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Research Article

**KNOWLEDGE AND ATTITUDE REGARDING THE  
MANAGEMENT OF MENTAL HEALTH PROBLEMS IN  
PRIMARY HEALTH CARE AMONG FAMILY PHYSICIANS,  
SAUDI ARABIA, EASTERN REGION**

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**Abstract:**

**Introduction:** Mental health problems has become a growing health problem with an estimated high prevalence in the community. However, misdiagnosed and sub-optimally treated patients with mental disorders at the PHC level are common critical issues. **Methodology:** This was a descriptive cross-sectional study conducted at PHCCs in Al-Khobar and Dammam Eastern province of Saudi Arabia. We aimed to indicate the extent of knowledge and attitude Regarding the Management of Mental Health problems among family physicians in PHC by applying a self-administrated questionnaire. **Results:** There were 227 respondents, over half of them (51.5%) were females and with a mean age of (35±8.77). The vast majority of them (93.8%) have received training in mental disorders in post-graduate programs and they reported that the mean score of the average number of suspected patients with mental illness seen by them was (4.71±2.62). **Conclusion:** Primary healthcare physicians in this region of Saudi Arabia have relatively good knowledge about mental health problems, whereas poorer knowledge was assessed regarding the management of these conditions was poor. Their attitudes towards mental conditions were notably negative, particularly concerning the confidence in their skills in diagnosing and treating patients with mental illnesses. The majority of them reported the need for continuing training to support their knowledge and practice towards psychiatric disorders.

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## INTRODUCTION:

Mental health is defined according to the World Health Organization (WHO) as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (1). There is a high prevalence of common mental disorders in the community, studies have shown (2). Depression, generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, and phobias are common mental disorders. It is estimated that around 25-40 % of primary care consultations have a significant psychological element. Due to the high prevalence of common mental disorders, the World Health Organization (WHO) has promoted the integration of mental health into primary care (3). This integration increases the likelihood of positive outcomes for mental health problems, as one of its advantages is ensuring that people have access to the mental health care they need. Another advantage is that the management of mental health problems in primary health care is affordable and cost-effective. Primary care helps in closing the gap between the prevalence of mental disorders and the number of patients receiving treatment and care (4). But despite the promotion of mental health management in primary health care, studies show that primary care physicians may not be capable of identifying many mental health problems in patients (3).

In the USA in 2014, a study among Family doctors aimed to survey their opinions and actual practice of providing mental health care, specifically, prescribing psychotropic medication to outpatients with mild/moderate mental health disorders. A group of family doctors completed a self-administered survey designed to evaluate their comfort level by providing brief office counseling and psychotropic medication to their patients with mental health disorders. The majority of the sample reported that they prescribe psychotropic medication to their patients, despite often assessing their knowledge of psychotropics as absent or marginal. Most of the sample expressed a strong interest in learning more about prescribing psychiatric medications. In addition, the results of the study suggest the need for improved training of family physicians who often prescribe psychiatric medications for outpatients with mental health disorders (5).

Another survey was done in Hong Kong, in 2014, investigated the obstacles for primary care physicians (PCPs) to managing mental health problems. Focus group data collected from PCPs and psychiatrists were used to construct a questionnaire for a quantitative survey. The results showed that their commonly perceived obstacles were lack of timely access to public psychiatrists, lack of feedback from both public and private psychiatrists after referrals; as well as patients' reluctance to be referred. Factor analysis and correlational analysis found that the numbers of mental health patients treated by the PCPs were mainly determined by the PCPs' own clinical constraints, including limited confidence in diagnosis and management, time constraints, and limited job satisfaction (3).

There was a qualitative study done from June to July 2017, with semi-structured interviews led on GPs' activity in Marseille (France). To understand the GP's views, attitudes, and needs in the care of patients with mental disorders. The result shows GPs felt comfortable providing total care for their patients with anxiety and depression (most of the time perceived as 'minor cases'), whereas they felt uncomfortable and poorly integrated with the care of patients with psychotic symptoms (often perceived as 'severe'). They wanted to improve communication with psychiatrists (6).

