

## Perceived Public Stigma towards Mental Health Treatment among Adults Attending Primary Healthcare in Bahrain

Ali Al Hussain, M.D, ABFM<sup>1</sup>, Ali Al Saati, M.D, ABFM<sup>1</sup>, Fatima Abdulla, M.D, ABFM<sup>1</sup>, Sana Al Alawi, M.D, ABFM<sup>1</sup>, Dr. Jaleela S. Jawad M.D, ABFM<sup>2\*</sup>

<sup>1</sup>Primary Health Care, Ministry of Health, Kingdom of Bahrain

<sup>2</sup>Public Health, Ministry of Health, Kingdom of Bahrain

### \*Corresponding author

*Dr. Ali Al Hussain*

### Article History

*Received: 12.10.2018*

*Accepted: 25.10.2018*

*Published: 30.10.2018*

### DOI:

10.36348/sjm.2018.v03i10.011



**Abstract:** The definition of health expanded to include mental wellbeing, and during the current difficult times in the Middle-East in regards to economics, politics and all the health issues it results in, the need for a better mental healthcare is of grave importance. However, the field of psychiatry is culturally-dependent on factors that might interfere with its goals. The main need is to eliminate stigma towards mental health services facing the progression of mental healthcare services. To minimize public stigma towards mental health treatment and to improve the acceptance of people with mental health problems in order to attain the highest quality of life. This is a cross-sectional study which involved the collection of socio-demographic and a stigma scale towards mental health treatment. The subjects were selected from four health centers in the Kingdom of Bahrain. This study established the mean level of perceived stigma towards mental health treatment in the study population was  $6.99 \pm 2.89$ , considerably as moderate levels of stigma towards mental health treatment. Some of the demographic factors identified to effect the stigma towards receiving mental health treatment were occupation and gender. This study showed moderate amount of stigma towards mental health treatment and increasing mental health awareness among the population is necessary. Further studies should be encouraged to tackle other factors affecting stigma towards mental health treatment.

**Keywords:** Mental health stigma, stigma scale.

## INTRODUCTION

### Background

The World Health Organization defines mental health to be a state of well-being in a person whom realizes his or her own potential, copes with normal life stressors, and works productively and fruitfully, to make a contribution the community [1]. When people receive proper mental healthcare, they are capable of living their lives to the fullest. Being free of mental illnesses like depression, stress, and other psychological problems can support a person to build stronger relationships, make good life choices, maintain good physical health and increase their productivity in their careers [2]. "Stigma" usually means a negative perception towards a certain person or population due to them being different than whatever is considered to be normal societal behavior [3].

Mental health has also become one of the principle reasons leading to inability to work therefore; the impact of mental health on a country's economy is great [4]. One can therefore, understand the need for mental healthcare that is appropriate for the impact of mental illnesses where services should be accessible, comprehensive, appropriate to the needs of the

community, offering up-to-date treatments, effective and economical.

The definition of health expanded to include mental well being, a shift in health as a mind body experience is refreshing in our opinion, but the idea still needs to grow on people and build from a definition into a cultural mindset [5].

During the current difficult times in the Middle-East in regards to economics, politics and all the health issues it results in, the need for a better mental healthcare is of grave importance. However, the field of psychiatry is culturally-dependent [6], there needs to be a development of a mental healthcare specifically designed for the needs of the Middle-East. The main need is to eliminate obstacles facing the progression of mental healthcare services.

A systematic literature review from the United states summarizing stigma findings focused on the public's stigmatizing beliefs and actions concluded that public stigma towards mental illness is widespread [7]. Similarly, another systematic literature search concluded that stigma towards those with mental diseases does exist in the Middle East [8]. In Kuwait, stigma on visiting the Psychological Medicine Hospital

(the country's only provider of mental health services), is an obstacle for people in need to seek professional help and treatment for mental health diseases [9].

