



## EMPHNET's Research Digest

# Cross-cultural Comparison of Mental Illness Stigma and Help-seeking Attitudes: a Multinational Population-based Study from 16 Arab Countries and 10,036 Individuals

### Introduction

Mental health is a significant public health concern worldwide, including Arab countries. Despite the high prevalence of mental disorders within the Arab population, many remain untreated, partly due to the unfavorable attitudes towards seeking help and the stigma surrounding mental illness. Cultural and societal factors play a vital role in how people perceive and address mental health problems, and understanding these factors is crucial for developing effective, culturally tailored mental health promotion programs.

There is limited research on mental illness stigma and help-seeking attitudes in Arab countries, with most studies being small-scale and focused on specific groups like university students.

Cross-country comparisons are scarce, and certain countries in the region have not been studied at all.

While there are similarities among Arab countries in terms of language, culture, and religion, social, political, and economic differences exist. Such differences may influence attitudes towards mental illness and help-seeking behavior.

The [“Cross-cultural comparison of mental illness stigma and help-seeking attitudes: a multinational population-based study from 16 Arab countries and 10,036 individuals”](#) study, published December 2022 in *Social Psychiatry and Psychiatric Epidemiology*, explored knowledge and attitudes towards mental illness, causal attributions, and recommendations for help-seeking across 16 Arab countries: Algeria, Egypt, Jordan, Kingdom of Saudi Arabia, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Sudan, Tunisia, United Arab Emirates, and Yemen. The study investigated factors

related to attitudes towards seeking professional psychological help.

The multinational cross-sectional survey was part of a large scale collaboration project, called the Stigma of Mental Problems in Arab Countries (IMPACT) Project, conducted from June to November 2021. Convenience sampling was used to invite Arab-speaking individuals aged 18 years or older, from the public. Participants were all originating from and residing in an Arab country.

### Mental Health Knowledge Belief and Attitudes Assessment Scales Validated in Arabic

Sociodemographic information was collected, and attitudes towards mental illness and help-seeking were assessed using validated in Arabic scales, including the Community Attitudes toward the Mentally Ill (CAMI) scale, the Mental Health Knowledge Schedule (MAKS) scale,

and the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPH-SF).

CAMI measures public attitudes towards people with mental illness, MAKS assesses knowledge about mental illness, recovery, and treatments, while ATSPPH-SF evaluates attitudes toward seeking professional psychological help.



## Results

The study's population consisted of predominantly female (77%), married (41%), educated (89% with tertiary education), living in urban areas (85%), with a mean age of  $29.6 \pm 10.8$  years.

### 1- Mental Illness Stigma & Attitudes Toward Help-Seeking

More than one in four participants exhibited stigmatizing attitudes towards mental illnesses, 31.7% had poor mental health knowledge, and 28.0% held negative attitudes toward seeking help. There were significant differences between countries in help-seeking attitudes knowledge, and attitudes, Sudanese individuals showed the most positive attitudes towards help seeking, while Palestinian individuals showed

the least positive attitudes towards help seeking.

### 2- Causal Attributions and Help-Seeking Recommendations

Participants strongly endorsed psychosocial causes for mental illnesses, such as lack of parental affection and childhood sexual abuse. Although formal sources of help were preferred, informal sources like family members and confidants were also highly sought after. The Algerian, Kuwaiti, Yemeni, Palestinian and Saudi populations, were more inclined to attribute mental illness to religious and supernatural causes such as Jinn possession, as well as to seek help from clerics or traditional healers. The Tunisian population was the least inclined to attribute mental illness to such causes.

### 3- Relationship Between Help-Seeking Attitudes and Study Variables

In bivariate analyses, help-seeking attitudes positively correlated with attitudes and knowledge. The Hierarchical regression model predicting help-seeking attitudes showed that being female, older, having higher knowledge and more positive attitudes toward mental illness, as well as endorsing biomedical and psychosocial causations were associated with more favorable help-seeking attitudes, whereas having a family psychiatric history and endorsing religious/supernatural causations were associated with more negative help-seeking attitudes.

### Conclusion and Recommendations

This study's findings reveal significant differences in mental health help-seeking attitudes based on age, gender, family psychiatric history, causal beliefs, and knowledge and attitudes about mental illness. Differences across Arab countries in public views of mental illnesses, causal attributions, help-seeking behaviors, and preferences for help sources were

also highlighted. Over one in four individuals displayed stigmatizing attitudes and poor mental health knowledge, with psychosocial causes being the most commonly endorsed causal attributions for mental illnesses.

However, the study also identified a substantial endorsement of supernatural causes and a tendency to seek help from traditional religious healers and clerics. This identification varied across countries. This inclination toward culturally related beliefs leads to strong adherence to traditional healing practices, especially in countries like Egypt, Emirates, Saudi Arabia, Tunisia, and among Palestinians. Alarmingly, about half of the participants believed they could overcome mental illness on their own, reflecting a potential lack of trust in mental health services among Arab individuals.

Culture and societies in Arab countries are shaped by the local context, leading to variations in attitudes toward mental illness and seeking psychological help. The reasons for these differences remain unclear and warrant further research. Mental health services in Arab settings have long suffered from a lack of alignment with people's cultural expectations, including inadequate cooperation between frontline responders such as traditional healers and mental health professionals.

To address these challenges, it is time to adapt mental health policies and future public mental health responses in each Arab country, tailoring them to the specific needs of each cultural group. By taking into account the sociodemographic, cultural, and psychosocial factors influencing mental illness stigma and help-seeking attitudes, culturally sensitive mental health interventions can be developed. This will ensure better addressing of the diverse needs of the Arab population and ultimately promote mental health and well-being across the region.

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