There was an article that examines general practitioners' management of Mental disorders (MDs) in an effort to acquire more information regarding the means by which GPs deal with MD cases, the impact of such cases on their practices, factors that enable or hinder MD management, and patient management strategies. At least 20% of GP visits were MD-related. GPs were comfortable managing common MDs, but not serious MDs. Practice features and GPs' individual characteristics (continuing medical education; exposure and interest in MDs; traits like empathy) favored MD management. Collaboration with psychologists and psychiatrists was considered key to good MD management (7).

## AIM:

- To reveal the extent of Family physicians' knowledge and attitude Regarding the Management of Mental Health problems in Primary Health care.

## OBJECTIVES:

1. Evaluation of physician's knowledge about the management of mental health problems in PHC.
2. Evaluation of physician's attitude about the management of mental health problems in PHC.
3. Study factors affecting knowledge and attitude of physicians about the management of mental health problems.

## METHODOLOGY:

### Study setting:

List of Primary healthcare centers (PHCC) in Al Khobar and Dammam Eastern Province, Saudi Arabia was prepared arranged in the descending manner sorted by the number of doctors from large to small then randomly every other one was selected (randomized selection).

### Study design:

Descriptive cross-sectional study through a self-administered questionnaire.

### Study Population:

Family physicians working in PHCC of MOH Al-Khobar & Al-Dammam area, Saudi Arabia.

### Inclusion Criteria:

Family medicine program residents.

Family medicine board-certified doctors working in primary health care for the Ministry of Health in Dammam, Khobar, and Qatif.

### Exclusion Criteria:

Family medicine physicians who are not seeing a patient in the clinic. And those on the long vacation. General practitioners.

### Study variables:

#### Dependent variables:

1. A level of knowledge about the management of mental health problems in PHC.
2. A level of an attitude about the management of mental health problems in PHC.
4. Factors affecting Knowledge and attitude of physicians about the management of mental health problems in PHC.

#### Independent variables:

- Socio-demographic including :
  - Age - sex
  - gender - nationality
  - Marital status - Education.
  - A number of years in practice.

#### Data collection:

- After a comprehensive review of relevant topics in the literature, we developed a self-

administered questionnaire in English consisting of three main sections:

- Section A: demographic data of the participant.
- Section B: assessment of the doctors' knowledge.
- Section C: assessment of the doctors' attitude.
- For each section, we scaled the answer (disagree, neutral, and agree).
- The questionnaire was translated into the Arabic language, and back-translated by two linguistic experts. Then to calculate the validity testing for the adopted tool.

### Pilot study:

The questionnaire was piloted by 10 participants to assure the clarity of the tool and item correlation. Modifications were done according to the pilot results. Cronbach's alpha was calculated to ensure the reliability of the questioner.

### Data analysis:

Data entry was done using the Statistical Package for Social Sciences (SPSS) software. Descriptive analysis was conducted to present data in categories and percentages.

### Ethical consideration:

- IRB approval.
- Written informed consent was attached to the questionnaires, to assure that all participants are aware of the benefits and possible harm.
- Anonymity.
- Confidentiality

## RESULTS:

**Table (1)** shows the socio-demographic data of 227 family physicians working in PHCC. More than half of the participants were females (51.5%), with an age range from (25-55 years) and a mean age of  $35 \pm 8.77$ . Approximately two-thirds of them were married (58.6%), and the majority of them were Saudi (89.4%). 44.5% of the healthcare workers were with a bachelor's degree, 40.1% were board and 15.4% had a diploma. Of the total population, 48% were residents at PHCC, 47.6% had less than 5 years of experience, and most of them (93.8%) received training in mental disorders during the post-graduate program. In regards to the region, 44.9% were from Dammam, 30% were from Khobar and 25.1% were from Qatif. The mean number of physicians working in PHCCs was ( $6 \pm 8.79$ ), the mean number of patients seen by a physician daily was ( $22.2 \pm 8.79$ ) and the mean number of suspects of mental illness seen by physician weekly ( $4.71 \pm 2.62$ ).

**Table (2)** assesses the knowledge of participants about the management of mental health problems. Nearly (68.3%) of the physicians believe that treatment of mental health problems is more efficacious in the elderly, 64.8% knew that the maintenance phase of treatment is more concerned with preventing recurrence, 67.4% suggest that anxiolytics and sedatives have the same effect on mental health problems, 62.6% support that if the psychotherapy is not effective within 6 weeks, then the medication should start, 60.4% think that the length of the appropriate trial of antidepressants would help to control the problem and the majority of them (72.2%) knew that the goal of cognitive therapy is to identify and correct negative thinking. Moreover, 21.1% think that psychotherapy is effective as solo treatment and 15.9% think that tricyclic has an equivalent side effect profile to SSRIs.