Arabs generally hold stigma attached to mental or emotional health issues due to old perceptions attached to religious beliefs and cultural views. Such barriers make it difficult to improve the mental health sector in the Middle East. The cultural view on psychiatry and on people with mental illnesses requires a deeper understanding of the culture, tradition and diversity. Many believe such as God (Allah) causes everything including illnesses, and that illness is a way of connection with God [3, 10].

In addition, cultural beliefs in the existence of “jinn” and spirits may confuse people with delusions or possession which therefore prevent patients and family members from recognizing medical or psychiatric problems. People still fear fingers pointed at them as mentally impaired or to be seen entering a psychiatric hospital or to even be noticed taking mental medication [9]. Significant cultural differences with respect to gender may also put women at especially high risk of diagnosis and treatment of mental health problems in Muslim communities. Stigmatizing attitudes are high towards perceived mental illnesses like alcohol abuse and lower for disorders such as depression and psychosis [11].

Stigmatizing attitudes in Japan are stronger than Taiwan and Australia. Although educational programs appear to be effective in reducing mental health related stigma [8].

Research has shown that the death rate from chronic diseases such as heart disease and diabetes are two to three times greater for people living with mental health conditions [12]. Having a chronic condition can greatly impact your mental state, your mindset and emotions can also worsen the symptoms of your disease [13].

In Bahrain, the only provider of mental health services is the psychiatric hospital under the ministry of health. According to Leaf [14], those who need mental health care services and had not utilized the specialized mental health sector perceived higher stigma barriers. Many people with mental illness worth a thorough evaluation and treatment are greatly challenged. On one hand, the daily struggle with their disabilities resulting from the disease and on the other, the prejudice from the misunderstandings about mental illness in such a conservative society. This robs people with mental illness of the opportunities that the ministry of health offers to help them get the quality life; good jobs, safe housing, and healthy interaction with people; they could miss.

Up to our knowledge, there aren't any studies regarding mental health stigma towards mental health treatment in the Kingdom of Bahrain.

## RESEARCH QUESTION

What is the level of perceived public stigma towards receiving mental health treatment among adults attending primary healthcare in Bahrain?

## STUDY AIM

To minimize public stigma towards mental health treatment and to improve the acceptance of people with mental health problems in order to attain the highest quality of life.

## STUDY OBJECTIVES

- To determine the level of perceived public stigma towards mental health treatment among adults attending primary healthcare in Bahrain.
- To determine the association between perceived public stigma towards mental health treatment and factors affecting it.

## METHODS

### Study design

Cross-sectional survey.

### Setting

Primary healthcare in Bahrain. 4 health centers, randomly selected.

- BBK Al Hidd health centre.
- Aali health centre.
- Yousif Engineer health centre.
- Mohammed Jassim Kanoo health centre.

### Study population

Adults more than 18 years old attending primary health care centers in the Kingdom of Bahrain during the period June –July 2016.

### Inclusion criteria

Adults 18 years and above attending health centers.

### Exclusion criteria

Non Arabic nor English reader and emergency cases were excluded.

### Sample size of the study

Given the population of the Kingdom of Bahrain of approximately 1,316,000 [15], with a confidence interval of 95% and precision of 5%, the minimum sample size needed in this study was 384 respondents, using the survey system online sample size calculator. However, a total of 500 participants were included; 125 per health center.

### Sampling technique

Health centers were selected randomly from a list of health centers obtained from primary care directorate. In each of selected health centers, 4 doctors were selected randomly from doctor lists obtained from registration disc. From the patients list of selected doctors, the study participants were systemically selected in an every 3<sup>rd</sup> patient manner. . Permission was obtained from the participating health centers.

### Measures and tools

A self-administered validated questionnaire with standard demo-graphic questions, questions to measure the perceived public stigma regarding mental health service use (adapted from the Stigma Scale for Receiving Psychological Help, a five-item scale used in other researches) [16-18], the perceived stigma towards mental health treatment was measured by using a multiple-item scale, rather than a single item, because stigma is generally considered a multidimensional phenomenon [19, 20].

