Mental Illnesses Stigma and its Association with Quality of Life in Adult Saudi Patients
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ABSTRACT
Background: Mental health patients with self-stigma often lose their self-esteem.

The objectives: This study was conducted to determine the prevalence rate of mental illnesses stigma and its 
association with quality of life in adult Saudi patients attending the out patient’s in psychiatry department in 
King Fahad University Hospital at Al Khobar, KSA. Methods: This is a cross sectional study. A 
demographic data including age, sex, marital status and occupation were collected in addition to a 32 
question-based questionnaire with different variables divided into three parts; To gain further perspective on 
discrimination experienced by persons with mental illness. To study rejection experienced by mentally ill 
patients. To evaluate the patients coping ways to stigma which characterized by secrecy, avoidance and 
withdrawal, and advocacy and confrontation. Results: There were 71 (34.6%) women, 112 (54.6%) men. 
About third (36.6%) of respondent agrees that people think of mentally ill patients as untrustworthy. Almost 
half of them (44.9%) disagree that people find them dangerous. The same percent (44.9%) agree that people 
take them less seriously.41.5% of them feel that people avoid them. More than half of them 51.2% disagree 
that someone will not take them as close friend. But 54.6% didn’t feel any avoidance from relative, 
neighbors or colleagues (missing data 11.2%). 67.8% also, didn’t feel any avoidance from family members. 
More than half (55.1 %) tries to hide the fact that they are mentally ill and 72.2% will not avoid getting 
marrried or starting a family because of their mental illness history. Conclusion: Our study indicated that 
most of mental health patients in our community have experienced moderate to severe level of stigma. 
Future researches are needed to study the prevalence of stigma and rejection in mental health patients allow 
Saudi Arabia. Community awareness campaigns to raise the knowledge that mental illness is a disease like 
other body diseases and there is no shame of being mental health patient.

Keywords: Mental Illnesses; Stigma and rejection; Quality of Life; Saudi Arabia

INTRODUCTION
Self-stigma has a fatal influence on mental health patient’s lives [1]. When we talk about 
stigma, Goffman conception about stigma is usually used. In 1963 Goffman defined stigma in 
his book as “the process by which the reaction of others spoils normal identity” [2,3]. Individual 
stigmatization leads to the feeling of shame and the belief that the individual does not belong to the 
public1. Although stigma has been studied by many researchers since tens of years, it is still one 
of the common health problems facing the community [2]. People who are mentally ill are 
among the most stigmatized groups in society. Goffman thought that mental illness is the most 
discountenance between all stigmas [4]. The benefit beyond understanding what is stigma is to reduce 
the negative impact of it. One of the important

negative impacts is disturbance of the patient from seeking care and treatment commitment [5]. 

Mental health patients with self-stigma often lose their self-esteem [6]. Satisfaction with work, 
health and finance were associated with self-stigma and self-esteem [7]. Multiple researches 
were published to study the discrimination and stigmatization that associated with mental illness. 
Mental illness are mostly linked to the devil in our community [8].

In Saudi Arabia, up to our knowledge, there is a defect in tackling the stigma of mental illness. 

The study question: Does Saudi mental health patients have stigma? 

The objectives of this study were to determine the prevalence rate of mental illnesses stigma and 
its association with quality of life in adult Saudi patients attending the out patient’s psychiatry
department in King Fahad University Hospital at Al Khoobar, KSA.

MATERIAL AND METHODS
This is a cross sectional study. Data was collected during the period from 1 October to 31 December, 2016, from 205 patients by non-probability sampling technique, who were able to give an informed consent by a self-reported questionnaire distributed to the patients who were waiting for their turn in the out-patient’s psychiatry department.

A demographic data including age, sex, marital status and occupation were collected in addition to a 32 question based questionnaire with different variables divided into three parts:

- To gain further perspective on discrimination experienced by persons with mental illness.
- To study rejection experienced by mentally ill patients.
- To evaluate the patients coping ways to stigma which characterized by secrecy, avoidance and withdrawal, and advocacy and confrontation.

