



CODEN [USA]: IAJPB

ISSN: 2349-7750

INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES

<http://doi.org/10.5281/zenodo.2545652>
Available online at: <http://www.iajps.com>

Research Article

AWARENESS OF COMMUNITY ABOUT MENTAL DISORDERS IN JAZAN REGION

¹Yasser Mossa Ibrahim Daghriri, ²Fahad Abdoh Taher Majrabi, ³Fahad khayri shoey jarab, ⁴Rawan Mohammed Yahya Sawadi, ⁵Nadia Magbul Hadi Maghfuri, ⁶Alaa Ahmad Hassan Allayl, ⁷Abdullah Hassan A. Gadeer, ⁸Rawan Nasser M. Alhenaki, ⁹Sultan Aiedhah Ali Alnajrani

¹ymimd.2009@hotmail.com, Faculty of medicine - Jazan University, ²fahad.majrabi@gmail.com, Faculty of medicine - Jazan University, ³Fahd20031@hotmail.com, Jazan university - Faculty of medicine, ⁴Dr.rawana@outlook.com, Faculty of medicine - Jazan university, ⁵maghfuri.nadia@gmail.com, Jazan University - Faculty of medicine, ⁶Aalaa0357.41@gmail.com, Faculty of medicine - Jazan university, ⁷Abdulla.Gadeer@hotmail.com, Faculty of medicine - University of Jeddah, ⁸R.alhnaki@gmail.com, Faculty of medicine - Almaarefa University -Riyadh, ⁹Dr.sultan@outlook.Sa, Faculty of medicine - Najran University

Abstract:

Awareness and perception of the public towards mental health problems in Jizan are limited, although the mental health problem is common community illness.

Method: A community-based cross-sectional study was conducted among selected 600 Jazan region residents from May 28 to June 28, 2018.

Result: Out of the total study participants, 300(50%) were found to have a good perception of mental illness. The level of education and easy information access helped to improve community orientation of Jazan., Anxiety, and fear (such as social terror and fear of closed spaces) and obsessive-compulsive disorder, addiction, psychological problems related to the perinatal period are widespread causes of mental illness.

Conclusion: Significant proportions of community in Jazan region have a good perception of mental illness. Availability of information and education are an essential factor in proper knowledge of mental illness.

Corresponding author:

Yasser Mossa Ibrahim Daghriri,

ymimd.2009@hotmail.com,

Faculty of medicine - Jazan University.

QR code



Please cite this article in press Yasser Mossa Ibrahim Daghriri et al., Awareness of Community About Mental Disorders In Jazan Region., Indo Am. J. P. Sci, 2019; 06(01).

INTRODUCTION:

Psychological and behavioral problems are global and widespread without respect to sex, social standard or place. Majority of world populations people worldwide suffer from some mental or brain disorder at any time of their life [1]. Prevalence of mental and behavioral disorders ranges from 12.2% to 48.6% and 12-month incidence between 8.25% and 29.1% [2].

Public perception of mental health is strongly affected by the culture, and there are various myths and beliefs related to mental health [3]. The concept and perceived etiology of mental illness vary between communities. Accordingly, there are different names in different societies for people with mental health problems [4–6].

The community has strong beliefs about mental illness, and these concepts are strongly related to their religion. So their perception and attitude towards mental illness are usually far from the scientific facts, and this affects treatment seeking and adherence negatively [7,8].

People's belief toward mental illness is the main factor of stigmatization and labeling. Mental illness stigma is a strong barrier against positive outcomes across cultures and nations, related to the threat value of psychological symptoms, intolerance for diversity, and inaccurate conceptions of mental disorder [9, 10].

Fortunately, Community's perception is dynamic and changes with awareness and education. Education and social media move the comprehension of the community to the scientific perspectives [11].

Communities have a different explanation regarding mental illness, as regard its causes and management. Behavioral risk factor report shows that in USA 80% of the adult community agree that mental illness treatment is effective, while the rest either disagree or have no idea about that and only 35%–67% of the people decided that people are caring and sympathetic to mental illness patients [12].

