

Knowledge and Attitudes toward Mental Health among People Attending PHCCs, Iraq, 2018; A cross-sectional study

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Abstract

Mental disorders (MDs) are a common problem in Primary Health Care Centers (PHCCs). Many people with serious MDs are challenged by symptoms and disabilities that result from the disease and by stereotypes and prejudice due to misconceptions about mental illness. This study aims at evaluating the knowledge, and attitude toward mental health concepts and services and causes of the reluctance to seek those services among people attending PHCCs. A descriptive

cross-sectional study was conducted. The random sampling technique was used to include (10) of Directorates of Health (DoHs) coverage north, middle, and south of Iraq. The study was executed in (50) selected PHCs, (5) PHCCs in each DoH involved randomly selected (30) people attending the (50) selected PHCCs from (15) years old and above distributed equally in both genders. The total number of study participants was (1220) individuals. Data was collected through a self-assessment questionnaire. The Results revealed that The majority of people attending PHCCs believed that mental health is a fundamental aspect of human health. In return, half of them had frequent physical complaints without access to properly diagnose and management and did not know the existence of mental health services in PHCCs, more than two-thirds of people who suffer from mental health problems were not seeking for medical assistance, and about a quarter of them believe that mental disorders are madness. The research concluded that the knowledge and attitudes were still negative towards mental health. These calls for great efforts to spread community awareness towards different mental health concepts and raise the efficiency of medical and health staff to provide mental health services in PHCCs.

Keywords: knowledge, attitude, PHCCs; mental health; mental disorders

دراسة مقطعية عن المعارف والنوجهات بين مراجعي مراكز الرعاية الصحية الأولية انجاه الصحة النفسية/ العراق- ٢٠١٨

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موجز الدراسة

المقدمة: الاضطرابات النفسية هي اضطرابات شائعة في مراكز الرعاية الصحية الأولية، كثير من الاشخاص ممن يعانون من اضطرابات نفسية شديد يواجهون تحديات ناجمة من اعراض تلك الاضطرابات والعجز الذي تسببه، اضافة الى الموروث والرفض الاجتماعي الناتج عن المفهوم الخاطئ للاضطرابات النفسية. اهداف الدراسة: هي لتقييم المعارف والتوجهات اتجاه مفاهيم الصحة النفسية وخدماتها بين مراجعي مراكز الرعاية الصحية في العراق، وبيان اسباب عدم لجوءهم لتلك الخدمات.

الطريقة: دراسة وصفية مستعرضة اجريت لتشمل عينة تضم ١٠ من دوائر الصحة العراقية اختيرت بشكل عشوائي موزعة بين شمال، وسط، وجنوب العراق وهي (كركوك، ديالى، صلاح الدين، بغداد/ الكرخ، بابل، كربلاء، النجف، ديوانية، المثنى، وذي قار). الدراسة جرت في ٥٠ من مركزاً الرعاية الصحية الأولية موزعة بشكل ٥ مراكز رعاية صحية اولية لكل من دوائر الصحة المختارة وتم اختيار ٣٠ شخص من مراجعي كل مركز صحي اولي بشكل عشوائي ومن كلا الجنسين تتراوح اعمارهم من ١٥ سنة فما فوق. المجموع الكلي للمشاركين في الدراسة هو ١٢٢٠ مشاركاً، وتم جمع بيانات الدراسة من خلال استبيان للتقييم الذاتي.

النتائج: ان اغلبية الافراد الذين يراجعون مراكز الرعاية الصحية الأولية يعتقدون ان الصحة النفسية جزء اساس من صحة الانسان، وان نصفهم يعانون من معاناة جسدية متكررة بدون الوصول الى التشخيص الصحيح والعلاج المناسب، فضلا عن انهم لايعلمون بوجود خدمات صحة نفسية تقدمها تلك المراكز الصحية، وان اكثر من ثلثي الاشخاص الذين يعانون من المشاكل النفسية لا يبحثون عن المساعدة الطبية، ولازال ربع منهم يعتقد ان الاضطرابات النفسية هي مس من الجنون. الاستنتاجات: لازالت المعارف والتوجهات في المجتمع سلبية اتجاه الصحة النفسية وتتطلب جهود كبيرة من اجل نشر الوعي المجتمعي بمفاهيم الصحة النفسية المختلفة، وزيادة قدرات الملاكات الطبية والصحية في تقديم خدمات الصحة النفسية في الرعاية الصحية الأولية.

