

PUBLIC ATTITUDE AND PERCEPTION OF MENTAL ILLNESS IN SAUDI ARABIA: CROSS SECTIONAL STUDY

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Abstract

Background: A persistent negative attitude and social rejection of people with mental illness has prevailed throughout history in every social and religious culture. Of all the health problems, mental illnesses are poorly understood by the general public.

Objective: To assess the level of knowledge of regarding mental illness and to find out attitude towards mental illness and mentally ill people.

Methods: A descriptive cross-sectional study was used during the period from September 2017 to January 2018 on random sample compromised of 257 Saudi population living in different regions in Saudi Arabia. A structured questionnaire was designed for data collection. Consent obtained from each participant during data collection. Microsoft Excel program used for data analysis.

Results: Totally 257 Saudi included in the study , of them 85% were females, 81% from northern border region. The respondents age ranged from 18 to 64 years with mean 26 (SD: 8.2). Majority of respondents (85%) were with bachelor's degree , 44% with monthly income ranged from 5000-10000 S.R and 16% have mentally ill patients in their families. Evil eye was considered by (51%) of the respondents as a major cause of mental illness, followed by stress and social problems (42%). More than half (56%) of the respondents held the view that people with mental illness can be identified by their physical appearance. (45%) of the participants believed that mentally ill persons are not capable of making true friendships. (45%) of the respondents agreed that mentally ill persons can work. (72%) of the participants agreed with the statement that anyone can have a mental illness. Nearly (51%) of the respondents agreed that mentally ill person should not be allowed to make decisions, even those concerning routine events. About (64%) of the respondents agreed that they could maintain a friendship with mentally ill person. Out of the respondents only (7%) agreed that they could marry someone with a mental illness. Nearly two thirds (60%) of the respondents held the idea that they would not want people to know if they are diagnosed with mental illness. However, (18%) of the respondents stated that they will be ashamed if one of their family members diagnosed with mental illness. Majority (80%) of respondents feel that community ignores or tease and make fun of mentally ill patients .

Conclusion: Based on the results of the present study it can be concluded that there are misconceptions about the causes of mental illnesses , lack of awareness about bio-medical concepts of mental illness and negative beliefs and attitudes about mentally ill persons and mental illness were prevalent among participants.

Key words: Mental, Illness, Patients, awareness, attitudes.

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INTRODUCTION

At a time when most communities seek to develop and achieve a level of excellence in all types of service-provision, mental health services remain subject to public rejection or misunderstanding. Lack of awareness has rendered one segment of the community unable to perceive the state of abnormality that they experience and the importance of psychotherapy in overcoming it.

Mental disorders are widely recognized as a major contributor (14%) to the global burden of disease worldwide.¹ Nearly 25% of individuals, in both developed and developing countries develop one or more mental or behavioural disorders at some stage in their life.² By the year 2020 neuropsychiatric conditions will account for 15% of disabilities worldwide³.

Mentally ill people are labelled as “different” from other people and are viewed negatively by others. Many studies have demonstrated that persons labelled as mentally ill are perceived with more negative attributes and are more likely to be rejected regardless of their behaviour.⁴ Stigma remains a powerful negative attribute in all social relations. It is considered an amalgamation of 3 related problems: a lack of knowledge (ignorance), negative attitudes (prejudice), and exclusion or avoidance behaviors (discrimination). Scheff reported that people who are labelled as mentally ill associate themselves with society’s negative conceptions of mental illness and that society’s negative reactions contribute to the incidence of mental disorder. The social rejection resulting from this may handicap mentally ill people even further.⁵

A persistent negative attitude and social rejection of people with mental illness has prevailed throughout history in every social and religious culture. Of all the health problems, mental illnesses are poorly understood by the general public. Such poor knowledge and negative attitude towards mental illness threatens the effectiveness of patient care and rehabilitation. This poor and inappropriate view about mental illness and negative attitude towards the mentally ill can inhibit the decision to seek help and provide proper holistic care.

Better knowledge is often reported to result in improved attitudes towards people with mental illness and a belief that mental illnesses are treatable can encourage early treatment seeking and promote better outcomes.⁶

General public's view about mental illness remains largely unfavorable. The topic of mental illness itself evokes a feeling of fear, embarrassment or even disgust fostering negative attitudes towards mental illness and mentally ill people.⁷ The reluctance to seek professional psychiatric help means late presentations are common. The extent to which patients benefit from improved mental health services is influenced not only by the quality and availability of services but also by their knowledge and belief systems.⁸

Beliefs about causation and experience may influence patients' beliefs about effective treatment and may also determine the type of treatment that is sought. Recognition of mental illness is another important determinant of treatment-seeking behavior.

