

Community Awareness about Psychiatric Treatment in Saudi Arabia

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Abstract

The research aims to assess community awareness about psychotherapy in Saudi Arabia in 2021. This study used a cross-sectional descriptive correlation design using an online questionnaire developed by the researcher consisting of summary measures of psychotherapy effectiveness in Jeddah, Saudi Arabia. The questionnaire will be used as a data collection tool, and the researcher was keen to achieve diversity in the demographic characteristics of the sample included. A set of statistical tests were relied upon to clarify the impact of demographic variables on the main research variables, hypothesis testing, and analysis of results. The study reached many results, perhaps the most important of which is that psychological counseling and family bonding prevent mental illness, exercise and occupational rest prevent mental illness, and that people with psychological problems might have pre-existing health problems.

Keywords: Jeddah City – assess - community awareness – psychiatric treatment

Introduction

According to the World Health Organization (WHO), 1 in 4 individuals will live with a mental illness at some point in their lives. Although over 450 million individuals currently live with mental illness, only one-third will seek professional support due to a lack of awareness, access, and resources ⁽¹⁾.

In addition to the rising rates of mental illness, suicide rates are also rising and present a prominent public health issue, and is deemed a global priority ⁽²⁾. Various institutions, including WHO, recommend directing education campaigns to the public to develop suicidal crises and depression awareness ⁽¹⁻³⁾.

Lower levels of awareness about mental health challenges could be a factor in the development and access to treatment of mental health challenges ⁽⁴⁻⁵⁾. An international study examined mental health service use and estimated how various factors are associated with professional support seeking and access to mental health ⁽⁶⁾. In this study, a web-based survey was administered to 2,785 university students. The

results show that 37% of students were living with depressive symptoms and 84% of students living with an anxiety disorder did not receive or seek professional support, despite the lack of financial barriers and access to short-term psychotherapy and counseling in their universities. This phenomenon of not seeking treatment and support was found to be related to a lack of awareness about mental health disorders, available services, and insurance coverage ⁽⁴⁾.

As long as students continue to live with mental health challenges, their working skills, time management, and resource management abilities will be impacted negatively and will require additional academic support to address this impact ^(4,6).

The World Health Organization defined health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” ⁽⁷⁾. Multi-sector and community-based mental healthcare approaches can help address health and social inequities by promoting social wellbeing and addressing structural determinants of mental health (public

policies and other upstream forces that influence the social determinants of mental health).

A 2015 Cochrane review described three assumptions that underlie community interventions⁽⁸⁾. The first is an awareness of the multiple forces that exist at all social-ecological levels (i.e., individual, interpersonal, organizational/institutional, community, and policy) that facilitate or obstruct mental health⁽⁹⁾. The second is an investment in the community, participation to provide resources and inform interventions, and recognizing expertise outside of the healthcare system. The third is the prioritization of community mental health and social outcomes.

Mental health problems have become an alarming condition in the present health scenario. The World Health Organization report reflects that one in four persons fulfill the criteria of any mental illness at least once at some point in their lifetime.

Very often, it is observed in the mass media that persons with mental illness are kept confined inside a room and treated inhumanly.⁽¹⁰⁻¹¹⁾ Most of the time family members are hesitant to disclose about having family members with mental illness. Research showed that awareness regarding mental illness enhances positive attitudes toward it,⁽¹²⁾ easing people into disclosing about the illness, and improving help-seeking behavior.⁽¹³⁾ Knowledge of mental illness also predicts treatment adherence.⁽¹⁴⁻¹⁵⁾ Knowledge of family members regarding mental illness has an important role in the treatment process. Persons with mental illness are cared for and supervised by their family members in medication, self-care, and rehabilitation as well as making the decision about treatment on behalf of them. Researchers have observed that family members often express fear of the negative impact on the physical health of a person with mental illness due to prolonged medications and the patients are taken to some faith healers who treat in an unscientific way. Many a time persons with mental illness are deprived of proper care and treatment because of inadequate knowledge and misconceptions among the family members, and the stigma associated with mental illness.

According to the World Health Organization, globally, 32% of all years lived with disability are due to neuropsychiatric conditions, most

commonly unipolar depression (11.8%), alcohol use disorder (3.3%), schizophrenia (2.8%), bipolar depression (2.4%) and dementia (1.6%). Mental disorders are said to be highest in economically marginalized populations, especially the least educated, women and youth, with poverty, low education, and food insecurity identified as key drivers. Yet mental health is neglected in country health budgets resulting in worrying “treatment gaps”. In low and middle-income countries (LAMIC), between 75% and 90% of people with mental disorders are said not to receive medical treatment. Seventy percent of countries in Africa spend less than 1% of their health budgets on mental health (WHO, 2005b). Against this background, a growing movement is advocating for increased mental health service delivery under the banner of the Movement for Global Mental Health (www.globalmentalhealth.org). The Movement was formally launched in a landmark special edition of *The Lancet* (2007)⁽⁹⁾. In conclusion, it is vital to increase community awareness about mental health challenges, and available services and support.