The questionnaire was taken, translated into Arabic language and modified from previous study [9]. There were some items that are inapplicable for Saudi community in the questionnaire and we have modified these items or removed them completely, also there had been some modifications for the sentences and questions to make them clear for the participants.

In the section of stigma perception participants have rated it by using a four-point response scale for each item, which include strongly disagree, disagree, slightly agree and strongly agree. Regarding the section of assessing rejection experiences and coping strategies the participants were asked whether they had ever experienced any of the following forms of rejection or utilized any of the coping strategy described. Participants answered these two sections with either yes, no and don’t know response if they have not experienced this item. The participants were not selected depending on the type of psychiatric disorder or disease. The questionnaire was not directed to a specific age, sex or socioeconomic state. We took into consideration that the participants were stable and not severely ill.

Two outcome variables were investigated: Sex and marital status. These two outcome variables were chosen because they assess possible consequences of labeling stigma in Saudi Arabia taking in consideration cultural and religious view.

Ethical considerations

Permission to conduct the study was obtained from the Institutional Review Board in University of Imam Abdulrahman Bin Faisal, Dammam, Saudi Arabia. Data collector gave a brief written introduction to the participants by explaining the aims and benefits of the study. Anonymity and confidentiality of data were maintained throughout the study. There was no conflict of interest.

Statistical Analysis
We utilized the Statistical Package for Social Sciences (SPSS Inc., Chicago, IL, USA) version 16 to analyze the collected data. Reliability Statistics was done by Cronbach’s Alpha. A crosstab was done. Methods used in this comparison include Pearson Chi-Square, Likelihood Ratio, Fisher's Exact Test, Linear-by-Linear Association which are all parts of chi-square tests. Missing data were shown in every comparison schedule.

RESULTS
205 questionnaires were collected between November and December of 2016. There were 71 (34.6%) women, 112 (54.6%) men and 22 (10.7%) missing data. Nearly half of the participants 96 (46.8%) were married, 78 (38%) single, 12 (5.9%) divorced, 4 (2%) widowed and 15 (7.3%) missing data. Regarding occupation 13 participants were employed, 2 business men, 3 students, 1 retired, 3 house wives, 6 unemployed and 9 is missing data. More than third (36.6%) of respondents agree that people think of mentally ill patients as untrustworthy. Almost half of them (44.9%) disagree that people find them dangerous. The same percent (44.9%) agree that people take them less seriously. 41.5% of them feel that people avoid them. More than Half of them 51.2% disagree that someone will not take them as close friend. Missing data 10.7%. (Table 1)

More than half of the respondent (54.6%) didn’t feel any avoidance from relatives, neighbors or colleagues (missing data 11.2%). Also, 67.8% didn’t feel any avoidance from family members (missing data 12.7%). 54.6% of the respondents said that people didn’t use the fact they are a mental health patient to hurt their feelings (missing data 11.2%). 56.6% suffers from discrimination because of their mental health when applying for a job (missing data 10.7%). 51.2% of them didn’t go through break up of marriage because of their mental health (missing data 11.7%). 63.9 of them weren’t asked to resign because of their mental health situation. A high percentage of them (71.7%) weren’t neglected by a health care professional because of their history of mental illness. Missing data10.7% (Table 2).
More than half of the respondents (55.1%) try to hide the fact that they are mentally ill (missing data 10.7%). 67.8% of them think that it’s a good idea to keep their mental illness a secret (missing data 11.2%). Most of them (62%) don’t tell anyone about their mental illness unless they know them well (missing data 10.7%). 56.6% tries to prevent their colleagues and employers from knowing about their mental illness (missing data 10.7%). Most of them (72.2%) don’t try to hide their mental illness history from health care professionals (missing data 10.7%). 72.2% will not avoid getting married or starting a family because of their mental illness history (missing data 11.2%). 50.7% prefer friends without a mental illness (missing data 11.2). 62.9% of them were not affected by psychiatric treatment and continued to make new friends and 70.7% continued to go out with current friends (missing data 10.7%). 69.3% will correct a friend if they have negative misconception about mentally ill patients and 59% of them defend the rights of mentally ill patients on social media. Missing data 10.7%. (Table 3)