The mentally ill are often blamed for bringing on their own illness, whereas others may see mentally ill people as victims of unfortunate fate, religious and moral transgression, or even witchcraft. This may lead to denial by both sufferers and their families, with subsequent delays in seeking professional treatment. The belief that a disturbed mental state is a result of an "evil eye" or black magic leads the majority of patients to seek traditional healers first and only present to a psychiatrist once the disturbance is severe or unmanageable at home, often quite late in the illness. This clearly reflects negatively on the prognosis and response to treatment. The belief that mental illness is incurable can also be damaging, preventing patients from being referred for appropriate mental health care. These factors highlight the importance of conducting research to assess public knowledge and attitudes toward mental illness. Only few studies reported regarding knowledge and attitudes of the public toward people with mental illness from Saudi Arabia. Hence, the aim of the present study was to assess the knowledge about mental illness and attitude of the public toward people with mental illness.

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge of regarding mental illness.
2. To find out attitude towards mental illness and mentally ill people.

LITERATURE REVIEW

In Saudi Arabia, as in the rest of the world these diseases are prevalent. In the central part of the country one 3rd of primary care patients were found to suffer from mental illnesses⁹. In Saudi Arabia there is an overall improvement in delivery of mental health services to primary care clients presenting with psychiatric conditions who, like any other health consumers, should lead a better quality of life¹⁰. On the other hand; decentralization of care for most psychiatric diseases makes caregivers is the front line of mental health services.

A study done in Saudi Arabia by Al Nashiri & Al Sayes ¹¹ seeks to understand societal tendencies towards psychological illness and reasons for refraining from psychotherapy when it is needed. Results showed the following: Most of the participants in the study (52.5%) attributed the reason for a symptomatic person not to seek psychological treatment to negative perceptions in the community about psychological illness, and (31.7%) attributed this reason to the patient and his or her family not being convinced of psychiatry and its efficacy. More than fifteen percent (15.8%) indicated that many members of society resort to clerics in the belief that psychological illness is demonic possession. This leads to delays in the request for psychiatric treatment, and a proper return to health. Regarding social perceptions of psychiatric patients, 57.4% see that they are a danger to society and must be quarantined, while (34.7%) see them as patients like any other patients, only requiring a longer period of treatment

Lauber *et al* ¹² defined mental health literacy as knowledge and beliefs about mental disorders coupled with the ability to access understand and use information to recognize and manage disorders. Negative attitudes on mental illness were found to be associated with misconceptions and lack of knowledge¹³. Some people perceived the mental illness is due to genetic reason just because one or more other family members are also mentally ill¹⁴.

In Nigeria no difference in socio-demographics factors between people holding biopsychosocial views of causation of mental illness with others holding exclusively religious-magical ones¹⁵. In both Japan and Australia, the belief in social causes and risk factors for mental disorder were found to be predominant ¹⁶. In addition, the strong belief on personal weakness as causation, in Japan, is of particular concern.

Study findings in Malaysia revealed that almost all of the caregivers' knowledge about mental illness obtained from physicians and nurses. They also feel that this knowledge helped them in taking care of their mentally ill relatives especially in adherence to treatment¹⁴.

A community based survey among Iraqi population showed that their attitudes towards mental illness were negative with regard to understanding of the nature of these diseases and its implications ¹⁷.

Caregiver's satisfaction with mental health services is felt when there is mutual collaboration with the healthcare professionals providing care for their ill relatives. Furthermore, family participation in the treatment can lead to enhanced social functioning, less conflict occasions and decreased episodes of hospital admission ¹⁸. The lack of mental health literacy can limit the optimal use of treatment services. Regarding public perception on the benefits of treatment of mental illness; some of them have positive beliefs on medical treatment, while others strongly preferred lifestyle interventions ¹⁶.

MATERIALS AND METHODS

3.1. Research design and setting

A descriptive cross-sectional study was used during the period from September 2017 to January 2018 on random sample of Saudi population living in different regions in Saudi Arabia.

3.2. Study Subjects

A sample comprised of 257 Saudi males and females was used.

Inclusion criteria

- Age is \geq 18 years
- Saudi in nationality
- Willing to respond to the study questionnaire

Exclusion criteria

- People who are not willing to participate in the study
- Those who are younger than 18 years old
- Those who are not Saudi.

3.3. Data collection

A structured paper and online questionnaire was designed for data collection by the researcher based up on review of literature and translated to Arabic (attached in appendix).

3.4. Tool of data collection

The questionnaire was divided into several parts, as follows:

Part I comprised a set of questions measuring demographic information of the sample.

Part II measured people's knowledge about mental illness.

Part III measured people's perception on patients with mental illness.

Part IV measured attitudes towards mentally ill patient.