Globally, mental health and mental disorders are not as important as physical health. So Mental health must be universally regarded in a new light. Mental health awareness is vital to the overall well-being of individuals, societies, and countries and [13].

Lack of medical consultation and stigmatization of people with mental illness is strongly related to poor community perception. People seek medical advice after consumption of all options in a late stage of the case which affects the prognosis and life quality [14].

Hence, the community's perception assessment is essential to have an appropriate plan of health promotion and to scale up publics' utilization of mental health services.

Some studies show that poor perception towards the mentally ill is mainly deep-rooted with various sociodemographic and other factors [7, 8, 10, 13–18].

In Jazan there are few published studies [19, 20] assessing community perception towards mental illness. Therefore, this study has great value in determining the

understanding of the community towards mental illness.

METHOD AND MATERIALS:***Study Design and Period.***

Community-Based cross-sectional study design was conducted from May 28 to June 28, 2018, at Jazan region.

Sampling Techniques.

Single population proportion with the assumptions of 90% level of confidence, 5% error, and 55% proportion was used to determine the sample size.

Following purposive selection of the central town (Jazan), the two kebeles out of four (the smallest administrative level) are randomly selected.

Data Collection and Measurements.

Data were gathered through a direct interview by trained data collectors — a standardized survey which illustrates and explains mental illness cases such as schizophrenia, major depressive disorder, epilepsy, and generalized anxiety disorder [18] as well as surveys adopted from previous studies to assess sociodemographic characteristics and other associated factors used. Standard items of semantic differential scales were also used to determine community perception about mental illness.

Data Quality Control.

The survey was first developed in English language and translated to the Arabic language with back translation to English for consistency. Arabic version questionnaire was used to collect data as Arabic is the official national language of Jazan.

The questionnaire was pretested one week before the actual data collection time to assure the quality of

data. Training on the whole research process (objectives, data collection, and ethics) was done under the supervision of specialized personnel.

Interviews were conducted in a private setting to be sure of confidentiality. Interviewers monitored at each site; regular meetings held between the data collectors and the principal investigator.

RESULTS:

A total of 600 peoples in Jizan were interviewed, on 600 questionnaires.

Sociodemographic Characteristics of participants.

Among the participants, 200(33.3%) were females, and 400(66.7%) were males. Around 100(16.7%) of participants are university graduates, while the majority 350(58.3%) only finished the secondary school level. About 400(66.7%) of participants did not consider mental and psychological health problems are standard in the community, while minority 200(33.3%) are aware of its popularity. (Table 1).

Table (1) Sociodemographic Characteristics of participants. (N=600)

Characteristics	N(%)
Age (years) Mean \pm SD	37 \pm 12.2
Sex Male Female	400(66.7%) 200(33.3%)
Educational level Secondary University Graduated	350(58.3%) 150(25%) 100(16.7%)
Do you think mental and psychological health problems are common in your community? Yes No	200(33.3%) 66.7%)

Mental Health Information.

1- Information on the types of mental illness and its popularity in community and level of knowledge and awareness of mental disease existence (Table 2). Accordingly, among all study participants, 410(68.3%) consider Anxiety and fear (such as social

terror and fear of closed spaces) and obsessive-compulsive disorder are the most common mental health problems in Jazan. 212(35.3%) of participants have no information about the popularity of Psychological issues related to the perinatal period in the community.