Table (1): Perceptions of stigmatization among the studied cases, Dammam, KSA (n=205)

<table>
<thead>
<tr>
<th>Items</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most people believe that someone with a previous mental illness is untrustworthy</td>
<td>49 (23.9)</td>
<td>75 (36.6)</td>
<td>59 (28.8)</td>
<td>22 (10.7)</td>
<td>0</td>
</tr>
<tr>
<td>Most people would not marry someone who has a history of mental illness</td>
<td>47 (22.9)</td>
<td>76 (37.1)</td>
<td>67 (32.7)</td>
<td>14 (6.8)</td>
<td>1 (0.5)</td>
</tr>
<tr>
<td>Most people believe that someone with a previous mental illness is dangerous</td>
<td>34 (16.6)</td>
<td>57 (27.8)</td>
<td>92 (44.9)</td>
<td>22 (10.7)</td>
<td>0</td>
</tr>
<tr>
<td>Most people would take the opinion of someone with a previous mental illness less seriously</td>
<td>38 (18.5)</td>
<td>92 (44.9)</td>
<td>62 (30.2)</td>
<td>13 (6.3)</td>
<td>0</td>
</tr>
<tr>
<td>Most people look down on people who have a history of mental illness</td>
<td>38 (18.5)</td>
<td>79 (38.5)</td>
<td>67 (32.7)</td>
<td>21 (10.2)</td>
<td>0</td>
</tr>
<tr>
<td>Most people think that someone with a previous mental illness is less intelligent than the average person</td>
<td>29 (14.1)</td>
<td>68 (33.2)</td>
<td>76 (37.1)</td>
<td>32 (15.6)</td>
<td>0</td>
</tr>
<tr>
<td>Most employers would not hire a person who has a history of mental illness</td>
<td>40 (19.5)</td>
<td>67 (32.7)</td>
<td>75 (36.6)</td>
<td>22 (10.7)</td>
<td>1 (0.5)</td>
</tr>
<tr>
<td>Most people avoid someone who has a history of mental illness</td>
<td>28 (13.7)</td>
<td>85 (41.5)</td>
<td>69 (33.7)</td>
<td>23 (11.2)</td>
<td>0</td>
</tr>
<tr>
<td>Most people would not accept someone with previous mental illness as a close friend</td>
<td>20 (9.8)</td>
<td>48 (23.4)</td>
<td>105 (52.2)</td>
<td>32 (15.6)</td>
<td>0</td>
</tr>
<tr>
<td>Most people believe that receiving psychiatric treatment is a sign of personal failure</td>
<td>32 (15.6)</td>
<td>49 (23.9)</td>
<td>84 (41)</td>
<td>40 (19.5)</td>
<td>0</td>
</tr>
</tbody>
</table>
Table (2): Experiences of rejection among the studied cases, Dammam, KSA (n=205)