Research Limitations

The Middle Eastern region, in general, and Saudi Arabia, in specific, suffers from a large burden of mental illness. People’s positive attitudes and correct perceptions towards mental illness and their willingness to seek help when needed can help in reducing such a burden. To determine the knowledge, attitudes, and perceptions of the Saudi population toward mental illness and health services and to understand the barriers that affect the people’s willingness is vital to help people seek psychiatric help when needed.

Mental health disorders, according to the World Health Organization (WHO), are one of the leading causes of disability worldwide; three out of ten leading causes of disability in people were mental disorders. The mental health action plan for 2013– 2020, published by the WHO, highlighted the need for a collective evidence-based effort to improve mental health. Mental illnesses have been known to account for 25% of disabilities in some developed countries. It is also considered the leading cause of disability in the rest of the world. The cost associated with mental illness is very high.

Participants often present to their family physician as their first contact with health services. Yet, symptoms are commonly undetected. Although potentially treatable, lack of early detection and the subsequent non-treatment result in substantial morbidity and contribute to the higher social burden of disease. Internationally, the public health burden of anxiety and depression is well recognized.

Depression and anxiety disorders are the most frequent mental disorders, and rates in women are up to double those in men. In accordance with the objectives of the national mental health program to encourage community participation in the development of mental health care services, community members should be first assessed for their perception and attitude towards persons with mental illness and mental health services. Appropriate interventions could then be designed and implemented to help achieve this objective.

Significance of the Study

Psychological and behavioral problems as risk factors for physical illnesses and deaths, and that the extent of mental disorders and their burdens has become a huge tax incurred by Saudi society, and this increasing burden is at a tremendous cost in terms of human misery, disability, and economic loss. The economic situation resulting from mental disorders is broad, long-term, and profound. The causes of the economic burden that can be measured include the needs for health and social services, the impact on families and caregivers (indirect costs), loss of employment opportunities, loss of productivity, delinquency, consequent crime, and premature deaths⁽¹⁰⁻¹³⁾.

In addition, Saudi society is an integral part of the global system, influencing and interacting with it, and like most countries of the world, Saudi Arabia has given mental health the attention it deserves. The scientific importance of the study stems from the fact that it enriches the medical and health library with a topic of a high degree of importance, as this study addresses the issue of the great lack of research and awareness of psychotherapy in the Kingdom of Saudi Arabia, in general, and the degree of knowledge of psychiatric symptoms, in particular⁽⁸⁾.

The practical importance is concentrated because it provides the practical foundations for how to provide psychological care for mental illnesses, which is one of the most important risks facing humanity. This provides mechanisms for the practices that society should follow towards psychological treatment and mental illnesses, and ways to prevent them. It is one of the most dangerous factors faced by all members of society in the Kingdom of Saudi Arabia. Also, these practices work to reduce the reality of the problem and enable psychiatrists to reduce the expected effects of mental illnesses, which will reduce the risk of those mental illnesses, and reduce the rates of injury and deaths resulting from mental and psychological illnesses. In particular, it relies heavily on the skills and speed of the psychiatrist to intervene in therapy.

Objectives

General objective: To assess the community awareness about psychiatric treatment in Saudi Arabia, 2021.

Specific objectives:

1. To assess community awareness of psychotherapy in terms of definitions, types, causes, and treatment.
2. To evaluate community awareness regarding the mechanisms and methods of dealing with mental illness and the steps and stages of dealing with mental illness.
3. To assess the community's awareness of the signs and symptoms that predict psychopathology.
4. To determine if there is any correlation between the participants' demographic data and their awareness regarding psychotherapy.

Hypotheses

1. H1: There is a good awareness regarding psychiatric treatment among the community of Jeddah City.
2. H0: There is a poor level of awareness regarding psychiatric treatment among the community of Jeddah City.

Operational Definition

[1] Psychiatry: the medical specialty devoted to the diagnosis, prevention, and treatment of mental disorders. These include various maladaptations related to mood, behavior, cognition, and perceptions.

[2] Psychiatric treatment: It is the use of psychological methods in the form of regular personal interaction, with the aim of helping to change and overcome problems in the desired manner, and psychotherapy aims to improve the individual in terms of well-being and mental health, as well as aiming to solve or reduce behaviors, beliefs, motivations, thoughts, and emotional disruptions, and improving relationships and social skills. Some psychological therapies are considered guides for treating some mental disorders. There are more than a thousand different types of psychological therapies, some of which have slight differences, while others differ radically as a result of using different concepts or techniques from psychology. Most psychological therapies include personal (person to person) sessions between the client and the therapist, but other times the treatment is done in a group form, as in family therapy, and the psychotherapist may be a professional in the field of mental health, such as a psychiatrist or psychologist, or they may have other backgrounds that enable them to treat, and they should be licensed to practice this work legally⁽⁹⁻¹³⁾.