الكلمات المفتاحية: (المعارف ، التوجهات ، مراكز الرعاية ، الصحة الأولية ، الصحة النفسية)

INTRODUCTION:

Mental health is 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, is able to make a contribution to her or his community (Prince M. 2007).

The mental health is the fundamental part of human health. The Mental disorders (MDs) are one aspect of the mental health and usually defined by a combination of how a person behaves feels, perceives, and thinks. The cultural, religious beliefs, and social norms, are taken into account when making a diagnosis of mental disorder (WHO 2016).

Mental disorders (MDs) are a common problem in Primary Health Care Centers (PHCCs), account for 24%--36% of all PHCs adult patients (WHO 2012). PHC is providing essential health care, which is universally accessible to individuals and families in the community. Primary Mental Health Care (PMHC) is a relatively recent concept in health care. The World Health Organization (WHO) defines it as the first line interventions that are provided as an integral part of general health care. Mental health care that is provided by primary care workers who are skilled, able and supported to provide mental health services. The development of PMHC has reflected a need for earlier detection of problems, better management of chronic illness (Prince M. 2007).

The debate about the basic understanding of mental health, outlook toward MDs as well as the stigma surrounding all its aspects has been long on-going and much warranted. Despite this global presence, negative attitude toward MDs has been consistently reported to be prevalent in all sections of society. MDs are either ignored or considered to be a taboo by a majority of people, hailing from all walks of life (Jugul K. 2007).

This reign of ignorance and stigma prevails, either because MDs are not understood by most people or are surrounded by preconceived biases. Negative attitudes toward MDs lead to deep-seated prejudices toward mentally ill persons, which may manifest in the form of fear or intolerance. This culminates in further fortifying the

stigma surrounding MDs, and hence a vicious cycle ensues. This has an impact on the lives of not only the mentally ill patient; but also their families and community. This stigma can hinder the provision of adequate and appropriate services to persons with MDs (Kishore J. 2011).

To ensure effective delivery of mental health care, knowledge, and awareness regarding MDs have to be increased among the general population. In addition to this, it is crucial that the medical fraternity it is not plagued by prejudicial attitudes. A negative attitude toward mental health harbored by medical professionals may prove to be an obstacle to providing quality care to the mentally ill persons in need (Jugul K. 2007 and Chawla JM. 2012).

Mental health misconception and public stigma against people with mental health problems are damaging to individuals with mental illness and is associated with substantial social burden. The stigma surrounding mental illness negatively impact on attending population for management (Henderson C. 2014)

Objectives:

- 1) To evaluate the knowledge and attitude toward mental health concepts among people attending PHCCs.
- 2) To evaluate the knowledge, and attitude toward mental health services in PHCCs.
- 3) Identify the causes of the reluctance to seek mental health services in PHCCs.

MATERIALS AND METHODS:

A descriptive cross-sectional study was conducted; of the 16 Directorates of Health (DoHs) in Iraq, 10 DoHs were selected using a random sampling technique. These 10 DoHs are Kirkuk, Diyala, Salah-Alddin, Baghdad/ Al-Karkh, Babil, Karbala, Najaf, Diwaniyah, Muthanna, and Thi Qar; they cover the north, middle and south of Iraq. The study was executed in 50 selected PHCs, 5 PHCCs in each DoH involved randomly selected 30 people attending the 50 selected PHCCs from 15 years old and above distributed equally in both genders, the total number of study participants was 1220 (51% Male, 49% Female). Data was collected through self-assessment

questionnaire with an assist of administrators of the psychosocial unit in PHCCs to avoid misinterpretation and ensure clarity on all issues.