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes n (%)</th>
<th>No n (%)</th>
<th>Don’t know n (%)</th>
<th>Missing n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have some of your friends ever treated you differently after they knew you had a history of mental illness?</td>
<td>67 (32.7)</td>
<td>85 (41.5)</td>
<td>52 (25.4)</td>
<td>1 (0.5)</td>
</tr>
<tr>
<td>Have some of your neighbor’s, colleagues and relatives ever avoided you because they knew you had a history of mental illness?</td>
<td>47 (22.9)</td>
<td>112 (54.6)</td>
<td>45 (22)</td>
<td>1 (0.5)</td>
</tr>
<tr>
<td>Have your family members ever avoided you because of your previous mental illness?</td>
<td>34 (16.6)</td>
<td>139 (67.8)</td>
<td>28 (13.7)</td>
<td>3 (1.5)</td>
</tr>
<tr>
<td>Have people used the fact that you have a history of mental illness to hurt your feelings?</td>
<td>56 (27.3)</td>
<td>112 (54.6)</td>
<td>36 (17.6)</td>
<td>1 (0.5)</td>
</tr>
<tr>
<td>Have you ever seen or read anything in the mass media (e.g. magazines, newspapers, television and radio broadcasting and advertisements) about persons with mental illness that you found hurtful or offensive?</td>
<td>76 (37.1)</td>
<td>93 (45.4)</td>
<td>36 (17.6)</td>
<td>0</td>
</tr>
<tr>
<td>Have you ever been turned down for a job for which you were qualified when your history of mental illness was revealed?</td>
<td>36 (17.6)</td>
<td>116 (56.6)</td>
<td>53 (25.9)</td>
<td>0</td>
</tr>
<tr>
<td>Have you ever experienced the break-up of marriage relationship because of your history of mental illness?</td>
<td>41 (20)</td>
<td>105 (51.2)</td>
<td>57 (27.8)</td>
<td>2 (1)</td>
</tr>
<tr>
<td>Have you ever been asked to resign by your employer because of your history of mental illness?</td>
<td>26 (12.7)</td>
<td>131 (63.9)</td>
<td>48 (23.4)</td>
<td>0</td>
</tr>
<tr>
<td>Have you ever been neglected by a health care professional because of your history of mental illness?</td>
<td>28 (13.7)</td>
<td>147 (71.7)</td>
<td>30 (14.6)</td>
<td>0</td>
</tr>
</tbody>
</table>

1. Participants were advised to answer ‘don’t know’ for experiences they had not encountered.

Table (3): Coping strategies among the studied cases, Dammam, KSA (n=205)

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes n (%)</th>
<th>No n (%)</th>
<th>Don’t know n (%)</th>
<th>Missing n (%)</th>
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</table>

1. Participants were advised to answer ‘don’t know’ for experiences they had not encountered.
DISCUSSION
Our study indicates that most of mental health patients in our community have experienced moderate to severe level of stigma. About 15% of respondents state that they were neglected by a health care professional because of their history of mental illness. A survey conducted in Hong Kong among mental health patients showed little less experience of neglecting by health care professionals (11%) \[10\]. Experience of rejection in mental health patients in our study was not low. Respondents to the survey answered as "Yes" to being treated differently by friends, family avoidance and avoidance by neighbors, colleagues and relatives were 31.3%, 15.1%, and 22% respectively.

This is in comparison with the Hong Kong study were answered as "Yes" to the same questions were 28%, 7.8% and 18.1% respectively \[10\]. The link between mental illness and evil in our community might led to higher experience of rejection \[11\].

Our study was limited to one hospital at one city in Saudi Arabia. 10.7% of the data were missing due to under filling by the respondents which shrunk the size of the study. The usage of self-reported questionnaire helped in avoiding the risk of limitation of disclosure during live interview.

The results of the study agree with other studies that mental health patients are facing problem of stigma and rejection \[9,10,11,12\].

CONCLUSION AND RECOMMENDATIONS
Our study indicates that most of mental health patients in our community have experienced moderate to severe level of stigma. Future researches are needed to study the prevalence of stigma and rejection in mental health patients all over Saudi Arabia. Community awareness campaigns to raise the knowledge that mental illness is a disease like other body diseases and there is no shame of being mental health patient.

ACKNOWLEDGMENT
The success and outcome of this work required support and assistance of many people and we are fortunate to have this all along the completion of the work. Our thanks go to Zaynab Ali Alqallaf and Saleh Abdulmonem S Alkalaf (Intern, Imam Abdulrahman bin Faisal University), Afaf Shuaib Badi Albaqawi (Medical Intern, Northern Border University) and Islam Ahmed Mohamed Azab for their help in different steps of the research.

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