3.5. Method of Data collection

The Saudi males and females were invited to answer the structured questionnaire by filling information related to demographic data, knowledge , perception and attitude regarding mental illness after explanation of the purpose of the study.

3.6. Ethical considerations

Consent obtained from each participant during data collection. The confidentiality of the data obtained was assured.

3.7. Statistical analysis

After all questionnaires being filled by participants, all data had been entered into computer for data analysis by utilizing Microsoft Excel program.

Descriptive statistical analysis was used to determine frequency distribution for variables with representation of results by figures.

RESULTS

4.1. Demographic characteristic of participants

Totally 272 agreed to fill the questionnaire but after exclusion for those who are non Saudi (8) and those who were younger than 18 years (7) , the total number included in the study was 257, Of them 85% were females, 81% from northern border region. (The demographic characteristic of respondents presented in table 1). The respondents age ranged from 18 to 64 years with mean 26 (SD: 8.2). Majority of respondents (85%) were with bachelor's degree and 14% with secondary school education. 63% were not married, All the participant's nationality were Saudi , among them there were 44% with monthly income ranged from 5000-10000 S.R and 16% have mentally ill patients in their families.

4.2. Knowledge about mental health

93% of respondents reported that they know what is meant by mental health.(Details about mental health is represented in Table 2).

4.3. Perceived causes of mental illness as reported by respondents

Evil eye was considered by (51%) of the respondents as a major cause of mental illness, followed by stress and social problems (42%). 40% of respondents reported brain diseases, 36% reported misuse of drugs, 16% reported magic as the cause for mental illness. 23% of respondents agree that mental illness can be transmitted from person to person or from mother to child. (Table. 2 showed perceived causes of mental illness as reported by respondents).

4.4. Respondents' perception on patients with mental illness

More than half (56%) of the respondents held the view that people with mental illness can be identified by their physical appearance. (45%) of the participants believed that mentally ill persons are not capable of making true friendships. (45%) of the respondents agreed that mentally ill persons can work. (72%) of the participants agreed with the statement that anyone can have a mental illness. Table (3) show respondents' perception on patients with mental illness.

4.5. Attitudes towards mentally ill patient

Nearly (51%) of the respondents agreed that mentally ill person should not be allowed to make decisions, even those concerning routine events. About (64%) of the respondents agreed that they could maintain a friendship with mentally ill person. Out of the respondents only (7%) agreed that they could marry someone with a mental illness. Nearly two thirds (60%) of the respondents held the idea that they would not want people to know if

they are diagnosed with mental illness. However, (18%) of the respondents stated that they will be ashamed if one of their family members diagnosed with mental illness. Table (4) showed respondents' attitudes towards mentally ill patient.

4.6. Attitudes towards treatment of mentally ill patients and their opinions regarding ignorance of mentally ill patients

(75%) of participants reported that person with mental illness can resort to mental health hospitals. Majority (80%) of respondents feel that community ignores or tease and make fun of mentally ill patients (Table. 5)

Table (1). Demographic characteristic of study group (N=257)

Characteristic		Number	Percentage
Gender	Female	219	85%
	Male	38	15%
Residence area	Northern region	210	81%
	Central region	15	6%
	Southern region	8	3%
	Eastern region	10	4%
	Western region	10	4%
Education	Bachelor's degree	219	85%
	Secondary	35	14%
	Intermediate	3	1%
Social status	Married	95	37%

	Not married	162	63%
Nationality	Saudi	175	100%
Monthly income	< 5000 S.R	85	33%
	5000-10000 S.R	114	44%
	>10000 S.R	58	23%
Do you have mentally ill patient in your family	Yes	40	16%
	No	217	84%