A questionnaire was developed to gather information on:

- Socio-demographic characteristics; Age, gender, residence, current marital status, education, current job, current income, tobacco, alcohol and substance abuse history.
- Questions for knowledge and attitudes of mental health as; what the believes comes to your mind when hearing the mental health, is mental health an essential part of human health, present of a close relationship between mental health and physical health, possibility of prevent MDs, suffering from frequent physical complaints without access to properly diagnose and treatment, knowledge of mental health services provided in PHCs, deterioration of mental health can reflect to increase the delinquency, violence and crime rates in the community, if your mental health is well or not, and why not seeking to medical help if your mental health is not well.

The data were entered and analyzed by the Mental Health Section/ NCDs Department, MoH. Statistical Package for Social Sciences (SPSS V.21) was used for the descriptive statistics. Informed consent was taken from all participants, confidentiality was assured, and the study was approved by Public Health Directorate/ MoH.

RESULTS:

Of 1500 participants, 280 were excluded from analysis because not a well-filled questionnaire. The response rate was (81.3%). Of the 1220 participants included for analysis; 48.9% (n = 596) were males and 51.1% (n = 624) were females. The highest number of participants were from 25- 44 years' age group (n = 749, 61.4%), followed by 45- 64 years' age group (n = 254, 20.8%) and 15- 24 years' age group (n = 210, 17.2%). The majority of them (n = 951, 78%) were city residents. One-quarter of the sample was college or post-graduate education level and the rest are equally divided between uneducated or primary school and

intermediate or secondary. Three-quarters of the sample were married, the majority was government employed or housewives and their monthly income does not exceed one million.

The positive perception and attitude toward mental health concepts were represented in the study participant as; the mental health an essential part of human health was 92%, there is a close relationship between mental health and physical health was 85%, and mental health deterioration was reflecting to increase the delinquency, violence and crime rates in the community was 82%. (Figure 1)

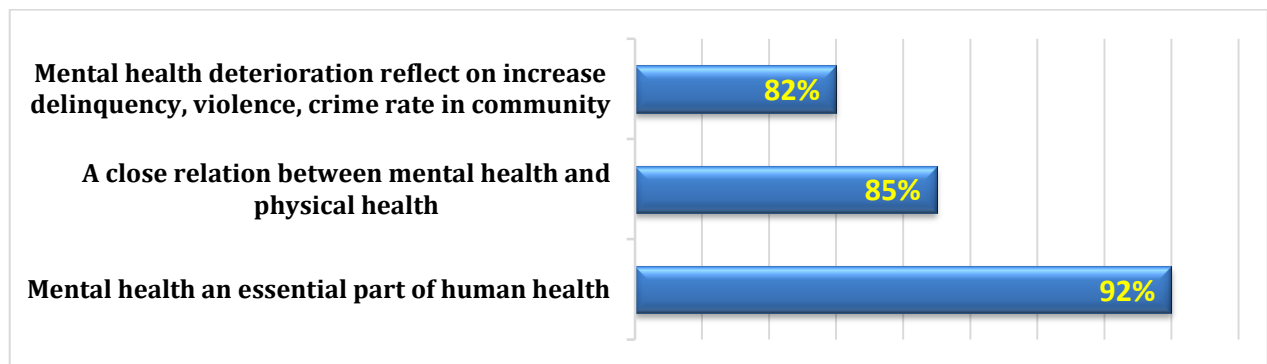


Figure 1: Proportion of people who has a positive perception of mental health

The negative perception and attitude toward mental health concepts were represented in the study participant as; mental disorders were unpreventable illness was 59%, knowledge of present mental health services in PHCCs was 52%, suffering from frequent physical complaints without access to properly diagnose and treatment was 47%, participants who believe mental health means madness was 28%, and participants who believe their mental health is not well was 26%.

