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Mental Health Professionals' Stigmas towards People with Mental Health Issues in Saudi Arabia

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Abstract:

Most of the people with mental issues suffer not only from the specific symptoms of their condition but also by the way in which they are perceived in the world. The purpose of this study is to develop a thorough understanding of the prejudices and stereotypes held by mental health professionals about patients receiving mental health care. A qualitative approach was applied in Psychiatric and mental health department at University Hospital, in Riyadh. Data was collected from a focus group comprised of ten health care professionals, working in different mental health professions. Data was analyzed using Nvivi.10 thematic content analysis. Participants completed a demographic data sheet. Content analysis identified major themes. The focus group was asked to provide concrete examples of stigma towards people with mental health issues and to consider how the prejudices arise in mental health care professionals. Results reveal five factors that foster stigmas: Negative feelings; attitude, diagnosis; relationships; and stigma experiences within marital relationships. This research explores the stigmas among mental health professionals of people with mental health problems concerning providing mental health services in Saudi Arabia. Much work still needs to be done to understand the breadth and scope of professional prejudice, discrimination and stigma against people with mental health problems thoroughly.

Keywords: ***Discrimination, mental-health problems, prejudice, professional, stereotypes, stigma.***

Introduction

Stigma has been the subject of a myriad of social science and psychology studies performed by researchers from diverse backgrounds.[1] Between the 1960s and 1980s, investigations into stigma towards people with mental health problems living in Western culture were conducted in Nigeria.[2] This was supplemented stigma in non-Western societies work that compared stigmas of mental health problems in the context of Western culture to non-Western cultures.[3] The work conducted in United State indicate that these stigmas are universal and not limited to one country.[4] Goff man outlined stigma as "a sign of disgrace or discredit, which sets a person apart from others"[5]; however, there is no precise definition of what the term means and no single unequivocal meaning.[1] There is a global consensus that people suffering from mental health problems experience are stigmatized.[6,7] Simply, as a consequence of stigma, a self-perpetuating cycle of social deprivation can arise, contributing to illness chronicity[8] ; individuals with mental health problems are excluded from social life, which can extend to their families being socially isolated too.[9,10] It is worth stressing that people with mental health issues not only have to cope with the symptoms associated with their condition, they also face the negative attributes of stigma.[11] In turn, the negative effects can impinge on the person's life, reinforcing professional and social stigma, which ultimately aggravates their mental health problems; this may be accompanied by feelings of inferiority and inadequacy. [5] Such a result can present a challenge to mental health professionals.[12] It is particularly significant that access to medical care may become restricted because of stigma.[13] Discrimination may be evident by sufferers being unsuccessful in applying for jobs or are excluded from joining other societal situations.[14] In a medical context, the negative stereotypes may lead the health care practitioner to focus on diagnosis, rather than the patient; the potential of recovery may be understated, and patients may not be referred on to relevant specialists for treatments.[15] The mental health professional's experience is likely to influence their relationships with patients with mental health problems.[16] An interesting finding in a UK study conducted in the United State revealed that the incidence of health care problems in other healthcare professionals was greater than that of the general population.[17] In Saudi Arabia, mental health professionals are as equally exposed to the prevailing culture to the public, so are also vulnerable to adopting stigmatizing people with mental health problems. This research will examine the concept of stigma; it focuses on mental healthcare professionals who hold prejudicial or discriminatory views of people with mental health problems. In defining stigma, it is recognized as being a cultural and

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professional phenomenon that exhibits structural and individual elements. In Saudi Arabia, it is becoming increasingly difficult for those working in mental health to ignore the powerful effect of culture, religion and relationships upon identifying, caring and treating patients with mental health problems.[18, 19] From reviewing the literature, it does not appear that there have been any pertinent studies into the stigmas held by mental health workers in Saudi Arabia. Mental health workers who have stigmas towards patients with mental health issues may erect barriers, limiting the patient's access to care. This study aims to address the following research questions:

1. To what extent do mental health workers in Saudi Arabia have stigmas towards patients with mental health issues?
2. How do mental health care services in Saudi Arabia tackle issues of stigmas held by staff towards their patients with mental health problems?

Materials and Methods

Because the qualitative research approach is well suited to investigating people's subjective attitudes and opinions, this study used this method to collect data from a focus group discussion. The focus group methodology is rated to be an effective approach for gaining access to people's views on specific topics as well exploring the bases underpinning the opinions.[20,21,22] Participants attended a one-hour focus group discussion in a room in the Psychiatric Department of the hospital at the University Hospital, Riyadh City. Ten participants (n = 6 female and n = 4 male) were recruited to the focus group; (semi-structured interview); they comprised a psychiatrist, psychologist, social worker, mental health nurse and a faculty member of the mental health nursing team. Approval for the study was sought from the Ethics Commission, which was granted together with permission to video record the meeting. A number of categories relating to stigma experiences were devised and used to organize the data.[23] The data were analyses using NVivo10.1 software.[24]Thematic trends relating to stigma were identified that pervade the mental health care sector.