Materials and Methods

Methodology: This is a descriptive cross-sectional community-based study.

Population: The study was conducted on members of the community of Jeddah, Saudi Arabia.

Inclusion Criteria: Saudi city members of Jeddah who are adults and have an official email address through which they can communicate with and receive responses.

Exclusion Criteria: Non-Saudis will be excluded, and non-adults will be excluded, as will individuals who do not have an official email to contact them with.

Sample: The method of stratified random sampling was relied upon by dividing the

population into classes according to demographic variables, in order to achieve the condition of diversity in the sample.

Demographic variables of the sample segmentation were taken into consideration when constructing the questionnaire.

Data Collection Technique and Tools

The primary data for the study were collected by relying on the questionnaire, which represents the main tool for collecting data from the study sample. The study sample consists of adult individuals in Saudi Arabia.

The questionnaire consists of two main parts. The first reflects the characteristics of the demographic study sample, which are known as the demographic variables of the sample and include the demographic characteristics of the study sample of gender, age group, educational level, and income level, in addition to a set of questions related to measuring their experience and knowledge in the field of psychotherapy. While the second section includes the basic study variables and measures the degree of awareness of the sample's vocabulary towards psychotherapy and the deficiencies related to their knowledge of mental illnesses in general and psychotherapy in particular.

Variables of the Study

Dependent variables: The level of awareness of the study sample regarding psychotherapy.

Independent variables: The demographic characteristics of the study sample (gender, age, educational level, income level) that are related to determining the level of awareness towards psychotherapy.

Data Analysis and Results

A packaged computer analysis program, statistical package for the social science (SPSS 23.0) was used to analyze this data. Descriptive statistics or frequency, percentage, and finding out the P-value will be depending on the nature of the data.

Literature Review

This part of the research deals with the most important studies that have been exposed to the subject of the research, which is the societal awareness towards mental illness. A study (Annemarie, 2006), dealt with early detection and treatment of psychological disorders in adolescents and young adults, to improve health outcomes. Mental health literacy is key to early recognition and help. While a number of population health initiatives have attempted to improve mental health literacy, none have thus far targeted youth specifically and have not applied the rigorous standards of population health models now accepted as best practices in other health domains. This paper describes results from applying the health promotion model to developing, implementing and evaluating a community awareness campaign designed to improve mental health literacy and early help-seeking among young people. Compass strategy was implemented in the Melbourne and Barron districts of Victoria, Australia. The ex-ante monitoring model informed the demographic assessment guide and campaign strategy development and evaluation. The campaign included the use of multimedia, a website, and an information phone service. Multiple levels of evaluation were performed. This included a cross-sectional telephone mental health literacy survey conducted before 14 months into the campaign using a quasi-experimental design. Independent samples were randomly selected from 600 young adults aged 12–25 years from the experimental area and another 600 from the comparison area at each time point. A series of binary logistic regression analyses was used to measure the association between a set of campaign outcome variables and area and time expectancy variables. The program was judged to influence the following variables, as indicated by the significant interaction effects for each area ($p < 0.05$): awareness of mental health campaigns, subjective depression, help with depression required in the previous year, correct estimation of the prevalence of mental health problems, increasing awareness of suicide risk, and reducing perceived barriers to help-seeking help. These effects may be underestimated because the media distribution error resulted in a small amount of printed material 'leakage' into the comparison area. We believe this is the first study to apply the rigorous criteria of a health

promotion model including the use of a control area for a population mental health intervention. The program achieved many of its goals despite the campaign's relatively short duration and moderate-intensity [15].

A study (Enrico, 2019) reviewed recent community interventions to promote mental health and social justice. We define community interventions as those that involve multi-sectorial partnerships, and emphasize community members as an integral part of the intervention, and/or service delivery in community settings. We examine the literature in seven subject areas: collaborative care, early psychosis, school interventions, homelessness, criminal justice, global mental health, and mental health promotion and prevention. We adapt the socio-environmental model of health promotion and provide a framework for understanding the actions of community interventions. As for the last results, there are recent examples of effective interventions in each subject area. The majority of interventions focus on the individual, family/personal, and program/institutional social and environmental levels, with few interventions focusing on entire communities or involving multiple non-healthcare sectors. Findings from several studies reinforce the interaction between mental health, interpersonal relationships, and social determinants of health. There is evidence of the effectiveness of community-based interventions to improve mental health and some social outcomes across social and environmental levels. Studies point to the importance of resources and ongoing training to maintain long-term results, a demonstrated interest in ethics and processes to promote equitable partnerships, and policy reform to support sustainable collaboration between healthcare and society [16].