(Figure 2)

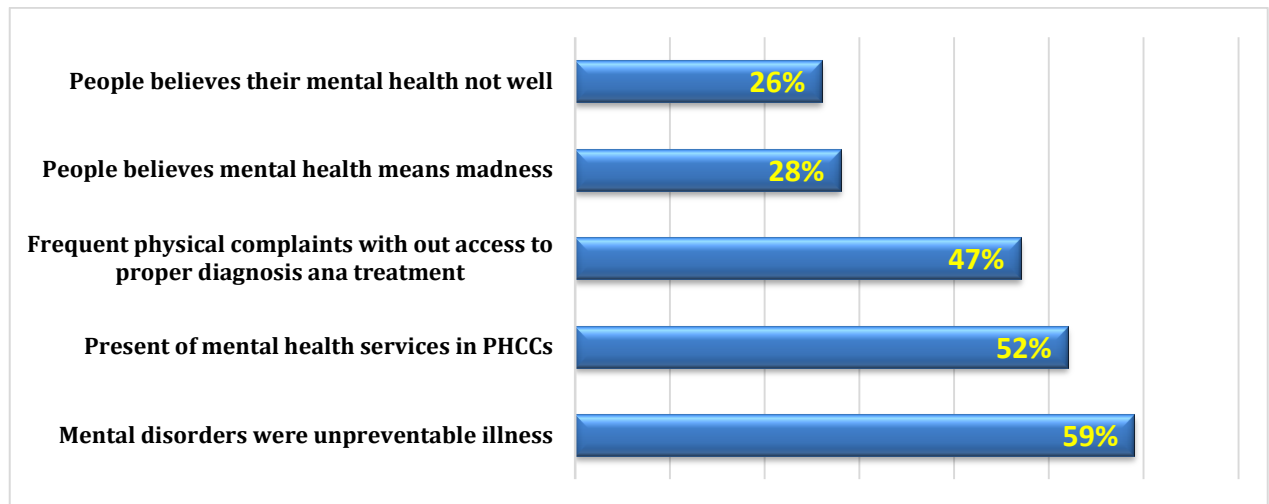


Figure 2: Proportion of people who has a negative perception of mental health

About 70% of participants who that believes their mental health is not well (26%) was not seeking medical help and others who seeking medical help was represented in places as; psychological private clinics was 14%, psychosocial health units in PHCCs was 10%, psychiatric units in general hospitals was 6%, specialized psychiatric hospitals was 2%. (Figure 3)