Results

The analysis interview emerged five themes from the participants; included the views of professional stigma considered of people with mental health problems, and where participants would elaborate on their perceptions. The categories of prominent perceptions were; negative feelings; attitude; diagnosis; relationships; and stigma experiences within marital relationships.

Negative Feelings. The participant conveyed their experience of feeling anger towards someone with mental health problems in their workplace.

"A negative feelings that I feel towards the people with mental health problems."

This acknowledges of the stigma held by the participant also recognize accompaniment of negative feelings experienced in interacting with some patients. One reason for mental healthcare professionals holding stigmas against patients could be due to the experts being considered as an important force within wider society.

Attitude. One more participant also experienced stigma towards those people with mental health problems and cited making an effort to eliminate those feelings in order to establish a better therapeutic relationship with patients. The participant stated:

".. So, I always try to be positive attitude in my attempts as a way of getting rid of negative feelings towards the people with mental health problems, and improve my attitude when dealing with them, we can work on ourselves to reduce our stigma, prejudice and discrimination toward people living with mental health problems, as we can."

It was highlighted in the focus group how important it is to conceal or eliminate stigmas held by participants toward patients, particularly those within mental health care institutions. One participant stated:

".. That they must try to cover their feelings of stigmatization, especially when in the psychiatric clinic and trying to help people with mental health problems complete their psychotherapy plans and be supportive."

Diagnosis. Participants agreed that there was stigma associated with the severity of the diagnosis or the extent of the symptoms presented in the patient.

"...This depends on the level of people with mental health problems, its diagnosis, and the acceptance and endurance of the other party..."

The participant confirmed that the extent of the stigma they held related to the severity of the patient's diagnosis and this influenced their ability to deal with mental health patients.

"...So, the level of stigma I hold towards people with mental health problems depends on their diagnosis..."

Another participant stated;

"...I prefer to deal with psychiatric people rather than borderline people. So, I cannot be tolerant to them, because of stigma I feel it towards those people with mental health problems in general..."

Interestingly, this participant expressed a reluctance to interact with patients who have borderline personality

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problems, preferring to work with patients with more severe diagnoses of mental health problems. Diagnosis plays a role in the stigmas held by participants towards patients with mental health issues. The severity of diagnosis is also important and paradoxically, more severe mental health problems can attract less prejudice than milder conditions.

Relationships. Participants indicated that outside of their professional life, they were reluctant to develop relationships with people with mental health problems. Participant 2 said:

".. I don't like to have any social life interactions with people with personality disorders..."

One participant also commented that this aversion extended to any relationship with anyone with mental health problems such as personality disorders. Another participant also admitted being reluctant to being in a relationship with people with mental health problems, saying:

".. I'm trying to avoid having relationships with people with mental health problems, but try to accept them when in the clinic, and emphasis the importance of providing good mental health care services – that is what I do."

The participant expressed a similar sentiment, wishing to protect their personal life by avoiding people with mental health problems and stated:

"..Yet, sometimes the stigma can happen to me through interactions, So, I think it affects my personal life when I interact deeply with a psychotic patient's condition, or a person with mental health problems"

The stigma towards people with mental health problems and the reluctance to socially associate with them is attributed to the perception that such relationships may damage the participants' lifestyle; consequently, there is an increase in their bias towards those people.

Stigma experiences within marital relationships. Participants noted that being married to someone with a mental health problem is challenging and was difficult to accept. About being married to someone with mental health problems, one participant said:

"...This depends on the level of mental health problems, its diagnosis, and the acceptance and endurance of the other party..."

Other participants were more open to the idea of marrying someone with mental health problems though participant was quite adamant, saying:

"..Regarding my opinion, my answer is no – definitely Especially, for example, regarding my daughter... Would not come to any harm and danger when she married a person with mental health problems."

The participant commented that Saudi Arabian society was not conducive to the idea of marrying someone with mental health issues.

".. Very difficult in our society – but it should be not be done in secret, or hidden."

One participant who was indeed married to someone with mental health problems confirmed that the cultural and community pressures made such a relationship very difficult, citing society as being unwilling to accept people with mental health problems.

Discussion

The focus group reported their views and experiences of stigma towards people with mental health issues, revealing themes of negative feelings, attitude, diagnosis relationships and stigma experiences within marital relationships. The findings are consistent with who verified the experiences of stigma perceived by people with mental health problems to emanate from mental health professionals.[25] Research into the stigmas held by mental health professionals about people with mental health problems is still in its infancy.[23,26] This study reveals that mental health professionals do bear negative feelings towards people with mental health problems and that the strength of feeling can be pronounced. This finding is consistent with the literature that describes the prejudice and negative attitudes held by some mental health professionals about people with mental health problems.[27] Negative feelings were a prominent theme in the focus group discussion. From this focus group session, background information was provided about the stigmas held by participants towards individuals with mental health problems. Participants described the negative feelings they experienced in their interactions with people who have mental health problems. Participants also expressed that these feelings, which included anger, were not limited to people they came across in their professional capacity. Corrigan explains how achievements or failings attributed to individuals are related to individual circumstances, various emotional and behavioural responses.[28] The results of this study support the literature, who found that in the UK stigma could negatively impact the lives and wellbeing of people with mental health problems.[7] In people with mental health problems, the effect of stereotyping and prejudice may provoke feelings of inferiority or inadequacy. Members of the focus group confirmed they experienced difficulties in managing their negative attitudes towards people with mental health issues. Many studies arguing that this conflict adds another of challenge for mental health workers' in maintaining their professionalism. Participants also recognized the importance of "attitude".[5, 29] some of the