The study (Dumesnil, 2009) addressed the recommendation from several institutions, including the World Health Organization, for educational campaigns targeting the general public to improve awareness of suicidal crises and, more broadly, depression; to improve access to care, and combat the stigma associated with these diseases and discrimination against those infected with them. The purpose of this literature review was to collect information about campaigns about depression or suicidality awareness and to summarize data on the impact

and effectiveness of these campaigns. A search of MEDLINE, the Cochrane Library, PsycINFO, the HDA (Health Development Agency), DARE (Database of Abstracts of Effects Reviews), and ISI Web of Science were performed to identify articles written in English and published between 1987 and 2007 that described programs for awareness of depression or suicide targeted to the public. Of the 200 publications for which references were found, 43 publications that described 15 programs in eight countries met the inclusion criteria. Comparing the programs has been difficult due to the diversity of their objectives and the methods used to deliver and evaluate programs. Findings indicate that these programs contributed to modest improvements in general knowledge and attitudes toward depression or suicide, but most program evaluations did not assess the sustainability of attitude changes. No study has clearly shown that such campaigns help increase the demand for care or reduce suicidal behavior. Developing guidelines for evaluating public awareness campaigns to improve knowledge about suicide and depression is essential for knowledge sharing between scholars and stakeholders [17].

The study (Milton, 2017) addressed the problem of the lack of access to quality mental health services for the majority of those in need of mental health care around the world. Stigma, lack of human resources, fragmented service delivery models, lack of research capacity for implementation and policy change contribute to the current mental health treatment gap. In this review, we describe how health systems in low and middle income countries (LMICs) are addressing the mental health gap and further identifying challenges and priority areas for future research. The study concluded that common mental disorders are responsible for the bulk of the global burden of disease; however, there is strong evidence that these disorders, as well as acute psychiatric disorders, can be treated successfully using evidence-based interventions delivered by trained health workers in low-resource community or primary care settings. Stigma is a barrier to uptake of service. Although prevention is necessary to address the mental health gap, it has not been established as a research or program focus. Implementation studies from research to practice are required to inform policies and expand services. The study identified four

priority areas to focus attention on reducing the mental health treatment gap and improving access to high-quality mental health services globally: reducing stigma, building treatment capacity and research in the mental health system, and implementing prevention programs to reduce the incidence of mental illness. Creating a sustainable expansion of public health systems to improve access to mental health treatment using evidence-based interventions [18].

Another study (Julian, 2017) focused on mental health services in Nigeria mainly from large government psychiatric hospitals and there is a dearth mental health professionals to serve a large population in the country. However, recently, community mental health services, which have been shown to improve access to care and clinical outcomes, have begun to develop in some locations. Despite efforts to promote access to more services, low levels of knowledge about effective treatment for mental disorders mean that even when these services are available, a very small percentage of people use these services. Therefore, interventions to increase service use are an essential component of the health system. This intervention is designed to increase the use of mental health services through the work of CHWs. Fifteen village health workers were selected and trained in each local government area (district) to create mental health awareness in the communities. The researcher's job also included identifying people with mental illness and referring them to trained mental health nurses in clinics. Attendance data before and after the intervention were collected and compared. The study found that the incident rate for the initial period of the intervention was five times higher than the baseline rate (95% CI; 3.42–7.56; $p < 0.001$) although this diminished in the long term, equalizing above the initial baseline. This study showed that adding awareness of the use of volunteers in the communities as part of the implementation of a health program can increase the use of services by the population. Mechanisms such as informing residents of a service they previously lacked, explaining the cause of mental illness, and achieving community leaders' support for a new service can make investment in services more effective by increasing attendance. [19]

The study (Nurnahar,2017) examined the knowledge about mental illness necessary for family members to provide effective care at home for a person with mental illness. Existing literature has shown that family members either have poor knowledge or are aware of certain facts but are insufficient to manage the patient effectively. Moreover, all too often, the attitude towards mental illness is perceived as negative. The current study aimed to assess the knowledge of family members of persons with mental illness about mental illness and to find demographic partners. A cross-sectional descriptive study was conducted in the outpatient department (OPD) of the Tertiary Healthcare Institute of Mental Health in North East India. A total of 111 family members of patients diagnosed with psychosis (F20-F39; according to ICD-10 diagnostic criteria) attending outpatient follow-up clinics were purposefully selected for the study. The structured sociodemographic form and the Mental Illness Knowledge Questionnaire were used to collect data on knowledge of mental illness among family members. Data were analyzed using descriptive statistics, Chi-square test and Pearson correlation using SPSS version 16.0. Knowledge of family members about mental illness was found to be inadequate in some areas. Knowledge about mental illness was found to be significantly associated with age of family members ($r = 0.254$, $P = 0.007$) and duration of caregiving ($P = 0.268$, $P = 0.004$). It was found that the gender of family members and their relationship to patients were significantly related to knowledge of mental illness. The results of the study indicate the need for intervention to enhance family members' knowledge of mental illness to improve patient management [20].