**Table (3)** evaluates the attitudes of primary healthcare workers towards the management of mental health problems. The results reported low levels of confidence as only (25.6%) were confident about diagnosing mental health problems and with nearly half of them confident to treat these conditions. Approximately three out of four (75.8%) of the respondents preferred to refer their patients with mental health problems to psychiatrists. The vast majority of the respondents (97.8%) think that they need more training to support patients with mental problems and (78%) believe in the role of medication to improve the patients' social family and job functioning. Less than half of the participants (46.3%) think that they can manage to deal with patients with mental problems, 41.4% find their counseling skills regarding mental problems adequate, and only (21.1%) felt confident to diagnose psychoses.

Table (1): Description of Socio-demographic characteristics of the participants (N=227)

Parameter	Frequency	Percent
<b>Gender</b>		
• Male	110	48.5%
• Female	117	51.5%
<b>Age</b>		
• From 25 - 34 Years old	173	76.2%
• From 35 - 44 Years old	42	18.5%
• From 45 - 55 Years old	12	5.3%
Mean±SD (Min-Max)	35±8.77 (25-55)	
<b>Marital status</b>		
• Married	133	58.6%
• Single	93	41.0%
• Widowed	1	0.4%
<b>Nationality</b>		
• Saudi	203	89.4%
• Non-Saudi	24	10.6%
<b>Specialty certification type</b>		
• Diploma	35	15.4%
• Bachelor	101	44.5%
• Board	91	40.1%
<b>Position in PHCC</b>		
• Resident	109	48.0%
• Specialist	89	39.2%
• Consultant	28	12.3%
• Other	1	0.4%
<b>Working sector</b>		
• Dammam	102	44.9%
• Khobar	68	30.0%
• Qatif	57	25.1%
<b>Number of years in practice</b>		

• < 5 years	108	47.6%
• 5-10 years	82	36.1%
• > 10 years	37	16.3%
<b>Where did you receive your training in mental disorders</b>		
• Undergraduate program	11	4.8%
• Postgraduate program	213	93.8%
• Special courses	3	1.3%
<b>The average number of physicians working in your center</b>		
• ≤ 7	179	78.9%
• > 7	48	21.1%
Mean±SD (Min-Max)	6±8.79 (2-120)	
<b>The average number of patients seen daily by you</b>		
• 7-17	56	24.7%
• 18-28	131	57.7%
• 29-40	40	17.6%
Mean±SD (Min-Max)	22.2±6.52 (7-40)	
<b>The average number of suspects of mental illnesses seen weekly by you</b>		
• 0-10	221	97.4%
• 11-20	6	2.6%
Mean±SD (Min-Max)	4.71±2.62 (0-20)	

**Table (2):** Knowledge of participants towards the management of mental health problems in PHC (N=227)

Parameter	Agree	Neural	Disagree
Treatment of mental health problems is more efficacious in elderly	68.3%	25.1%	6.6%
Maintenance phase of treatment focuses on preventing recurrence	64.8%	33.9%	1.3%
Length of appropriate trial of antidepressants would help to control the problem	60.4%	36.1%	3.5%
Anxiolytics and sedatives have equivalent efficacy in major mental health problems	67.4%	25.1%	7.5%
Tricyclic has equivalent side effect profile to SSRIs	15.9%	46.7%	37.4%
If psychotherapy has no effect within 6 weeks, then medication should start	62.6%	28.2%	9.3%
Psychotherapy is appropriate as sole treatment	21.1%	47.6%	31.3%
Goal of cognitive therapy is to identify and correct negative thinking	72.2%	25.1%	2.6%

