

Research Article

Nonmental Healthcare Professionals' Attitudes Toward Mental Health Services in Asir Region, KSA

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Received: July 15, 2021; Accepted: August 11, 2021;

Published: August 18, 2021

Abstract

Objectives: Most patients who visit other clinics are surprised when they referred to psychiatric clinics, which may be related to the social stigma of mental illness or nonmental health professionals' (NMHPs) negative attitude toward psychiatric illness. The study aimed to assess attitudes toward mental health services among NMHPs in Asir region, Kingdom of Saudi Arabia (KSA), and to correlate the results with different variables.

Methods: We conducted a cross-sectional study among NMHPs (n=358) in Asir region of the kingdom of Saudi Arabia by using an electronic questionnaire through WhatsApp application.

Results: Young age, female gender, single marital status, did not ever had known or shared in giving care to a mentally ill person, work experience less than 10 years, nursing specialty, and holding diploma degree represented the significant statistical correlation with negative attitudes toward mental health services scale (p-value = <0.001; 0.01; 0.003; 0.02; <0.001; 0.02 and <0.001, respectively).

Conclusion: This study demonstrates positive attitude toward mental health services among NMHPs. There is need for better educational measures and more training courses at the undergraduate level of NMHPs in order to improve such attitude. Future research could investigate the outcomes of these measures and courses.

Keywords: Attitude; Mental illness; Mental health service; Nonmental healthcare professionals

Introduction

Stigmatization of mental health is one of the biggest challenges facing any health system because it has a major impact on the quality of mental health services provided [1]. Also, customs, traditions, and cultural variables have significantly impacted mental health and the stigma of caregivers [2]. Most patients who visit other clinics are surprised when they referred to psychiatric clinics, which may be related to the social stigma of mental illness or Nonmental Health Providers' (NMHPs) negative attitude toward psychiatric illness [3].

In Saudi Arabia, few recent studies assessed the NMHPs towards mental health, which showed a more negative attitude toward patients with mental illnesses but adequate knowledge of mental disorders [4,5]. Such negative results published among medical students and students of other health specialties were similar to those previously published in some developing countries [6-8]. We, therefore, conclude from these data that future healthcare providers will have barriers and obstacles in communicating with this group of patients, which adversely affects the provision of integrated care [9-12].

Our aim in the current study is to assess attitudes toward mental health services among NMHPs in Asir region, KSA, and to correlate the results with different variables.

Methods

A cross-sectional survey was carried out in the period from

June 2020 to March 2021. We recruited participants from health professionals not working in mental health services in Asir region of the KSA by using an electronic questionnaire through WhatsApp application. Ethical approval from King Khalid University (KKU) research ethic committee was obtained before data collection under the number (ECM#2020-1201) (HAPO-06-B-001).

Data collection

The study objectives and informed consent were explained to and obtained from all participants. Our study inclusion criteria: males and females Saudi NMHPs, and their age above 18 years. On the other hand, the exclusion criteria were being non-Saudi, Mental Health Providers (MHPs), and less than 18 years old.

The studied population were asked to complete an electronic questionnaire included a demographic, mental health, and specialty information; as well as the Attitude toward Mental Health Services scale. This scale actually was a subscale of the knowledge and attitude toward mental illness and mental services scale that was developed and validated by the main author in previous work [13]. It is a 7-statement scale to measure the attitude toward mental health services. The total scores range from 0 (disagree) to 14 (agree); the higher the score, the more negative attitude toward mental health services.

The sample size was estimated according to the sample size used in a similar study conducted among Healthcare Professionals (HCPs) in Asir region [14].

Statistical analysis

Data analysis were performed by using Statistical Package for the Social Sciences (SPSS) for IBM version 22 software system. The Attitude toward Mental Health Services scale scores were not normally distributed, so we used Mann-Whitney U test, Kruskal-Wallis Test, and Spearman correlation. If the p-value was less than 0.05 it considered statistically significant.

Results

We approached 387 HCPs and 358 of them submitted a completed online survey. The majority of respondents were females (197) (55%), married (190) (53.1%), without past psychiatric history (319) (89.1%), had known or shared in giving care to a mentally ill person (190) (53.1%), their years of experience were less than ten years (217) (60.6%), work as physicians (119) (33.2%), their position were intern, resident, or registrar (178) (49.7%), and having a mean age of 32.3 ± 7.6 ; whereas the mean score of attitudes toward mental health services scale was 2.08 ± 2.18 , as shown in Table 1.

Young age, female gender, single marital status, did not ever had known or shared in giving care to a mentally ill person, work experience less than 10 years, nursing specialty, and holding diploma degree represented the significant statistical correlation with negative attitudes toward mental health services scale (p-value = <0.001; 0.01; 0.003; 0.02; <0.001; 0.02 and < 0.001, respectively) (Table 2).