Study (Mehmet,1999) dealt with the importance of stigma in mental disorders. It is widely believed that one of the most important stigmatization factors is that patients are considered dangerous. This study aims to analyze the impact of knowledge regarding treatment opportunities for mental illness. 700 final year undergraduate students filled out a risk scale and gave their opinions on whether mental illness was treatable. The results showed that people who believed that there was no chance of curing mental illness found psychopaths more dangerous than people who declared the opposite. Based on this finding, it can be

suggested that drawing public attention to therapeutic developments in psychiatry may lead to a reduction in stigma [21].

The study (Harold, 2014) reviews the state of mental health care in the past, present and future in the Kingdom of Saudi Arabia. The pre-modern past is reviewed, discussing early explanations and treatments for mental health conditions through the establishment of the first mental hospital in the 1950s, to track developments in mental health care over the past 60 years. The present is explored in terms of the current need for mental health care based on the prevalence of mental health problems in Saudi Arabia. We also discuss the role of the family in caring for the needs of the mentally ill today. Finally, we look to the future, discuss the current education system that will produce the next generation of mental health professionals, examine areas of mental health care in need of improvement, and provide a research agenda to guide the continued development of the mental health care system in Saudi Arabia. Our goal is to provide blueprint for the development of a modern mental health state that may serve as a model for other countries in the Middle East, taking into account unique political, cultural, and religious factors for this region of the world [22].

The study (Fahad, 2019) aimed to examine public knowledge, beliefs and attitudes towards bipolar disorder (BP) in the Kingdom of Saudi Arabia (SA). A cross-sectional survey was conducted in 2016 in Riyadh, SA. The survey included sociodemographic characteristics and the BP awareness scale. Of the 416 participants, 49.5% had prior knowledge of BP, mainly from the internet and social media, and 57% considered it common in SA. Nearly half believe that blood pressure is caused by a neurophysiological or neurochemical imbalance and that it can be treated with psychotropic medications. Supernatural causes, weak faith and weak personality were considered as causes of BP by 55%, 48% and 40% of the participants, respectively. Leisure activities and head bandages by traditional healers were considered viable treatment options by 55% and 41% of participants, respectively. Students and healthcare professionals scored significantly higher on the Consciousness Scale. Regarding the situation, the majority believed that people with BP can function effectively (86%) and

should pull themselves together to overcome it (47%) and considered it a shame to mention that someone in the family is affected by BP. Regarding relationships, 22% were not ready to maintain a friendship and 39.3% were not willing to marry someone with BP. This study revealed suboptimal general awareness towards BP in SA. She identified many misconceptions and negative attitudes towards patients with BP. Further studies are needed to investigate potential general interventions to improve the literacy of BP [23].

Study (Harold, 2013) provides a 30-year update on developments in mental health care in Saudi Arabia. Data is reported from a wide variety of sources, including the 2007 Saudi Arabia Mental and Social Health Atlas, which compares services in Saudi Arabia with the rest of the world. We examine how the current mental health system operates in Saudi Arabia, including recent changes in mental health care policy and the development of a national mental health care plan. Existing needs were discussed based on the prevalence and recognition of mental disorders, availability of services and service providers (psychiatrists, psychiatric nurses, psychologists, social workers), education and training in psychiatry, developments in counseling communication, addiction, child and adolescent psychiatry, and the elderly, and advances in mental health research. Mental health care in Saudi Arabia has come a long way in a very short time, despite cultural, religious, social and political challenges, although there are still areas that need improvement. The development of psychiatry in Saudi Arabia is considered a model for countries in the Middle East and around the world [24].

By reviewing these studies, we find that they dealt in their entirety with the issue of the awareness of society with its different sects of the need for psychological treatment, as well as the society's view of the issue of psychological treatment. However, studies that dealt with this phenomenon are rare in the society under study, which is the Kingdom of Saudi Arabia, and some studies have focused on the view of one of the societal groups on this phenomenon individually, and not the view of society as a whole, which prompted the researcher to present this study, which deals with this phenomenon in the Kingdom of Saudi Arabia with the aim of analyzing it knowing the society's attitudes towards psychotherapy.

Methodology

The number of responses to the questionnaire was 506, non-significant and biased responses, which amounted to 6 responses, were excluded, and 500 responses were studied and analyzed. The different items were linked to each of the scales and sub-components and to estimate the general trend of the responses. Scales were also estimated for total responses. The questionnaire includes two sections, the first reflecting the independent (demographic) variables. While the second section reflects on the paragraphs that work on evaluating the community's awareness about psychotherapy in the city of Jeddah (13 items).