**Table (3):** Attitude of participants towards the management of mental health problems in PHC (N=227)

Parameter	Agree	Neutral	Disagree
I feel confident to diagnose mental health problems	25.6%	42.3%	32.2%
I feel confident to treat mental health problems	49.8%	17.2%	33.0%
I prefer to refer my patients with mental health problems to a psychiatrist	75.8%	13.2%	11.0%
I feel able to deal with most of the patients who present with a mental health problem	43.6%	33.0%	23.3%
I feel that medication can help in improving social, family and/or job functioning	78.0%	20.3%	1.8%
I feel I have adequate skills to diagnose psychoses	21.1%	38.3%	40.5%
I feel my counselling skills are adequate	41.4%	24.7%	33.9%
I feel that I need of more training to help patients with mental health problems	97.8%	1.8%	0.4%

## DISCUSSION:

As recent reports demonstrated that stigma toward individuals with mental conditions exists to a fundamental extent among Arabs in the Middle East [8], we conducted this descriptive cross-sectional study that aimed to assess the knowledge and attitude towards mental health problems among 217 family physicians in Khobar and Dammam cities in Saudi Arabia.

This study reported relatively good knowledge about the treatment of mental health problems, while poorer knowledge was assessed regarding the side effects of tricyclic and SSRIs, and most of our population did not consider psychotherapy effective as a sole treatment. Furthermore, most of the previous articles suggested that there have been gaps in primary care physician's knowledge about mental healthcare [9, 10].

Al-Artam [11], conducted a similar cross-sectional and supported our results by reporting that only (20.8%) of the family practitioners were aware of the common side effects of tricyclic antidepressants, and over half of them (54.2%) knew the drugs that interact with tricyclics. This lack of knowledge regarding antidepressants implies the need for the family medicine workforce to be trained and educated about treatment and managing of mental issues.

Another cross-sectional study conducted in Qatar to assess attitude, confidence, and knowledge about mental healthcare among primary healthcare physicians, and reported that especially regarding psychiatric management and diagnosing, primary healthcare physicians have low levels of knowledge regarding managing and treatment of mental health illness. Even though, the physicians showed that they have some of the principal knowledge about mental health problems [12].

Concerning the attitude of the population, we find that only one-fourth (25.6%) of the respondents felt confident to diagnose a mental health problem, and about half of them (49.8%) were sure that they can treat mental illnesses. Zada et al. [12], in contrast, reported that nearly the majority of the family medicine physicians were confident about diagnosing and managing mental conditions in the community. Additionally, over two-thirds of the physicians in Qatar were assured that they can detect serious mental conditions such as psychosis and schizophrenia.

Although it is not expected from the family medicine workforce to manage the patients with mental conditions, early diagnosing of mental illnesses would help to refer them to proper psychiatry teams in time and will get appropriate treatment and support. This also would help to improve the long-term prognosis and sequel for these patients [13]. Consequently, about (75.8%) of our population prefer to refer the patients with mental conditions to psychiatrists, and 78% believe the efficacy of medication to improve social, family, and job functioning.

Most importantly, the vast majority of the physicians in this study (97.8%) reported that they need more training to support patients with mental conditions. Into the bargain, only 21.1% find their skills sufficient to diagnose the mental illness and less than half of the physicians (41.4%) find their counseling skills adequate.

It is noteworthy that many research articles suggest that continuing psychiatric training is necessarily required family medicine workforce need or various causes such as; WHO has demonstrated that mental health is one of the main components of PHC, additionally, training undergraduate family medicine physicians is unsatisfying [14]. Owing to the fact that there are expeditiously established scientific advances affecting the psychiatric diagnoses and management accompanied with a relative shortage in psychiatric diagnostic and therapeutic services in PHCC, there is a considerable number of patients with a glance of psychiatric disorder, psychological disturbance, and physical co-morbidities who consult family medicine physicians [15, 16].

Qureshi et al [17], assessed the effectiveness of the training program on 70 primary healthcare physicians and found that the psychiatric training course reinforced the psychiatric knowledge of the physicians in addition to better diagnosing and referring patients with severe psychiatric problems to psychiatric specialists and the secondary level of care.

## CONCLUSION:

This study has reported relatively good knowledge regarding mental health problems among primary healthcare physicians, whereas the level of knowledge about the management of these conditions was poor. Moreover, the physicians' attitudes towards mental conditions were notably negative, particularly concerning the confidence in their skills in diagnosing and treating patients with mental

illnesses. The majority of family medicine physicians reported the need for continuing training to support their knowledge and practice towards psychiatric disorders.

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