The scale was developed to measure stigma associated with receiving any treatment for emotional or mental health problems. The scale was created by summing the score 0 to 3 for each item, 0, being the lowest perceived stigma and 15, being highest perceived stigma.

### Data entry and analysis

The results of the questionnaires were coded then entered and analyzed using SPSS 23 program. Frequencies were calculated and presented in tables. Tests of associations were utilized. The occupation data was further compressed to fewer categories in the questionnaire for data analysis purposes.

### Statistical analysis

SPSS 23 was used for data entry and analysis. Frequencies and percentages were computed for categorical variables. Overall mean and standard deviation of stigma score was computed for stigma scale (SSRPH). Overall mean and stigma and standard deviation of stigma score was computed in relation to demographical data. T test was used to determine whether there is a significant difference in mean stigma score between two groups if sample sizes in both groups are greater than or equal to 30. ANOVA test was used to determine whether there is a significant difference in mean stigma score between more than two groups if sample sizes in all groups are more than or equal to 30. Kruskal Wallis test was used to determine whether there is a significant difference in mean stigma score between more than two groups if sample size in at least one

group is less than 30. Mann whitney test was used to determine whether there is significant difference in mean stigma score between two groups if samples size in at least one group is less than 30. P-value less than 0.05 was statistically considered significant.

### ETHICAL CONSIDERATION

Approvals from the research was obtained before conducting the study. Consent was verbally obtained from all of the participants and complete confidentiality was assured to them. The answered questionnaires are stored safely without respondents' names or identities to ensure privacy. Author approval for use of the questionnaire was obtained.

### RESULTS

Total of 500 respondents with females (53.6%) and males (46.4%) responded to the study with majority being employed (64.4%) and Bahrainis (85.6%). Younger than 44 years of age represents 71.8 % of the participants. Table-1 displays the demographic characteristics of the sample. Frequencies of the responds to the 5 statement stigma towards mental health treatment scale is shown in table-2. The mean level of perceived stigma towards mental health treatment in the study population was  $6.99 \pm 2.89$ , below the midpoint of the scale (range of 0–15), considerably as moderate levels of stigma towards mental health treatment. About 60% of the respondents fell in the moderate level of stigma category while 10 % had high levels of perceived stigma towards mental health treatment. The analyses displayed in Table-3 show that the sex of the participant significantly associated with higher levels of stigma (p value: 0 .006) in favor of males. In the occupation category participants unemployed had higher levels of stigma (p value 0.013). Summarizing that both sex and occupation had significant associations with levels of stigma towards mental health while the other socio-demographic characteristics; age (p value .501), nationality (p value .887), religion (p value .095), education (p value .280) and monthly income (p value .555); showed no significant relationship between them and high levels of perceived stigma. Having a probable mental disorder in the past 12 months was significantly associated with higher perceived stigma (p value: .021). As shown in Table-4 participants who have already been involved in any mental health service whether a doctor consultation or utilization of any psychiatric medication in the past 12 months had no significant association with stigma levels towards mental health issues (p values .892 and .781 respectively).

**Table-1: Participant's characteristics**

		n	%
Sex	Male	232	46.4%
	Female	268	53.6%
	Total	500	100.0%
Age	<30	195	39.0%
	30-44	164	32.8%
	45-59	100	20.0%
	>=60	41	8.2%
	Total	500	100.0%
Nationality	Bahraini	428	85.6%
	Non Bahraini	72	14.4%
	Total	500	100.0%
Religion	Muslim	462	92.4%
	Others	38	7.6%
	Total	500	100.0%
Level of education	Others	35	7.0%
	High school	143	28.6%
	University	288	57.6%
	Post graduate	34	6.8%
	Total	500	100.0%
Occupation	Employed	322	64.4%
	Unemployed	130	26.0%
	Retired	48	9.6%
	Total	500	100.0%
Monthly income	>=2000 BD	20	4.0%
	1000-1999 BD	93	18.6%
	500-999 BD	174	34.8%
	<=499 BD	134	26.8%
	No answer	79	15.8%
	Total	500	100.0%
Help needed for mental health problems in the past 12 months	Yes	160	32.0%
	No	340	68.0%
Psychiatric medication use in the past 12 month	Yes	18	3.6%
	No	482	96.4%
Psychiatrist consultation in the past 12 months	Yes	24	4.8%
	No	476	95.2%