(Table 2) participants information about how common mental health problems in Jizan are, how common are mental health problems in Jizan

Mental health problems	Not existed	Existed, but not common	average	Very common	I don't know
Depression and bipolar	20(3.3%)	70(11.7%)	250(41.7%)	60(10%)	200(33.3%)
Anxiety and fear (such as social terror and fear of closed spaces) and obsessive-compulsive disorder	10(1.6%)	40(6.7%)	100(16.7%)	410(68.3%)	40(6.7%)
Addiction	25(4.2%)	150(25%)	150(25%)	155(25.8%)	120(20%)
Psychological problems related to the perinatal period	10(1.7%)	78(13%)	100(16.7%)	200(33.3%)	212(35.3%)
Psychiatric diseases and schizophrenia	5(0.8%)	95(15.8%)	390(65%)	10(1.7%)	100(16.7%)
Geriatric and memory disorders	7(1.2%)	200(33.3%)	200(33.3%)	73(12.2%)	120(20%)
Pediatric diseases (such as autism and hyperactivity)	14(2.3%)	220(36.7%)	180(30%)	46(7.7%)	140(23.3%)
Disorders of personality	49(8.2%)	200(33.3%)	99(16.5%)	112(18.7%)	140(23.3%)

2-Information on how widespread are the following mental and psychological health problems among young people (aged 18-25) living in your community? (Table3). We found that majority of participants consider depression and bipolar 430(71.7%) and Anxiety and fear (such as social terror and fear of closed spaces) and obsessive-

compulsive disorder 500(83.3%) are prevalent mental health illness among this age group. Psychiatric diseases and schizophrenia considered to be uncommon 200(33.3%). Majority of participants don't know information 345(57.5%) about the popularity of Geriatric and memory disorders in this age group.

(Table 3).In your opinion, how widespread are the following mental and psychological health problems among young people (aged 18-25) living in your community?.

Mental health problems	Not existed	Existed, but not common	average	Very common	I don't know
Depression and bipolar	25(4.2%)	65(10.8%)	70(11.7%)	430(71.7%)	10(1.6%)
Anxiety and fear (such as social terror and fear of closed spaces) and obsessive-compulsive disorder	20(3.3%)	5(0.8%)	70(11.7%)	500(83.3%)	5(0.8%)
Addiction	40(6.7%)	77(12.8%)	300(50%)	13(2.2%)	170(28.3%)
Psychological problems related to the perinatal period	12(2%)	78(13%)	290(48.3%)	20(3.3%)	200(33.3%)
Psychiatric diseases and schizophrenia	45(7.5%)	200(33.3%)	145(24.2%)	90(15%)	120(20%)
Geriatric and memory disorders	55(9.2%)	41(6.8%)	114(19%)	45(7.5%)	345(57.5%)
Pediatric diseases (such as autism and hyperactivity)	50(8.3%)	200(33.3%)	200(33.3%)	50(8.3%)	100(16.7%)
Disorders of personality	45(7.5%)	110(18.3%)	100(16.7%)	300(50%)	45(7.5%)

3- Information about the arrangement of common causes of mental and mental health problems in the community (Table 4). Participants consider addiction 440(73.3%) is the most common cause of mental illness followed by family or community violence 412(68.7%) and social problems 410(68.3%)

than genetic factors 400(66.6%) and social instability (war and interruptions) 400(66.6%) equally. While they consider educational level 470(78.3%) is not a significant cause of mental illness. Participants opinions were not conclusive about the causal relation of family problems.

(Table 4).How you can arrange the following as common causes of mental and mental health problems

Reasons	Important	Not Important	I don't know
Family problems	200(33.3%)	200(33.3%)	200(33.3%)
The level of material income and labor pressures	250(41.7%)	150(25%)	200(33.3%)
Social instability (war and interruptions)	400(66.6%)	100(16.7%)	100(16.7%)
Social problems	410(68.3%)	90(15%)	100(16.7%)
Addiction	440(73.3%)	20(3.3%)	140(23.3%)
Genetic factors	400(66.6%)	70(11.7%)	130(21.7%)
Domestic or community violence	412(68.7%)	78(13%)	110(18.3%)
Organic diseases	120(20%)	120(20%)	360(60%)
Head and brain injuries	220(36.6%)	100(16.7%)	280(46.7%)
Pregnancy and childbirth problems (such as oxygen depletion)	250(41.7%)	120(20%)	230(38.3%)
Life pressures	400(66.6%)	100(16.7%)	100(16.7%)
Educational level	100(16.7%)	470(78.3%)	30(5%)

Perception of the possibility of treatment of mental illness (Table 5).