Measuring Stability, Honesty, and Homogeneity

Table No. (1): Results of the validity and reliability test*

REPALITY	Cronbach's Alpha	N of Items	
.949	.901	13	Questionnaire items

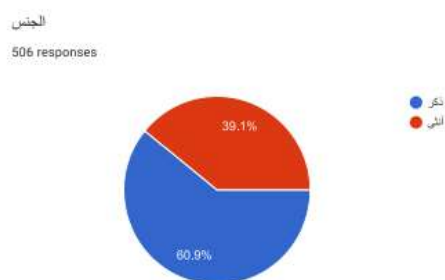
*The table was prepared by the researcher based on the results of the statistical program SPSS

1- Gender

Descriptive statistics

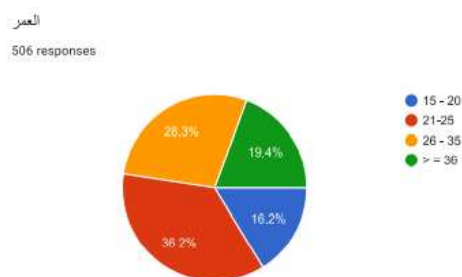
Independent Variables (Demographic)

Figure 1: Frequency distribution of the gender variable



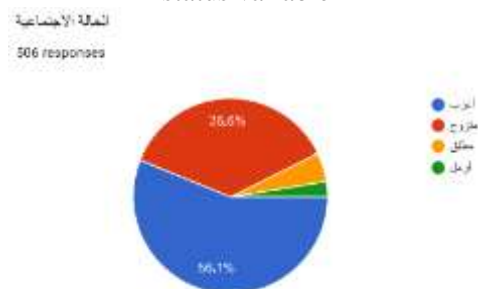
2- Age Groups

Figure (2): Frequency distribution of the age variable



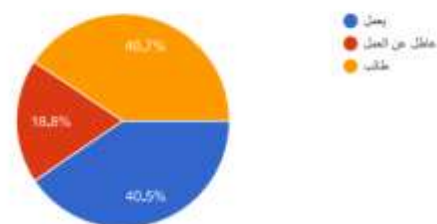
3- Social status

Figure (3): Frequent distribution of the marital status variable



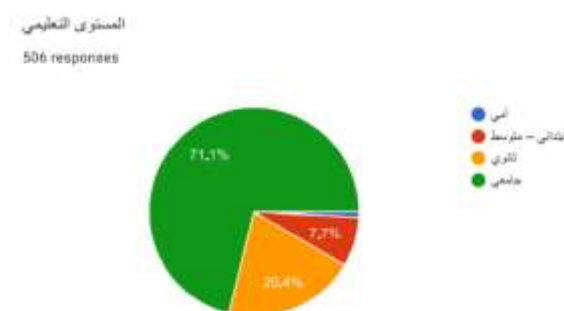
4- Functional Status

Figure (4): Frequent distribution of the functional state variable

الحالة الوظيفية
506 responses

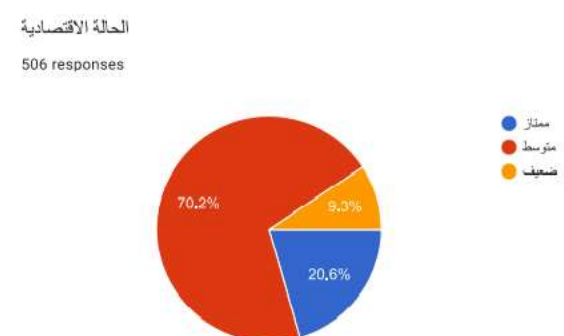
5- Educational Level

Figure (5): Frequent distribution of the educational level variable



6- Economic Situation

Figure (6): Frequent distribution of the economic status variable



4.3 Dependent Variables

Table No. (2): Weighted average of the questionnaire items

	Agreed	neutral	I do not agree	Total	Mean	standard deviation
	371	105	24	500	2.694	0.56