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focus group participants acknowledged the need to confront stigmas and where necessary, make an effort to deliver therapeutic and mental health care, unhindered by their stigmas. Wahl and Aroesty argue that there are several reasons that explain how health professionals perceive people with mental health problems.[12] The focus group's discussion highlights the need to eliminate stigmas that mental health professionals hold about people with mental health problems, especially those in their charge. Integral to the role of being a mental health professional, is the need to be tolerant and understanding of people with mental health conditions. This conclusion supports the findings of a study in China, which showed that mental health nurses in China tended to justify negative perceptions towards people with mental health problems.[30] On the other hand, psychiatrists were more optimistic about the prospects of reintegrating people with mental health problems into society. Some people report that they experience a heightened sense of self-worth as a consequence of working with people in crisis.[31,32] They also develop a positive attitude and greater understanding of people with mental health problems, thereby minimizing prejudice towards this group.[33] Around the world, primarily in an effort to eliminate the negative stigma attached to people with mental health problems, there has been a rise in research into mental health issues.[34,35,36] A dominant theme in this study was "diagnosis" the severity of which initiates mixed negative feelings. Although as a theme the participants were in agreement, some participants were more accommodating of more severe diagnoses than mild ones. Some of the findings of this study are consistent with the study found that psychiatrists had preconceived negative opinions of those with mental health problems.[37] Stigmas held by professionals towards those with mental health problems imply that the diagnosis plays a role in stigma held by mental health professionals, depending on the nature of the patient's condition. For example, some workers may experience a fear of individuals with schizophrenia based on their perception that the patient presents increased danger; this fear can manifest as feelings of anger rather than empathy.[38, 39] Based on the position of pity representing a mundane reaction, society is more likely to respond with empathy to individuals with depression than those suffering from schizophrenia. authors claim schizophrenia is correlated with an elevated degree of fear and anger in mental health workers.[40] Results from a study conducted with revealed that Turkish mental health nurses were more reluctant to work with patients who had paranoid schizophrenia rather than patients with anxiety and depression.[41] The findings from my study are broadly aligned with earlier findings. The views expressed by the focus group participants signal that the relationship between mental health workers and their patients is significantly influenced by positive and negative emotions as well as the severity of the diagnosis. The 'relationship' theme that emerged in the focus group meeting emphasized that stigma towards people with mental health problems was not limited to professional encounters, but extended to relationships outside of the work place. Participants commented that they were reluctant to be involved with people with mental health problems and have a low tolerance for people with personalities that indicate mental health issues. This phenomenon is not unique, as in the USA, people who were typically had a fearful disposition were more likely to seek separation from people with mental health problems.[42] Highlight notes that where fear develops, there is a desire for separation from individuals with unpredictable behavior.[43] Because the participants in the current study avoided having social relationships with people with mental health problems, their capacity to understand the negative effect of their dealings and relationships is limited to their professional encounters and in turn, this affects their own personal emotions and wellbeing. This is consistent with the findings of reported that outpatient mental health practitioners in Singapore were more likely to hold stigmas towards individuals with mental health problems, influencing aspects of patient care and creating social distance.[44] All participants expressed their stigma extended to marital relationships. Depending on the severity of the condition, a person with mental health problems may not be able to take on the responsibility of marriage. It was highlighted by some participants that Saudi Arabian society does not readily accept the idea of marriage for people with mental health issues. There is an associated familial stigma, which stretches into relationships with the community and broader society.[45] Similar conclusions were drawn by Morgan; their study investigated the opinions of mental health professionals in UK, who opine that people with mental health problems are incapable of achieving any real objectives.[46] Research Dalky, focused on the social problems individuals in the Middle East with mental health problems face with relation to marriage.[47] As the culture struggles to accept mental health problems, the families of sufferers prefer to ignore his or her issues because acknowledge risks shaming the family and reduces marriage opportunities.

Conclusion and recommendation

The participants recruited for this study were professionals representing various aspects of mental healthcare. The participants expressed stereotypic, prejudicial and discriminatory views on people with mental health problems, indicating they hold stigmas about these people. The effect of the stigmas led to negative emotions and outlook in their interactions. Participants endeavored to isolate their professional from their personal lives, avoiding social relationships with people suffering from mental health conditions. Interestingly, participants also expressed the desire to be tolerant and supportive of patients, as they want

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to provide high-quality care. Yet the over-riding theme of the study was a strikingly negative attitude towards people living with mental health problems. This dichotomy presents a challenge to resolving stigmas.

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