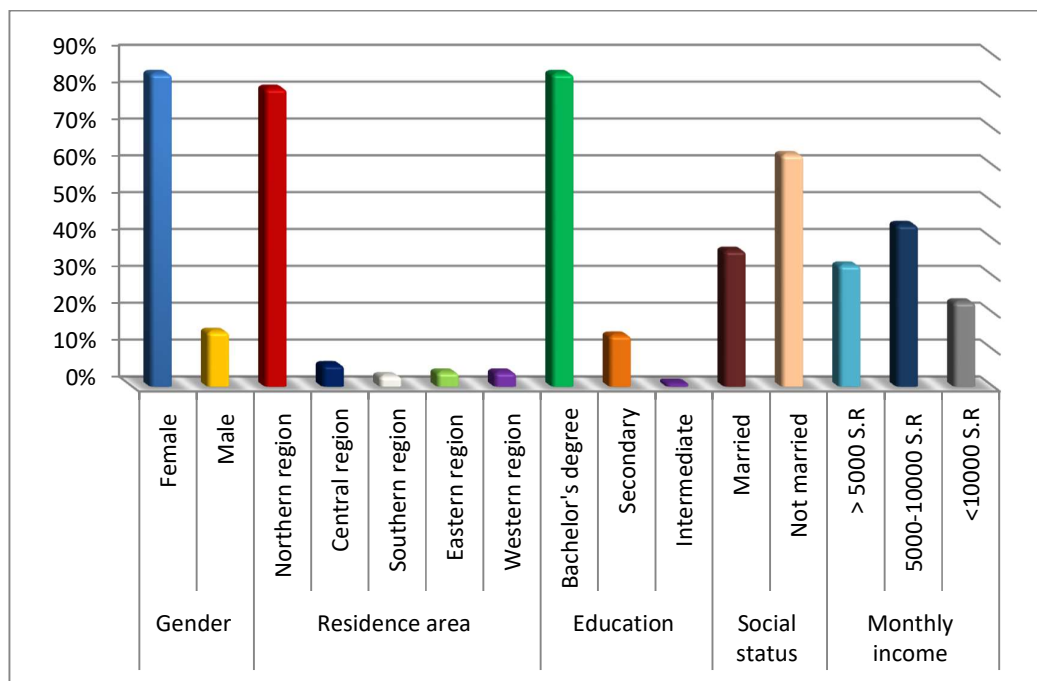


Figure 1. Demographic characteristic of study group.

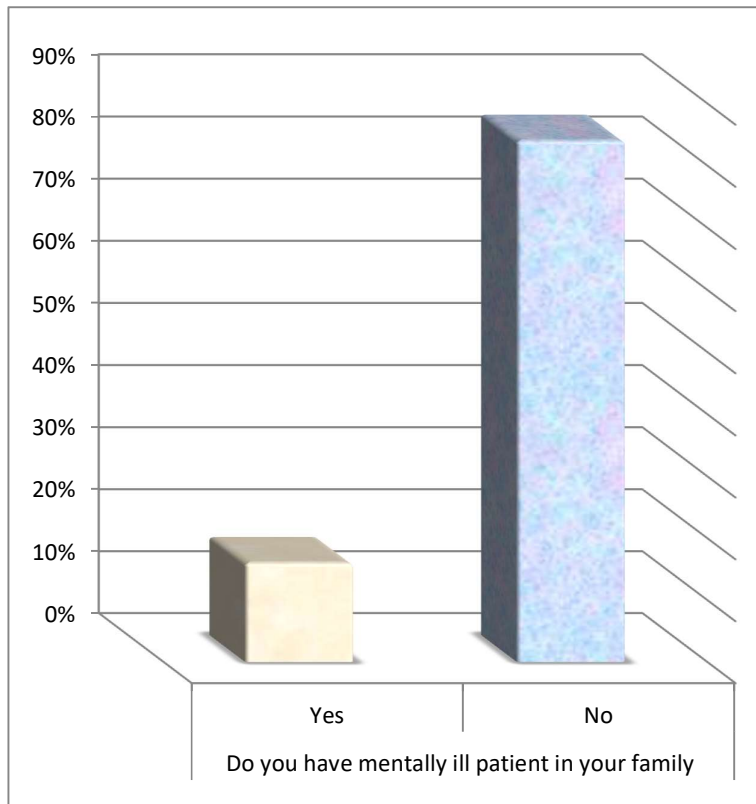


Figure 2. Represent small percentage of respondents have mentally ill patient in their families.

Table (2). knowledge regarding mental illness among respondents (N=257)

Item		Number	Percentage
Do you know what is meant by mental health	Yes	240	93%
	No	17	7%
In your opinion, what is the causes of mental illness?	Evil eye	132	51%
	Personal weakness	80	31%
	Misuse of drugs	92	36%
	Stress and social problems	108	42%
	Brain disease	102	40%
	Magic	45	16%
	Fever	9	4%
	Head trauma	4	2%
	Hereditary	7	3%
Mental illness can be transmitted from person to person or from mother to child	Strongly agree	9	4%
	Agree	49	19%
	Neutral	60	23%
	Disagree	88	34%
	Strongly disagree	51	20%