Psychological counseling and family bonding prevent mental illness.	74.20%	21.00%	4.80%	100.00%		
Exercise and occupational rest prevent mental illness.	374	104	22	500	2.704	0.54
Redon and cytochal depression treatments.	74.80%	20.80%	4.40%	100.00%		
Treatment is with restraints and electric shocks.	145	272	83	500	2.124	0.66
Social therapy helps mental patients.	29.00%	54.40%	16.60%	100.00%		
People who go to a psychiatrist are stigmatized.	126	97	277	500	1.698	0.85
I know the services provided by mental health facilities in the Kingdom.	25.20%	19.40%	55.40%	100.00%		
If and when you feel the need, will you be willing to consult a psychiatrist for treatment.	390	91	19	500	2.742	0.52
I feel ashamed when visiting a psychiatrist.	78.00%	18.20%	3.80%	100.00%		
People with mental health problems have a pre-existing health problem.	171	206	123	500	2.096	0.76
Patients with mental health problems are dangerous.	34.20%	41.20%	24.60%	100.00%		
accept a friend or colleague who has a mental health problem.	265	127	108	500	2.314	0.81
Exercise and occupational rest prevent mental illness.	53.00%	25.40%	21.60%	100.00%		
Redon and cytochal depression treatments.	372	98	30	500	2.684	0.58
Treatment is with restraints and electric shocks.	74.40%	19.60%	6.00%	100.00%		
Social therapy helps mental patients.	170	105	225	500	1.890	0.88
People who go to a psychiatrist are stigmatized.	34.00%	21.00%	45.00%	100.00%		
I know the services provided by mental health facilities in the Kingdom.	246	184	70	500	2.352	0.71
If and when you feel the need, will you be willing to consult a psychiatrist for treatment.	49.20%	36.80%	14.00%	100.00%		
I feel ashamed when visiting a psychiatrist.	188	196	116	500	2.144	0.77
People with mental health problems have a pre-existing health problem.	37.60%	39.20%	23.20%	100.00%		
Patients with mental health problems are dangerous.	350	122	28	500	2.644	0.58
	70.00%	24.40%	5.60%	100.00%		
	369	102	29	500	2.680	0.58

accept a friend or colleague who has a mental health problem.

73.80% 20.40% 5.80% 100.00%

Study Hypotheses Test

The study is based on the following hypothesis: "There is a good awareness regarding the psychiatric treatment among the community of Jeddah City." As well as family bonding prevents mental illness, in addition to that practicing sports and occupational rest prevents mental illnesses, and social therapy helps mental patients. "I know the services provided by mental health facilities in the Kingdom. If and when you feel the need, they are willing to consult a psychiatrist for treatment." Also, people with mental health problems have a pre-existing health problem. They accept a friend or colleague who has a mental health problem. They are also willing to deal with people in the community who have mental health problems. Nor do they agree that the treatment is with

restraints and electric shocks, and that people who go to a psychiatrist are stigmatized and ashamed when they visit a psychiatrist, patients with mental health problems are dangerous.

Significance of Differences According to Demographic Variables

Significant differences between the responses according to the gender variable

The researcher presents the following table, which shows the t-test schedule for the significance of differences according to gender.

Table No. (3): T. Test

Independent Samples Test		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
the psychiatric treatment among community of Jeddah City	Equal variances assumed	41.948	.000	4.611	60	.000
	Equal variances not assumed			2.015	11.423	.010

Significant differences between responses according to age

The researcher presents the following table, which shows the results of the ANOVA test to

examine the significant differences between the responses according to the axes of the questionnaire due to the variable of age.

Table (4): ANOVA. Test

ANOVA					
	Sum of Squares	df	Mean Square	F	Sig.

the psychiatric treatment among community of Jeddah City	Between Groups	0.893	2	0.45	1.47	0.062
	Within Groups	18.212	60	0.30		
	Total	19.104	62			

Significant differences between the responses according to the educational level

The researcher presents the following table, which shows the results of the ANOVA test to investigate the significant differences between

the responses according to the axes of the questionnaire due to the variable of the scientific level.

Table No. (5): ANOVA. Test

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
the psychiatric treatment among community of Jeddah City	Between Groups	1.190	2	0.60	1.47	0.095
	Within Groups	24.282	60	0.40		
	Total	25.472	62			

DISCUSSION

Measuring Stability, Honesty, and Homogeneity

The stability of the questionnaire means that it provides the same result if the questionnaire was redistributed more than once, under the same conditions and conditions, or in other words that the stability of the questionnaire means stability in the results of the questionnaire, and not changing them significantly, if it was distributed to the sample members several times, during certain time periods. The stability of the post questionnaire was verified by Cronbach's alpha coefficient.

The value of the stability coefficient (Cronbach's alpha) is very high for the total questionnaire and the axes, which reflects the significance of the results can be reached by analyzing the questionnaire items, and that the study tool is characterized by high stability. These results also indicate that the study tool has great stability, which makes us fully confident in the validity of the questionnaire and its validity to analyze and interpret the results. The reliability coefficient (Cronbach's alpha) was calculated after deleting any items and paragraphs for each of the questionnaire axes, and this did not lead

to an increase in the overall reliability coefficient.

Descriptive Statistics

- **Gender:** The percentage of males reached 60.9%, while the percentage of females reached 39.1%. Thus, it can be said that the sample is predominantly male.

- **Age Groups:** The percentage of respondents in the age group (15-20) reached 16.2%, while the number of respondents in the age group (21-25) reached 36.2%, and the percentage of respondents in the age group (26-35) reached 28.3%. As for the fourth age group (over 36), its representation was 19.4%. Therefore, the largest group represented by the sample is the second group (21-25), and the least representative group is the first group(20-15) .