**Table-2: Perceived stigma scale towards mental health care treatment scale**

	Strongly disagree		Disagree		Agree		Strongly agree	
	n	%	n	%	N	%	n	%
Receiving treatment for emotional or mental problems carries social stigma	129	25.8%	177	35.4%	139	27.8%	55	11.0%
It is a sign of weakness or inadequacy to receive treatment for emotional or mental problems	218	43.6%	214	42.8%	53	10.6%	15	3.0%
People will see a person in a less favorable way if they come to know that he or she received treatment for emotional or mental problems	51	10.2%	135	27.0%	232	46.4%	82	16.4%
It is advisable for a person to hide from people that he or she has been treated for emotional or mental problems	83	16.6%	126	25.2%	202	40.4%	89	17.8%
People tend to like less those who are receiving professional help for emotional or mental problems	38	7.6%	135	27.0%	248	49.6%	79	15.8%

**Table-3: Stigma toward mental health treatment score in relation to participants characteristics**

		Stigma score		Test	P-value
		Mean	SD		
Sex	Male	7.37	3.00	T-test	0.006
	Female	6.66	2.75		
Age	<30	7.18	2.96	ANOVA	0.501
	30-44	6.72	2.92		
	45-59	7.01	2.70		
	>=60	7.12	2.89		
Nationality	Bahraini	7.00	2.88	T-test	0.887
	Non Bahraini	6.94	2.95		
Religion	Muslim	7.05	2.86	T-test	0.095
	Others	6.24	3.15		
Level of education	High school	6.61	2.78	ANOVA	0.280
	University	7.18	2.95		
	Post graduate	6.88	3.28		
	Others	7.09	2.28		
Occupation	Employed	7.01	3.07	ANOVA	0.013
	Self employed	6.82	3.13		
	Student	6.95	2.69		
	Retired	6.88	2.38		
	Unemployed	7.09	2.54		
Monthly income	>=2000 BD	6.60	1.98	Kruskal Wallis	0.555
	1000-1999 BD	7.04	3.12		
	500-999 BD	7.24	2.86		
	<=499 BD	6.63	2.98		
	No answer	7.10	2.67		
Stigma score		6.99	2.89		

**Table-4: Stigma towards mental health treatment score in relation to the need and utilization of mental health services**

		Stigma score		Test	P-value
		Mean	SD		
Help needed for mental health problems in the past 12 months	Yes	6.58	2.54	T-test	0.021
	No	7.18	3.02		
Psychiatric medication use in the past 12 month	Yes	7.00	3.60	Mann Whitney	0.781
	No	6.99	2.86		
Psychiatrist consultation in the past 12 months	Yes	7.17	3.03	Mann Whitney	0.892
	No	6.98	2.88		

## DISCUSSION

In this study we found that the sample size representing primary healthcare attendees had a moderate level of perceived stigma towards mental health treatment while compared to Egypt who had high levels of stigma towards mental health seeking behaviors and interventions. Probably the level of education, small total population and health systems played a role in the Kingdom of Bahrain. There were no studies in the GCC directly measuring the level of stigma using any tool for comparison.