Around 300(50%) of participant consider that mental health problems such as organic diseases are treatable and need to visit a doctor and 520(86.7%) do not agree that the visit of the mental health doctor is shameful and socially inappropriate. Jizan people are oriented and aware of mental health and mental illness.

(Table 5).iPerception regarding Possibility of Treatment of Mental illness.

Questions and answers	N(%)
Generally, Mental health problems are more common in	
Males	200(33.3%)
Females	240(40%)
Both	60(10%)
I don't know	100(16.7%)
Do you think that mental health problems such as organic diseases are treatable and need to visit a doctor?	
Yes	300(50%)
No	100(16.7%)
I don't know	200(33.3%)
Do you think the visit of the mental health doctor is shameful and socially inappropriate?	
Yes	70(11.6%)
No	520(86.7%)
I don't know	10(1.7%)

DISCUSSION:

Our community-based cross-sectional study clarified community perception towards mental illness. A significant number of participants from jizan community have a good perception of mental illness. A study conducted by Benti et al., and Salve et al., that found 39.4% of the respondents were found to have a poor perception about mental illness. [14,21]. But it is not consistent with Sadik et al., study, where 30% of the respondents were with poor perception of mental illness [13]. Good perception of mental illness is strongly affected by socioeconomic, cultural and educational level also the availability of internet access to information.

In our study, we didn't consider the age of the participants is an essential factor. Also in a study done in Iraq and India, no significant association was found with age concerning the community's view of mental illness [13, 14].

A study conducted in Argon town showed that educational level was one of the sociodemographic characteristics that affect the perception of mental illness. Participants with no formal education are by 90% more likely to have poor comprehension when compared with degree holders. This finding is in agreement with our study [18]. Also, Nigeria study found out that understanding of mental illness correlates with educational level [22]. Non educated participants more likely attribute mental illnesses to

supernatural retribution. Poor knowledge of scientific explanation regarding the causation of mental illness may be the cause of poor recognition of mental health issues.

According to psychologists view perception can be deductive or inductive. If knowledge is deductive, no probabilistic association requires to be added, and no cognition is needed. Data is sufficient and deductive perception is possible. If however understanding is inductive, some premises come from cognition and memory [23].

Benti et al., the study demonstrated that a positive family history of mental illness is associated with the perception of mental illness. People with a negative family history are more likely to have poor understanding than those with a positive family history of mental illness. While in our study, we did not survey the family history(21).

CONCLUSION AND RECOMMENDATION:

Significant proportions of community in Jizan town have a good perception of mental illness. Availability of information and education are an essential factor for a good understanding of mental illness.

It is important to address mental health to improve community-based mental health care awareness. Health professionals have an active role in awareness

creation on mental illness issues, providing relevant knowledge and data.

REFERENCE:

1. WHO, Stigmatization and Human Rights Violations Mental Health a Call for Action by World Health Ministers, 2001.
2. WHO, Scaling Up Care for Mental, Neurological, and Substance Use Problem, Mental Health Gap Action Program, 2008.
3. D. Saint Arnault, "Cultural determinants of help-seeking: a model for research and practice," *Research and Theory for Nursing Practice*, vol. 23, no. 4, pp. 259–278, 2009.
4. S. Teferri and T. Shibire, "Perceived causes of severe mental disturbance and preferred interventions by the Borana seminomadic population in southern Ethiopia: a qualitative study," *BMC Psychiatry*, vol. 12, article 79, 2012.
5. T. Stolovy, Y. M. Levy, A. Doron, and Y. Melamed, "Culturally sensitive mental health care: a study of contemporary psychiatric treatment for ultra-orthodox Jews in Israel," *International Journal of Social Psychiatry*, vol. 59, no. 8, pp. 819–823, 2013.
6. J. S. Payne, "Influence of race and symptom expression on clinicians' depressive disorder identification in African American men," *Journal of the Society for Social Work and Research*, vol. 3, no. 3, pp. 162–177, 2012.
7. J. R. Nsereko, D. Kizza, F. Kigozi et al., "Stakeholder's perceptions of help-seeking behavior among people with mental health problems in Uganda," *International Journal of Mental Health Systems*, vol. 5, article 5, 2011.
8. P. Ventevogel, M. Jordans, R. Reis, and J. De Jong, "Madness or sadness? Local concepts of mental illness in four conflict-affected African communities," *Conflict and Health*, vol. 7, article 3, 2013.
9. A. Stier and S. P. Hinshaw, "Explicit and implicit stigma against individuals with mental illness," *Australian Psychologist*, vol. 42, no. 2, pp. 106–117, 2007.
10. O. Gureje, V. O. Lasebikan, O. Ephraim-Oluwanuga, B. O. Olley, and L. Kola, "Community study of knowledge of and attitude to mental illness in Nigeria," *British Journal of Psychiatry*, vol. 186, pp. 436–441, 2005.
11. B. A. Pescosolido, J. K. Martin, B. G. Link et al., "Americans' views of mental health and illness at century's end: continuity and change," *Public Report on the MacArthur Mental Health Module, General social survey. Indian Consortium for Mental Health Services Research*, 1996.
12. BRFSS, "Attitude toward mental illness," *BRFSS Mental Illness Stigma Report, Behavioral Risk Factor Surveillance System, Atlanta, Ga, USA*, 2012.
13. S. Sadik, M. Bradley, S. Al-Hasoon, and R. Jenkins, "Public perception of mental health in Iraq," *International Journal of Mental Health Systems*, vol. 4, article 26, 2010.
14. H. Salve, K. Goswami, R. Sagar, B. Nongkynrih, and V. Sreenivas, "Perception and attitude towards mental illness in an urban community in South Delhi—a community-based study," *Indian Journal of Psychological Medicine*, vol. 35, no. 2, pp. 154–158, 2013.
15. M. Kabir, Z. Iliyasu, I. S. Abubakar, and M. H. Aliyu, "Perception and beliefs about mental illness among adults in Karfi village, northern Nigeria," *BMC International Health and Human Rights*, vol. 4, article 3, 2004.
16. J. Crabb, R. C. Stewart, D. Kokota, N. Masson, S. Chabunya, and R. Krishnadas, "Attitudes towards mental illness in Malawi: a cross-sectional survey," *BMC Public Health*, vol. 12, no. 1, article 541, 2012.
17. E. Girma, M. Tesfaye, G. Froeschl, A. M. M'oller-Leimkuhler, N. M'uller, and S. Dehning, "Public stigma against people with mental illness in the Gilgel Gibe Field Research Center (GGFRC) in Southwest Ethiopia," *PLoS ONE*, vol. 8, no. 12, Article ID e82116, 2013.
18. Y. S. T. Deribew, "How are mental health problems perceived by a community in Agaro town?" *Ethiopian Journal of Health Development*, vol. 9, no. 2, pp. 153–159, 2005.
19. Sani M, Mahfouz MS, Bani I et al. Prevalence of stress among medical students in Jizan University, Kingdom of Saudi Arabia. *Gulf Medical Journal*. 2012;1(1):19-25.
20. Abdulghani HM, AlKanhil AA, Mahmoud ES, et al. Stress and its effects on medical students: A cross-sectional study at the College of Medicine in Saudi Arabia. *J Health Popul Nutr*. 2011;29:516-22.
21. Benti M, Ebrahim J, Awoke T et al. Community Perception towards Mental Illness among Residents of Gimbi Town, Western Ethiopia. *Psychiatry Journal*. 2016, Article ID 6740346, eight
22. J. E. Cutting, "Perception and information," *Annual Review of Psychology*, pp. 3–30, 1987.
23. B. Bill, "Experience and reason in perception," <http://www2.warwick.ac.uk/fac/soc/philosophy/people/brewer/erp.pdf>.