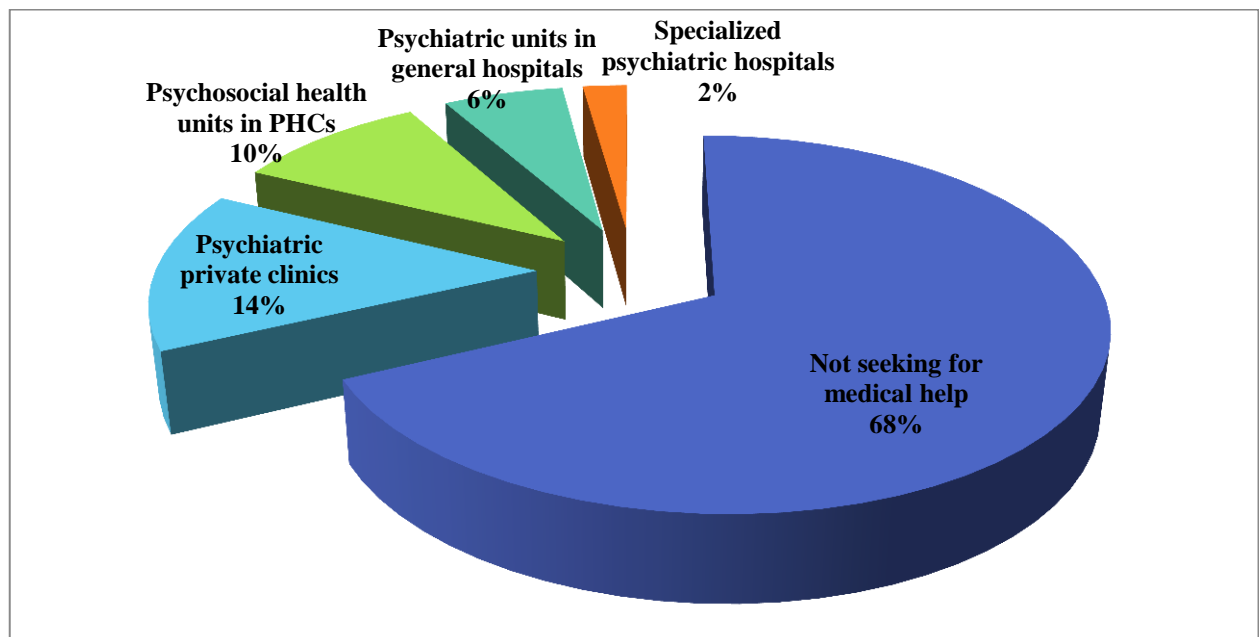


Figure 3: Percentage of medical places providing mental health services to people believes their mental health was not well.

The reasons why those participants not seeking medical help distributed as; social stigma was 28%, Financial difficulties were 18%, believe that mental disorders hopeless illness was 14%, mistrust treatment because it is limited to drug therapy was 12%, believes that drug therapy leads to addiction was 10%, mistrust of health institutions was 7%, believe that the best treatment outside the health institutions was 6%, believe that mental disorders are possessed by reap or charm was 5%. (Figure 4)

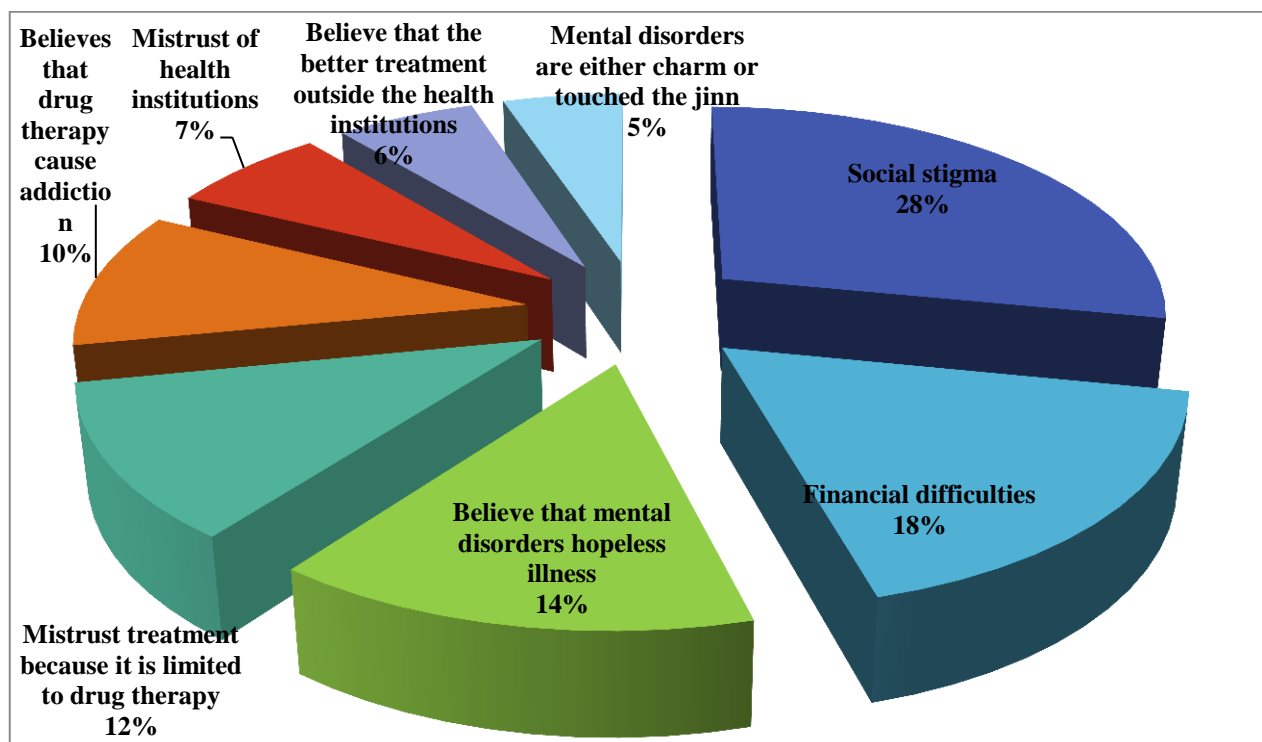


Figure 4: Proportion of main reasons for not seeking medical help.