Discussion

The main objective of our study is to assess attitudes toward

mental health services among NMHPs in Asir region, Saudi Arabia. We found the mean of attitudes toward mental health services scale around 2.08 ± 2.18 which indicates positive attitudes toward people with a mental illness. Similar positive attitudes reported by Lien Y et al. (2019) where they found both social distance and attitudes of HCPs toward mental illness have become increasingly positive over time in both Western and non-Western countries [15]. On the other hand, Jugal K et al. (2007) found negative attitudes, myths, and misconceptions toward psychiatry among medical professionals [16]. Al-Atram AA (2018) and AlSalem M et al. (2020) reported negative attitudes toward mental health services and mentally ill people among NMHPs in two different part of Saudi Arabia [4,5].

The correlation of attitudes toward mental health services scale with independent variables revealed that young age, female gender, single marital status, did not exposed to other people known to have mental illness, work experience less than 10 years, nursing specialty, and holding diploma degree had significant statistically difference with negative attitudes toward mental health services scale. Adewuya & Oguntade (2007) found that age less than 45 years, female gender, not having a family member/friend with mental illness, and less than 10 years of clinical experience were associated with physicians' negative attitudes toward mental illness in Nigeria [17]. In a study conducted in Saudi Arabia, age, sex, marital status, education level, and work experience were not statistically significant with the attitude toward patients with mental illness among NMHPs [5]. Aydin et al. (2003) conducted a study in a teaching hospital in Turkey, they reported that the less educated hospital employees displayed a better

Table 1: Baseline characteristics of all participants as counts and percentages.

Sample characteristics		No	%
Gender	Male	161	45%
	Female	197	55%
Marital status	Single	145	40.50%
	Married	190	53.10%
	Divorced / widow	23	6.40%
Did you have ever experienced a mental illness that required you or your care givers to consult a mental health professional? (Past psychiatric history)	Yes	39	10.90%
	No	319	89.10%
Did you ever had known or shared in giving care to a mentally ill person? (Exposed to other people known to have mental illness)	Yes	190	53.10%
	No	168	46.90%
Years of Experience	<10 years	217	60.60%
	>10 years	141	39.40%
Specialty	Physician	119	33.20%
	Pharmacy	35	9.80%
	Nursing	112	31.30%
	Other specialties	92	25.70%
Scientific degree / position	Technician or diploma	115	32.10%
	Intern, resident, or registrar	178	49.70%
	Consultant, senior registrar or senior specialist, or master	65	18.20%
Age in years	Mean \pm SD		
	32.3 \pm 7.6		
Attitudes toward mental health services scale	Mean \pm SD		
	2.08 \pm 2.18		

Table 2: Correlation of independent variables and attitudes toward mental health services scale.

Sample characteristics		Mean Rank	p-value
Gender	Male	164.3	
	Female	191.92	0.01*
Marital status	Single	201.31	
	Married	165.73	0.003**
	Divorced / widow	155.78	
Did you have ever experienced a mental illness that required you or your care givers to consult a mental health professional? (Past psychiatric history)	Yes	179.79	
	No	179.46	0.985
Did you ever had known or shared in giving care to a mentally ill person? (Exposed to other people known to have mental illness)	Yes	168.11	
	No	192.38	0.02*
Years of Experience	<10 years	197.39	
	>10 years	151.97	<0.001**
Specialty	Medicine	156.6	
	Pharmacy	178.93	0.02*
	Nursing	194.83	
	Other specialties	190.67	
Scientific degree/position	diploma	198.83	
	Intern, resident, or registrar	185	<0.001**
	Consultant, senior registrar or senior specialist, or master	130.23	
Age in years		Spearman's Correlation	p-value
		-0.241	<0.001**

attitude than highly educated staff which is also not consistent with our results [11].

The current study has some limitations that prevent generalization of its results. First, the cross-sectional design has its inherent limitation, that it cannot address the causal relationships between variables. Longitudinal research in a large representative sample could shed more light on how exposure and other factors can affect the attitudes toward mental health services. Second, the subjective nature of information might result in either recall bias, or not truly reflect the participants actual attitudes due to social desirability bias and/or they may have wanted to please the researchers by providing answers that would promote desired outcomes although the aims of the research were not directly made clear to them. Taking into consideration these limitations, this study filled some gaps in previous studies conducted in Saudi Arabia.

Conclusion

The current study on attitudes toward mental health services among NMHPs in Asir region, Saudi Arabia had revealed that most of the NMHPs had positive attitudes toward mental health services. Also, our study provides additional evidence that exposure to psychiatric patients were associated with positive attitudes [13,18,19]. Conversely, negative attitudes were associated with participants who were young, had less experience, and had low level of education. Hence, there is need for better educational measures and more training courses at the undergraduate level of NMHPs in order to improve such attitude. Future research could investigate the outcomes of these measures and courses.

Consent to Participate

Informed consent was obtained from all the participants.

Ethical Approval

The research ethics committee at KKU has reviewed and approved this study under the number (ECM#2020-1201) - (HAPO-06-B-001).

Acknowledgement

We want to acknowledge the support from the research ethics committee from King Khalid University, Abha, Saudi Arabia. Also, we thank all the study participants for their cooperation.

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