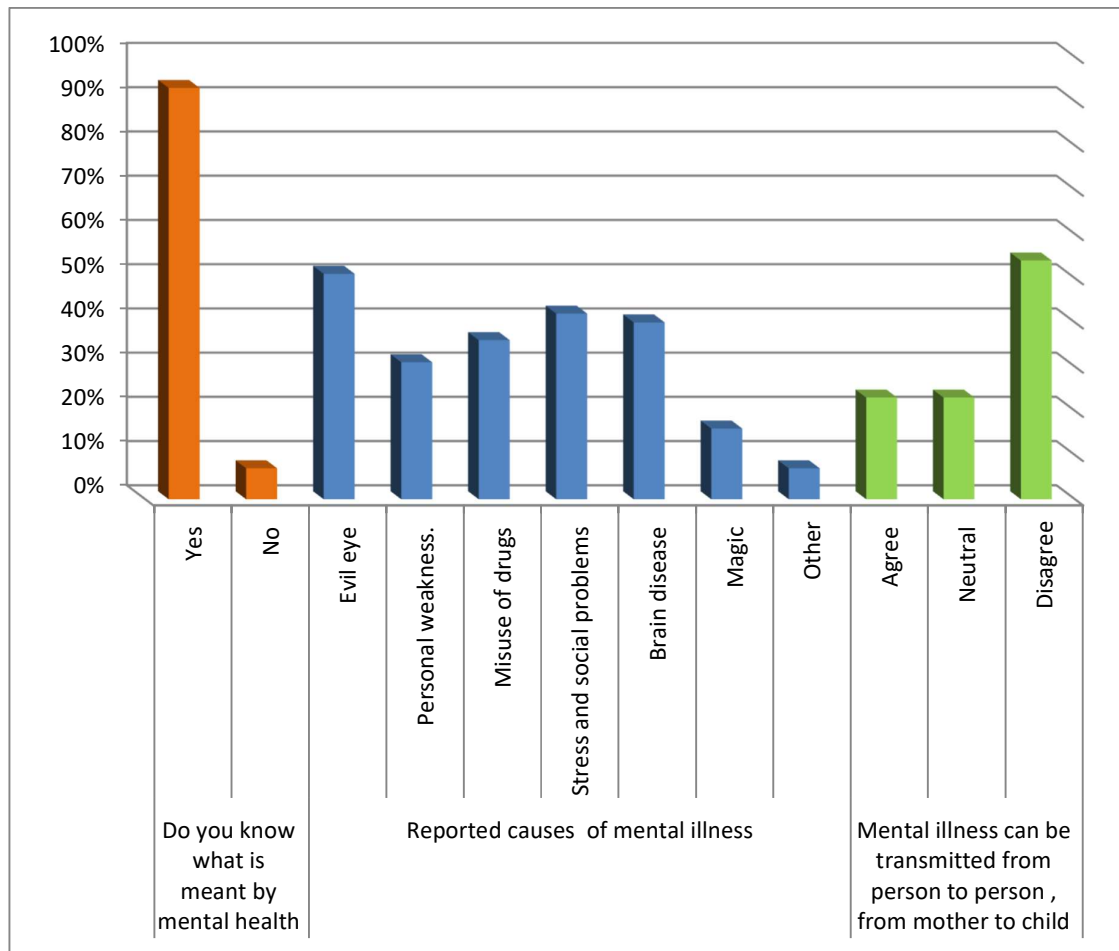


Figure 3. Represent participants' knowledge regarding mental illness.

Table (3). Perception on patients with mental illness (N=257)

Item	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
One can always know a mentally ill person by physical appearance.	41 (16%)	99 (40%)	87 (34%)	25 (10%)	5 (2%)
Mentally ill persons are not capable of true friendships	27 (11%)	87 (34%)	74 (28%)	57 (22%)	12 (5%)
Mentally ill persons can work.	11 (4%)	106 (41%)	66 (26%)	58 (23%)	16 (6%)
Anyone can suffer from a mental illness	35 (14%)	149 (58%)	39 (15%)	29 (11%)	5 (2%)