In Kuwait study was conducted to assess the stigma level toward mental health treatment, disease and factors contributed to it in order to improve mental

health care services there but this study did not mention the level of stigma. On the other hand, research done in Arab communities reveals that the stigma scale may exist at an even higher level than in western developed countries and this was mentioned clearly in the study. In the Kingdom of Bahrain unlike our neighbor Kuwait the perceived stigma towards mental health treatment were not associated with the utilization of mental health services nor medications probably due to easy access to mental health services for both nationals and expats in Bahrain, understanding of the disease after a proper consultation with a knowledgeable psychiatrists with good communication skills are all factors that contribute to lower levels of stigma in people utilizing mental health services. Unlike a study conducted in Egypt, in

our study males had higher levels of stigma when compared to females due to a socially and culturally male image in the Bahraini family structure and the constant pressure of representing an image of strength that makes men more prone on perceiving mental health treatment as a weakness. In Kuwait, which is sharing the same cultural dimension with our country, one of the main reason contributed to low level of mental health services utilization was found to be cultural background, the close net community, embarrassment and the fear from the public stigma. The other reason which was mentioned in the study was the poor communication between the primary care and the single psychiatric hospital there.

Level of education in the study population showed no significant relationship with the level of stigma towards mental health treatment unlike similar studies in Japan, Taiwan and Australia. This might be explained by the lower educated population or illiterate not being represented in the sample size of this study. Perceived need of mental health help were significantly associated with high levels of stigma similar to a study in USA probably due to similarities in human mental composition of feelings and emotions towards the unknown or what we don't believe in and the slow westernization of our population.

We do believe that not everyone has a negative opinion on getting help for mental health conditions. We would like to also belief that due to the huge change in educational opportunities and degree of open mindedness, the youth generation believe in science, evidence and results. This might actually give a chance for the psychiatric market to grow and prosper over the past few years. However, there is still room for improvement because of the continued influence of the former generations.

## STRENGTHS AND LIMITATIONS

Importance of this study were that this is the first study in kingdom of Bahrain and can be used as a reference study for future interest holders in this topic whether in the Kingdom of Bahrain or the region. A valid questionnaire was used. The sample was random including non-Bahrainis. Most of the studies conducted to measure stigma towards mental health treatment were done on specific populations (e.g.: students, women etc.) rather than on a national level which raises the need to further measure it amongst populations.

## CONCLUSION AND RECOMMENDATIONS

In conclusion, this study showed moderate amount of stigma towards mental health treatment and was the first study with regards to obtaining a general outlook on the level of stigma towards mental health treatment and its contributing factors in the Kingdom of Bahrain. Increasing mental health awareness among the population through continuous campaigns and

surveillance. In order to obtain a result that is more inclusive tackling other factors that might affect perception towards mental health further studies should be encouraged and conducted.

## Verbal agreement to participate in the research

You have been asked to be a part of our research paper "Perceived public stigma towards mental health treatment among adults attending primary healthcare in Bahrain". We will collect information from you through an interview with a series of questions regarding mental health. The information you provide will be confidential, voluntary and will not be used to evaluate you as an individual. Your answers will be linked to a serial number; not your name, and will only be used for this research's purpose. This will take a maximum of 10 minutes of your time to complete 15 questions.

Thank you.

طلب منكم ان تكونوا جزء من ورقة بحثية بعنوان " النظرة العامة الملموسة في اتجاه علاج الصحة النفسية لدى البالغين الذين يحضرون الرعاية الصحية الأولية في البحرين " ، وسوف يتم جمع معلومات منكم من خلال المقابلة ومجموعة من الأسئلة المتعلقة بخصوص الصحة النفسية ، وسوف يتم التعامل مع اجاباتكم بكل سرية وستكون تطوعية ولن تستخدم لتقييمكم الشخصي ، وستربط اجاباتكم برقم خاص ولن يتم ذكر اسماءكم ، وستستخدم المعلومات التي ستوافوننا بها لهذه الورقة البحثية فقط.

