi residents of Najran city, individuals who do not consent to participate in the study, individuals with cognitive or communication impairments that prevent them from providing reliable responses, and participants below 18 years of age were excluded.

The convenience sample technique was used to involve 400 participants. The minimum required sample size is 386, calculated using the formula: $\text{Sample size} = (Z^2) \times (P) \times (1-P) / m^2$. Here, Z represents the Z value (1.96 for a 95% confidence level), P is the population proportion (50%), and m is the margin of error (0.05).

Approval of the Study

This study was approved by the Research Ethics Committee in Najran University with ref. no. 443-42-9822-DS on 1/12/2022.

Data-collection Methods and Procedures

Before participation, all eligible participants received detailed information on the study objectives, procedures and voluntary nature. Explicit agreement was considered to all members, emphasizing all rights to refuse participation or withdraw from the study at any time without facing penalties or needing to provide a reason. Ethical guidelines were strictly followed throughout the study. Data collection was carried out through a combination of face-to-face surveys at public locations and online distribution of questionnaires *via* social-media platforms. The data-collection period for this study spanned from April 2023 to December 2023, ensuring a comprehensive assessment of mental health perceptions and service utilization over multiple months, capturing potential variations across seasons and societal events.

The instruments used in this research were designed based on validated scales and existing literature. They included structured questions covering demographic information, such as age, gender, and educational level. The second part was the Mental Health Knowledge Questionnaire (MHKQ), which was adapted from (Yin et al., 2020). This 16-item questionnaire assessed MHK using a dichotomous response scale (yes/no). Each yes response on items 1, 3, 5, 7, 8, 11, 12, 15, 16 was scored as 1 point, while each no response on items 2, 4, 6, 9, 10, 13, 14 was scored as 1 point. The lowest score was 0 and the highest was 16, with higher scores indicating greater MHK. It is considered a satisfactory level of knowledge if the score is $\geq 60\%$ (10 points).

The third part was the Community Attitude to Mental Illness Inventory (CAMI), adopted from Yeshanew et al. (2020) to measure participants' attitudes towards mental illness using 40 items. The items were rated on a 5-point Likert scale (from 1 = strongly disagree to 5 = strongly agree). Respondent attitudes were classified as positive if the score is equal or greater than 60% or as negative if the score is less than 60%. The CAMI scale demonstrated an overall reliability of $\alpha = 0.84$. To reverse negative scores in the Authoritarianism (AU) and Social Restrictiveness (SR) sub-scales and compute total scores based on positive and negative attitudes, the following steps were taken: Firstly, negative items were identified within the AU and SR sub-scales, which are those where lower scores signify more negative attitudes. Sub-sequently, the scoring for these negative items on the 5-point Likert scale was reversed, so that higher scores now indicate more negative attitudes. Lower scores on the AU and SR sub-scales (after reversing negative scores) are interpreted as reflecting more negative attitudes, while higher scores on the Benevolence (BE) and Community Mental Health Ideology (CMHI) sub-scales indicate more positive attitudes. A positive attitude was considered at $\geq 60\%$.

The fourth part was the Barriers to Mental Health Services Questionnaire, which included 5 potential barriers. It was developed after reviewing the study of Alaqeel et al. (2023). The elements of the instrument were: difficulties in accessing care, lack of confidentiality, stigmatization of mental health care, worry about unwanted intervention, and financial issues.

Validation of the Questionnaires

The translation of all scales from English into Arabic involved a meticulous process. Initially, a mental health specialist performed an English-into-Arabic translation, followed by a back-translation into English by another specialist. The translated English versions of the scales were then compared to ensure consistency in meaning. An expert committee, including healthcare professionals and a language specialist, meticulously reviewed the Arabic translation. The committee aimed to identify and resolve any discrepancies or inconsistencies between the two versions. This forward-back translation process was repeated iteratively until all ambiguities were eliminated.

Results

The distributions of socio-demographic characteristics within the sample reveal several key trends, as shown in Table 1. First, the age distribution shows that 155 of the participants fall within the 30- to 40-year age bracket, representing 38.7% of the total sample, 132 participants are less than 30 years old (33.0%), and 113 are over 40 years old (28.3%). Second, in terms of gender, 262 are males that make up 65.5% of the sample compared to 138 females at 34.5%. Finally, in terms of educational level, 165 (41.2%) have primary education, followed by 120 (30%) who have secondary education, and 115 (28.8%) who have university education.