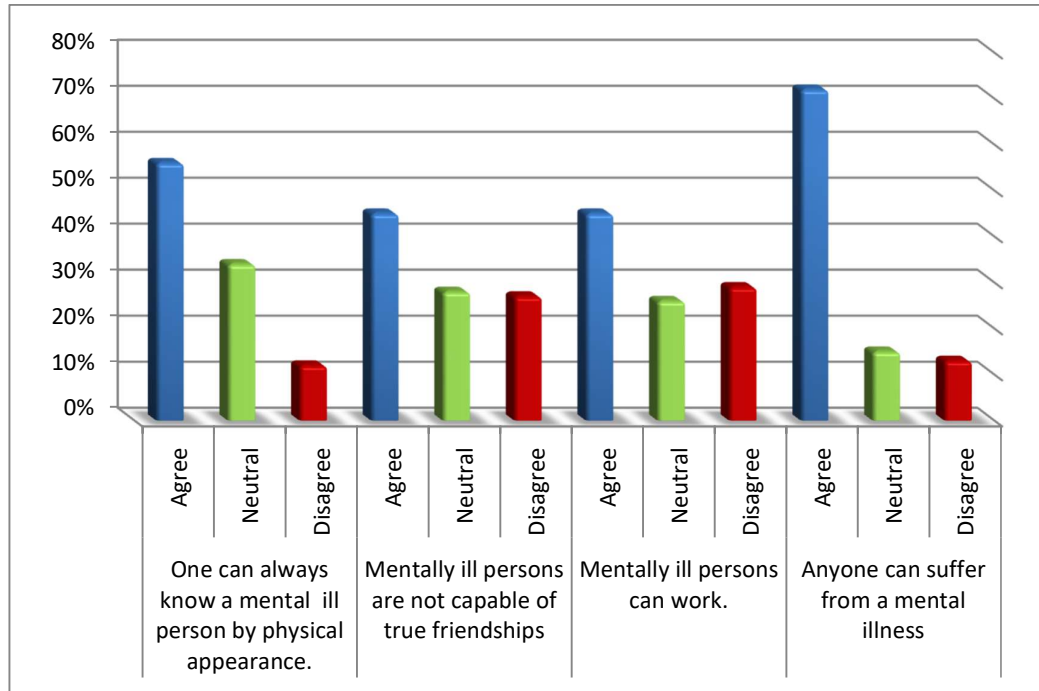


Figure 4. Respondents' perception on patients with mental illness.

Table (4): Attitudes towards mentally ill patient (N=257)

Item	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Mentally ill person should not be allowed to make decisions	49 (19%)	82 (32%)	73 (28%)	48 (19%)	5 (2%)
I could maintain a friendship with mentally ill person.	26 (10%)	140 (54%)	62(24%)	24 (9%)	5 (2%)
I could marry someone with a mental illness	15 (6%)	3 (1%)	40 (16%)	118 (46%)	81 (32%)
If I'm Suffering from mental Illness, I would not want people to know	54 (21%)	101 (39%)	54 (21%)	44 (17%)	4 (2%)
I would be ashamed if family member diagnosed with Mental illness	13 (5%)	34 (13%)	33 (13%)	113 (44%)	64 (25%)

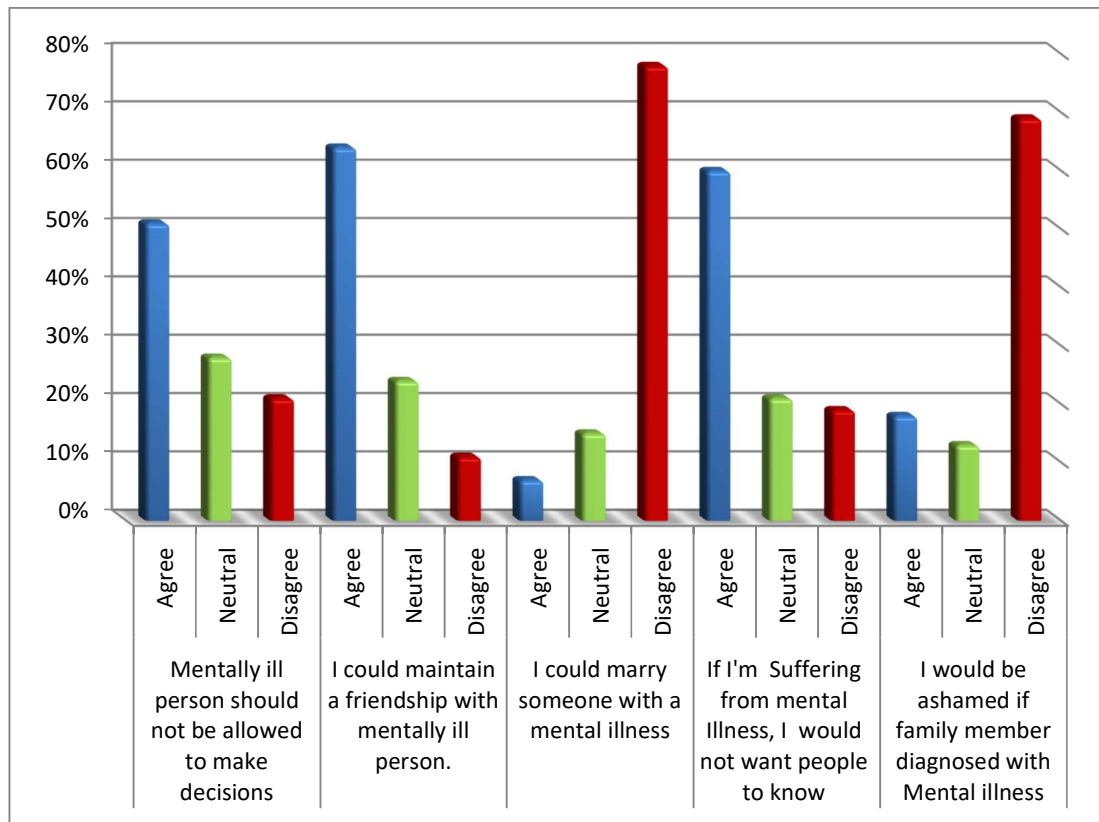


Figure 5. Represent respondents' attitudes towards mentally ill patient.