وهذا سيسغرق مدة اقصاها 10 دقائق من وقتك لإكمال 15 سؤال  
شكراً جزيلاً

## REFERENCES

1. WHO Mental health: a state of well-being [Internet]. Who.int. 2018 [cited 6 June 2015]. Available from: [http://www.who.int/features/factfiles/mental\\_health/en/](http://www.who.int/features/factfiles/mental_health/en/).
2. Principles of Health Social Care Practice [Internet]. UKessays. 2018 [cited 18 June 2015]. Available from: <https://www.ukessays.com/essays/health-and-social-care/principles-of-health-social-care.php>
3. Dudley, J. R. (2000). Confronting stigma within the services system. *Social Work*, 45(5), 449.
4. OECD.org - OECD [Internet]. Oecd.org. 2018 [cited 18 April 2015]. Available from: <http://www.oecd.org/>
5. The Importance of Mental Health DPC Education Center [Internet]. Dpcedcenter.org. 2018 [cited 18 April 2015]. Available from: <http://www.dpcedcenter.org/classroom/importance-mental-health>
6. Yahia, M. (2012). Dealing with mental illness in the Middle East. *Nature Middle East*.
7. Parcesepe, A. M., & Cabassa, L. J. (2013). Public stigma of mental illness in the United States: a systematic literature review. *Administration and Policy in Mental Health and Mental Health Services Research*, 40(5), 384-399.

8. Sewilam, A. M., Watson, A. M., Kassem, A. M., Clifton, S., McDonald, M. C., Lipski, R., ... & Nimgaonkar, V. L. (2015). Suggested avenues to reduce the stigma of mental illness in the Middle East. *International Journal of Social Psychiatry*, 61(2), 111-120.
9. 8Almazeedi H, Alsuwaidan M. "Integrating Kuwait's Mental Health System to end stigma: a call to action". *Journal of Mental Health*. 2014;23(1):1-3.
10. 10Al-Krenawi, A., Graham, J.R., &Kandah, J. (2000). Gendered utilization of mental health services in Jordan. *Community Mental Health Journal*, 36, 501-511.
11. 11Okasha, A. (1999). Mental health in the Middle East: An Egyptian perspective. *Clinical Psychology Review*, 19, 917-933.
12. Ando, S., Yamaguchi, S., Aoki, Y., & Thornicroft, G. (2013). Review of mental-health-related stigma in J apan. *Psychiatry and clinical neurosciences*, 67(7), 471-482.
13. De Hert, M., Correll, C. U., Bobes, J., Cetkovich-Bakmas, M. A. R. C. E. L. O., Cohen, D. A. N., Asai, I., ... & Newcomer, J. W. (2011). Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. *World psychiatry*, 10(1), 52-77.
14. Leaf, P. J., Bruce, M. L., Tischler, G. L., & Holzer III, C. E. (1987). The relationship between demographic factors and attitudes toward mental health services. *Journal of Community Psychology*, 15(2), 275-284.
15. Pyne, J. M., Kuc, E. J., Schroeder, P. J., Fortney, J. C., Edlund, M., & Sullivan, G. (2004). Relationship between perceived stigma and depression severity. *The Journal of nervous and mental disease*, 192(4), 278-283.
16. Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of counseling psychology*, 47(1), 138.
17. Golberstein, E., Eisenberg, D., & Gollust, S. E. (2008). Perceived stigma and mental health care seeking. *Psychiatric services*, 59(4), 392-399.
18. Annualreviews.org. 2018 [cited 18 June 2018]. Available from: <http://www.annualreviews.org/doi/abs/10.1146/annurev.soc.27.1.363>
19. Brohan, E., Slade, M., Clement, S., & Thornicroft, G. (2010). Experiences of mental illness stigma, prejudice and discrimination: a review of measures. *BMC health services research*, 10(1), 80.
20. Link, B. G., Yang, L. H., Phelan, J. C., & Collins, P. Y. (2004). Measuring mental illness stigma. *Schizophrenia bulletin*, 30(3), 511-541.