- **Social status:** The percentage of single respondents amounted to 56.1%, which is the highest group represented in the sample. As for the marital status, its representation was 36.6%, and the marital status "absolute" reached 4.7%. While the marital status "widowed" represented 2.6%.

- **Functional Status:** The highest percentage of respondents was students, where

the percentage of their representation was 40.7%, as for the respondents who worked, their representation was 40.5%, and the percentage of the unemployed was 18.8%.

- **Educational level:** 71.1% are university graduates, while 20.4% are secondary school graduates, and the middle and primary school graduates reached 7.7%. As for the illiterate, the rate was 0.79%.

- **Economic situation:** The highest percentage in the sample reached 70.2%, which is for those with a medium economic status, while 20.6% of those with an excellent economic status, and there are 9.3% of those with a weak economic status.

Dependent Variables

With regard to psychological counseling and family bonding preventing mental illness, we find that 74.2% agree with this trend, which is the highest percentage of responses, which makes us stress that psychological counseling and family bonding help prevent mental illness. With regard to the practice of sports and occupational rest preventing mental illness, we find that the highest percentage of approval was 74.8%, which confirms that exercise and occupational rest help prevent mental illness.

Regarding treatments with redon and cytoal for depression, we find that the study sample had a neutral tendency towards this paragraph with a percentage of 54.4%. The reason for this may be due to the lack of clarity of the paragraph and its meaning. With regard to treatment with restraints and electric shocks, we find that the study sample had a tendency not to agree to this paragraph, and treatment with restraints and electric shocks was attached. As for the fact that social therapy helps mental patients, we find that there is a 78% agreement with this paragraph. With regard to people who go to a psychiatrist and are stigmatized, we find that the study sample had a neutral tendency towards this paragraph with a percentage of 41.2%, while there are 34.2% who agree with this paragraph, and there are 24.6% who do not agree. With regard to the responses of the study sample to the paragraph "I know the services provided by mental health facilities in the Kingdom", we find that 53% of the study sample agree with this paragraph. With regard to the responses of the study sample to the paragraph "If you feel the need and when you feel the need, will you be willing to consult a psychiatrist for treatment",

we find that 74% agree to consult a psychiatrist when needed. We find that 45% of the study sample do not feel ashamed when visiting a psychiatrist, which is the highest percentage of responses. It refers to adequate awareness towards psychotherapy. There are 49.2% of the responses of the study sample agree that "people who suffer from mental health problems have a pre-existing health problem." There is a neutral trend for the study sample by 39.2% towards the fact that "patients with mental health problems are dangerous", while we find that 37.6% agree that patients with "mental health problems are dangerous". 70 % of the responses of the study sample agree to accept the friend or colleague who suffers from a mental health problem. 73.8% of the responses of the study sample are willing to deal with people in the community who suffer from mental health problems, which indicates an increase in the degree of awareness towards psychological treatment and its effective role in society.

Study Hypotheses Test

The study is based on the following hypothesis: "There is a good awareness regarding the psychiatric treatment among the community of Jeddah City.", family bonding prevents mental illness, in addition to that practicing sports and occupational rest prevents mental illnesses, and social therapy helps mental patients, "I know the services provided by mental health facilities in the Kingdom.", "If and when you feel the need, they are willing to consult a psychiatrist for treatment." Also, "people with mental health problems have a pre-existing health problem." They accept a friend or colleague who has a mental health problem. They are also willing to deal with people in the community who have mental health problems. Nor do they agree that the treatment is with restraints and electric shocks, and that people who go to a psychiatrist are stigmatized and ashamed when they visit a psychiatrist, patients with mental health problems are dangerous.

Significant differences between the responses according to the gender variable: There are significant differences between the respondents according to the gender variable by examining the average value for both males and females, we find that the average of males is higher than the average of females. There are significant differences between males and females, where the value of the test statistician (Sig) was less

than the value of the level of morale used 5%. Thus, the precautionary null hypothesis can be rejected by the absence of significant differences according to the sex variable.

Significant differences between responses according to age: There are no significant differences between the attitudes of the respondents for each of the paragraphs, according to age.

Significant differences between the responses according to the educational level: There are no significant differences between the respondents' attitudes for each of the questionnaire items according to the educational level variable

Conclusions

The objective of the study is to assess the community awareness about psychiatric treatment in Saudi Arabia. The study used a descriptive cross-sectional correlational design using an online questionnaire developed by the researcher consisting of brief measurements of the effectiveness of psychotherapy in Jeddah, Saudi Arabia. The study reached many results, perhaps the most important of which is that psychological counseling and family bonding prevent mental illness. As well as exercise and occupational rest prevent mental illness. The results of the statistical analysis also found statistically significant differences between the respondents according to the gender variable by studying the average value of each male and females, we find that the average of males is higher than the average of females. There are also statistically significant differences between males and females.

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