Table (5). Attitudes towards treatment of mentally ill patients and their opinions regarding ignorance of mentally ill patients

Item		Number	Percentage
Person with mental illness can resort to	Faith healer	8	3%
	Physicians	54	22%
	Mental illness hospitals	192	75%
Do you feel that community ignores or tease and make fun of mentally ill patients	Yes	206	80%
	No	51	20%

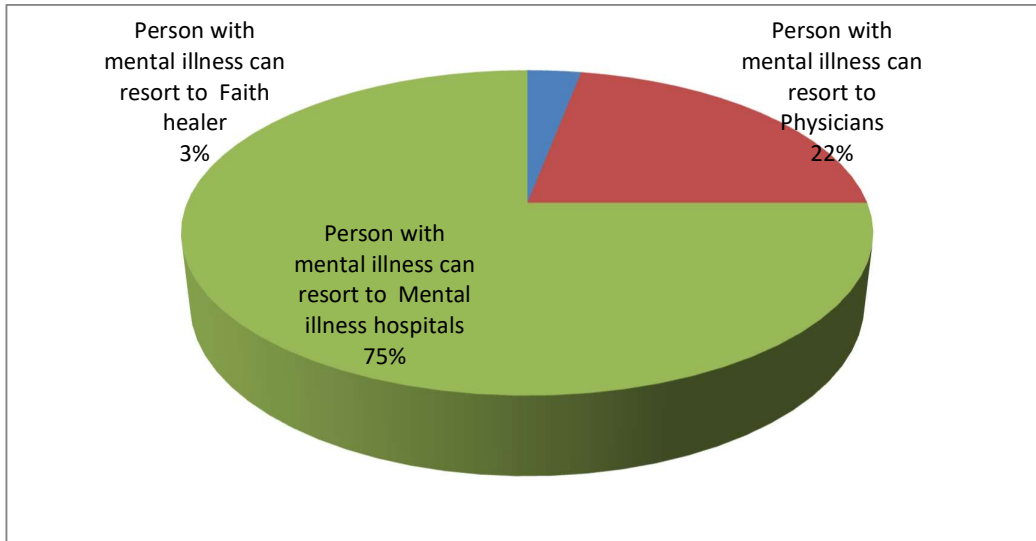


Figure 6. represent respondents' attitudes towards treatment of mentally ill patients.

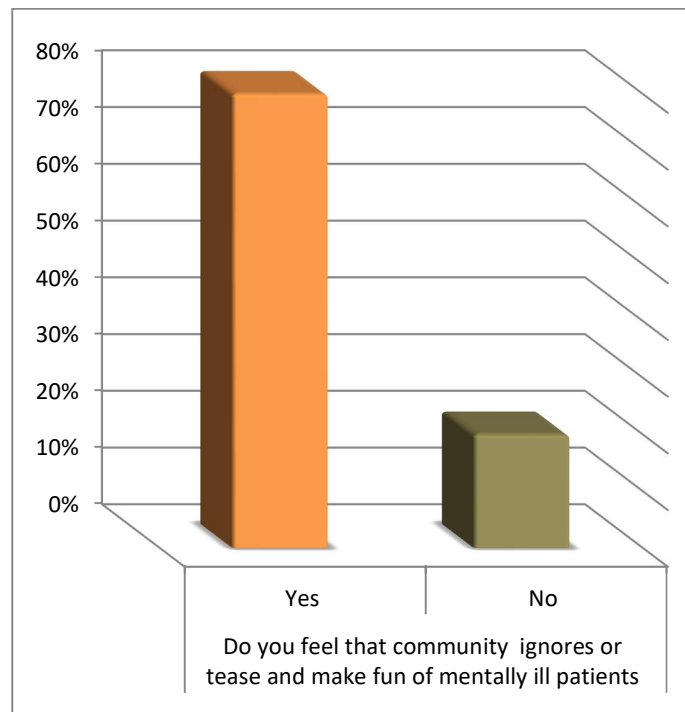


Figure 7. Represent respondents' opinions regarding community ignorance of mentally ill patients.

DISCUSSION

No one denies despite his/her education, position or social status that any person might get some form of disorder that affects the mental condition and accordingly, affects the performance of his work and lifestyle in one way or another. People vary in their interaction with mental, psychological disturbances and with the pressures of life, depending on = nature of their personality. So, it should be emphasized that a mental patient is any one of us who has faced unbearable circumstances or because of personality makeup is an extremely sensitive person... In all cases, healing requires support from those around the person.