Table 1. Frequency distribution of the studied sample according to socio-demographic data

Items	N	%
Age		
<30	132	33.0
30-40	155	38.7
>40	113	28.3
Gender		
Male	262	65.5
Female	138	34.5
Educational level		
Primary	165	41.2
Secondary	120	30
University	115	28.8

The results in Table 2 highlight the distribution of knowledge levels within the studied sample. It is

noteworthy that the majority of the participants (245) accounting for 61.3 % have been categorized as having unsatisfactory knowledge. On the other hand, 155 participants representing 38.7% of the sample demonstrate satisfactory knowledge. Regarding the levels of attitude, the table reveals that 290 (72.5%) of the participants have been classified as having a negative attitude, while 110 participants (27.5%) have a positive attitude.

Table 2. Frequency distribution of the sample studied with respect to level of knowledge and attitude

Items	N	%
Knowledge		
Satisfactory	155	38.7
Unsatisfactory	245	61.3
Attitude		
Positive	110	27.5
Negative	290	72.5

The results presented in Table 3 outline the most significant barriers reported by the study sample in accessing mental health services. The stigmatization of mental health care emerges as the most prevalent barrier as reported by 135 participants (33.7%). The following closely are concerns about unwanted intervention that were reported by 82 (20.5%) and financial issues were cited by 78(19.5%). Furthermore, difficulties in accessing care were cited by 45 (11.3%) and concerns about confidentiality were reported by 60 participants (15%).

Table 3. The most significant barriers to accessing mental health services as reported by the study sample

Items	N	%
Stigmatization of mental health care	135	33.7
Worry about unwanted intervention	82	20.5
Financial issues	78	19.5
Difficulties in getting access to care	45	11.3
Lack of confidentiality	60	15

The findings presented in Table 4 from the multivariate logistic regression analysis shed light on

factors associated with satisfactory knowledge levels. Gender emerges as a significant factor, with males showing higher odds of satisfactory knowledge compared to females (Odds ratio: 3.11, 95% CI: 2.31-5.17, $p < 0.0001$). However, age does not appear to be a significant predictor, with individuals over 40 years showing slightly elevated odds, but without statistical

significance (Odds ratio: 1.32, 95% CI: 0.73-1.56, $p = 0.08$). In contrast, educational level demonstrates a strong association, indicating that people with university education have significantly higher odds of satisfactory knowledge compared to those with lower educational levels (Odds ratio: 2.79, 95% CI: 1.83-3.21, $p < 0.0001$).

Table 4. Logistic regression analysis of factors associated with satisfactory knowledge

Items	Odds ratio (95% CI)	Beta values	P-value
Gender (male vs. female)	3.11 (2.31-5.17)	1.13	0.0001
Age (more than 40 years vs. younger categories)	1.32 (0.73-1.56)	0.28	0.08
Educational level (university education vs. lower levels)	2.79 (1.83-3.21)	1.03	0.0001

Figure 1 presents the correlation between the total knowledge score and the attitude towards mental illness score among the sample studied. A strong positive correlation between these two variables would suggest

that people with higher knowledge scores also tend to have more positive attitudes towards mental illness ($R=0.598$, $p= 0.0001$).

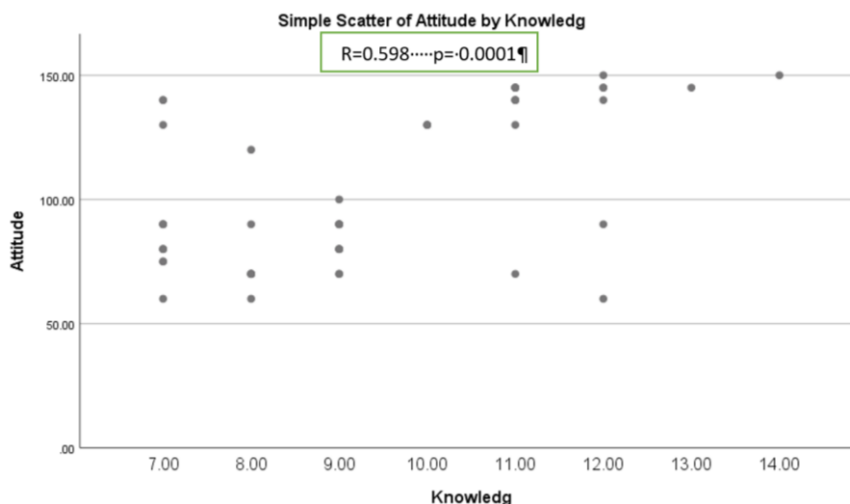


Figure 1. Correlation between the total knowledge score and the attitude towards mental illness score among the studied sample