DISCUSSION:

The majority of the study participants has positive attitudes toward the mental health as an essential part of human health and directly linked to physical health. More than a quarter of respondents believe their mental health is poor, but two-thirds of them were not seeking medical help and had no knowledge of the existence of mental health services in PPCCs. A quarter of participants still consider

that MDs were a part of madness, magic or wearing a jenni and more than half of the study sample was believes MDs was un preventable illness

WHO reported in 2008 that one in four people in the world will be affected by MDs at some point in their lives, placing MDs among the leading causes of ill-health and disability worldwide (WHO 2008). WHO world mental health surveys in 17 countries were estimated that nearly half of all individuals with MDs are not receiving treatment for their mental illness at any given time (Wang PS. 2007), only a minor proportion of people with MDs receive adequate treatment (Wittchen HU. 2005), and nearly 80% of people with MDs in developing countries receive no effective treatment (WHO 2008).

The study revealed that a half of the study participants are complainants that appear as physical symptoms and often undergo expensive tests and give them different medicines without benefit causing waste in efforts, loss of money, loss of time, and lack of confidence for health institutions.

Most of these complainants are related to MDs, so the observed figure shows the importance of the integration of mental health services within the PHC services and attention to the psychological side of the health of the community (Kishore J. 2011).

Reasons that hinder people with MDs from accessing medical assistance was mainly attributed to social stigma against MDs, financial difficulties, belief that MDs were hopeless diseases, the addiction is the inevitable result of psychotropic therapy and those people still believes that treatment outside the health institutions is the best solution for management of MDs. due to lack of institutional confidence (Eaton J. 2011).

Study in Nepal by (Brenman NF. 2014) revealed that stigma is strongly embedded in communities thereby posing a large challenge in the scaling-up of mental health services. Lack of awareness of mental health services and related issues among

people is another major hindrance. Families and close relatives/friends are primary detectors and identifiers of mental health problems, and can take a pivotal role in making mental health services accessible.

Another studies by (Jordans MJ. 2013, Luitel NP. 2015) shown the overburdened health workers, unavailability of psychotropic drugs, lack of awareness in the general people, deeply engrained negative attitudes/stigmatized and discriminating behavior towards the mentally ill all pose as challenges in integrating mental health services in PHC.

All this requires considerable efforts to promote community awareness about mental health concepts as well as cooperation and coordination with the other sectors to promote the mental health and prevention of MDs and work for early detection and management on the basis of scientific evidence (Ormel J. 2010).

Mental health literacy is a related concept which is increasingly seen as an important measure of the awareness and knowledge of MDs. Health literacy has been described as “ability to access, understand, and use the information to promote and maintain good health” (Ogorchukwu JM. 2016).

In this study, the private Psychiatric Clinics and Public Psychiatric Clinics were still at the top of the list of health facilities sought by psychologically disturbed people, followed by Mental Health Units in PHCCs, This picture requires for

increasing the efficiency and capabilities of PHCCs staff and supported them by the clinical psychologist, social workers to providing qualitative mental health services (WHO 2016).

One of most essential health care recommendations from WHO is integration of mental health services into PHC (WHO 2011). The integrated approach helps to reduce stigma, improve access to mental health services and treatment of co-morbid physical conditions, reduce chronicity and improve social integration, human rights protection, better health outcomes for people treated in PHC, and improve human resource capacity for mental health (Zrally M. 2011).

CONCLUSION:

With the widespread of MDs in the society; the cultural, social heritage and misconceptions towards MDs were continuing to affect the knowledge and attitudes of people and prevent the people from access to available mental health services, that requires continuous work to raise awareness of community for the importance of mental health and what ways to achieve it and how to prevent their disorders and reduce social stigma. Integration of mental health services within the public health services and raise the efficiency of medical and health staff to provide mental health services and explain their services to people and respect the privacy of the patient and the confidentiality of information.

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