Beliefs about the causes of mental illness may alter both patterns of help –seeking and outcome of treatment. Regarding the causes of mental illnesses a broad range of causes were reported by the participants. Nearly half of the respondents (51%) believed that ‘evil eye’ is a major cause of mental illness and also (16%) of respondents attributed mental illness to magic. The ‘evil eye’ has long been a topic of interest in Saudi society. This finding can be attributed to the strong cultural belief on magic and the evil eye among Saudi people¹⁹. Attribution of mental illness to evil eye/ magic shows the lack of awareness of the community about bio-medical concept of causation of the mental illness. Similar findings have been reported in various studies conducted by Chong et al, Kermode M et al ,Verghese A et al and Boral GC²⁰⁻²³

A considerable number (31%) of respondents attributed mental illness to personal weakness. Similarly, in previous study by Taskin EO et al , results indicated that Turkish people believed on personal weakness as a cause of schizophrenia²⁴. More than one third (36%) of respondents reported misuse of drugs, and stressful life and social problems (40%) as causes of mental illnesses. In contrast, in study conducted in Malawi by Crabb et al, the majority (95%) of participants attributed mental disorder to alcohol and illicit drugs abuse²⁵. In previous study by Silver E, Teasdale B. stressful life events and impaired social support were found to be significantly associated with the occurrence and course of mental disorder²⁶.

Almost one-fourth of the participants (23%) perceived that mental illness is transmitted from person to person or from the mother to her child like any other communicable disease. Similar findings have been reported in previous study by Chadda et al.²⁷

Myths and misconceptions about mental illness contribute to the stigma, which leads many people to be ashamed and prevents them from seeking help. Stigma is something about a person that causes her or him to have a deeply compromised social standing, a mark of shame or discredit. Generally, people who have mental disorders are considered lazy, unintelligent,

worthless, stupid, unsafe to be with, violent, always in need of supervision, possessed by demons, recipients of divine punishment, unpredictable, unreliable, irresponsible, without conscious, incompetent to marry and raise children, unable to work, affects rich people, increasingly unwell throughout life, and in need of hospitalization.²⁸ Unfortunately, such misconceptions remain predominant in community people toward mentally ill patients as reported in previous studies by Mukherjee R et al and Parashar M et al^{29,30} This should not happen because effective treatment exists for almost all mental illnesses. Worse, the stigma experienced by people with a mental illness can be more destructive than the illness itself. Widespread social stigma, myths, and adverse belief systems of mental illness cannot be removed by just increasing the public awareness, but rather requires a comprehensive community-based program based on psychosocial understanding of the disease.

Generally the respondents in the current survey had negative attitudes towards mentally ill patients and mental illnesses. For example marriage, more than three quarters (78%) of respondents expressed their refusal to get married to a person with mental illness. Similar finding was reported from a neighboring country to Saudi Arabia as Sadik S et al reported very mixed attitudes towards mental illness, with negative attitudes towards mentally ill patients with regard to treatment, work, social aspects and cure of mental illness³¹, Negative attitudes were found by Gureje O et al to be correlated with religious magical views as causation mental illness³². However community attitude toward patient with mental illness reported to be kind and non-stigmatising in various previous studies by Singh AJ et al and Chong SA et al.^{33,34} which is not consistent with this current study results.

Despite the fact that above three quarters (85%) of the respondents participated in the current survey had university education but unfortunately this did not improve their knowledge and attitudes towards mental illness or mentally ill patients. This may be attributed to the absence of health educational programs and the influence of community beliefs on mental illnesses. In a previous study by Barke A et al in Ghana a higher level of education was found to be associated with more positive attitudes towards mental illness³⁵. This lack of knowledge in the study population who are highly educated is serious because the ignorance could possibly be more in others with less education.

Community showed positive perception regarding treatment outcome of mental illness. Mental hospital has been identified as a preferred place by the participants for treatment. This indicates preference for specialized care for patients with mental illness. Similar findings have been reported in previous studies conducted by Singh AJ et al, Hugo CJ et al.^{36,37}

LIMITATIONS OF THE STUDY

As the current study was conducted on small sample of the participants so, may not be representative to the whole society, this limits the generalisability of the obtained results. Future studies in the topic can include larger sample from the entire population of the country.

CONCLUSION

Based on the results of the present study it can be concluded that there are misconceptions about the causes of mental illnesses , lack of awareness about bio-medical concepts of mental illness and negative beliefs and attitudes about mentally ill persons and mental illness were prevalent among participants.

RECOMMENDATION

- Health educational interventions are needed to educate the public on important aspects related to mental illnesses like biomedical concepts of mental illness, availability of effective treatment for mental illness, for identification and better care for these disorders in a community.
- Further studies should conducted to assess larger samples of Saudi Arabia cultures attitudes toward mental illness.

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