Discussion

The current study aimed to obtain a snapshot of the awareness of mental health, attitudes about mental illness, and utilization barriers of mental health services in Najran region, Kingdom of Saudi Arabia. Regarding the first variable, awareness of participants of mental health, the current study revealed that approximately two thirds had unsatisfactory knowledge, while only about one third had satisfactory knowledge. The current study was in harmony with the Lebanese study conducted by Abi Doumit et al. (2019) who found that

only one third of the sample had satisfactory knowledge. This computability is due to the great cultural similarity between Lebanon and Saudi Arabia. On the same line, Uddin et al. (2019), who conducted a cross-sectional survey in rural districts in Bangladesh, reported shocking results about the limited proportion of the sample who had satisfactory knowledge of mental health conditions. On the other hand, Siddique et al. (2022) reported that about two-thirds of the sample had satisfactory knowledge of mental health. The awareness levels of our study were lower compared to the

awareness levels revealed by Siddique study, primarily due to differences in educational level and age demographics. Siddique's sample primarily consisted of university students, who typically have higher levels of education and may therefore exhibit greater awareness compared to our study's participants. Participants who are male and those with a university education were found to have satisfactory knowledge about mental health due to several factors. University education provides more exposure to comprehensive information about mental health through academic curricula, critical thinking training, and access to diverse resources, enhancing understanding and knowledge of mental health issues. Additionally, in some cultures, men may have more opportunities to engage in discussions about mental health in social and professional environments, increasing their knowledge. Gender roles and expectations can also influence the type and amount of information that individuals seek and retain.

The findings of our study revealed that approximately three-quarters of the studied sample had negative attitudes towards mental illness. It indicates a prevalent stigma or misunderstanding surrounding mental health within the studied population. Several factors may contribute to these negative attitudes. Cultural beliefs, societal norms, lack of education or awareness about mental health issues, and misconceptions perpetuated by the media or social influences could play a role in shaping these negative perceptions. The current study was in agreement with Shim et al. (2022). They reported that the attitude of the participants was relatively negative and that there was an urgent need to implement a mental health education program. On the contrary, a Nigerian study found that most of its studied sample had positive attitudes. However, the prevalence of negative attitudes among adults in Najran region could be attributed to the stigma and cultural dynamics specific to the border areas (Mojiminiyi et al. 2020). Furthermore, Birkie and Anbesaw (2021) reported that more than a half of the sample studied had a positive attitude. The result of negative attitudes towards mental illness in Saudi Arabia (KSA) can be influenced by various cultural factors. In the KSA, mental health stigma is prevalent due to several reasons; mental illness is often misunderstood and associated with supernatural causes or moral weaknesses. Some individuals may interpret mental health issues as a lack of faith or as a spiritual failing, which contributes to the stigmatization and reluctance to seek help.

The current study stated that there was a strong positive correlation between knowledge and attitude regarding mental illness. It was suggested that people with higher knowledge scores also tend to have more positive attitudes toward mental illness. Support for this correlation from previous studies, as referenced in Alluhaibi and Awadalla (2022), Daehn et al. (2022), and Abolfotouh et al. (2019), added further credibility to the findings of the current study. These previous studies likely provided evidence or theoretical frameworks that underlie the relationship between knowledge and attitude regarding mental illness. For example, educational interventions, awareness campaigns or targeted mental health programs may have been implemented in these studies, leading to greater knowledge and subsequent positive attitude changes among participants.

The results of the current study highlighted the significant barriers reported by the study sample in accessing mental health services. Stigmatization of mental health care emerges as the most prominent barrier, underscoring the pervasive societal stigma associated with mental illness. Additionally, concerns about unwanted intervention and financial issues point to multi-faceted challenges that individuals face beyond access to services. The current study was supported by the Saudi studies conducted by Alangari et al. (2020) and AlGahtani et al. (2016).

Limitations of the Study

The limitations of this study include the use of a convenience sample, which can limit the generalizability of the findings to the broader population of Najran region. Additionally, self-report measures, such as surveys, may introduce response bias or social desirability bias, affecting the accuracy of reported knowledge levels and attitudes. The reliance on Likert-scale items for attitude assessment may oversimplify the complexity of attitudes toward mental illness, which warrants further qualitative exploration.

Conclusion

The current study shed light on the concerning lack of knowledge and the prevalent negative attitudes among the studied sample. The primary barriers to accessing mental health services were stigma, unwanted intervention concerns, and financial issues. The findings underscore the urgent need for targeted interventions to

address these issues and promote awareness of mental health and positive attitudes in the community.

Implications for Nursing and Recommendations

Recommendations for future research include the use of a more diverse and representative sample to ensure broader applicability of the findings. Qualitative research methods, such as interviews or focus groups, could supplement quantitative data by exploring participants' lived experiences and perceptions in more depth. Organizing workshops and seminars to educate the public about mental health, as well as mental illness,

and promote positive mental health practices is of great importance. Furthermore, evaluating the effectiveness of such interventions using rigorous study designs would contribute significantly to advancing mental health outcomes in the region.

Conflict of Interests

The authors declare no conflict of interests.

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