INTERVENTIONS RECOMMENDED TO COMBAT A STIGMA OF MENTAL HEALTH PROBLEMS TO ACCESS MENTAL HEALTH CARE SERVICES IN SAUDI ARABIA

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ABSTRACT

The primary purpose of this study is to develop recommendations for improving mental health services in Saudi Arabia by identifying the important keys in promoting to reduce stigmatization and improve awareness of mental health problems among people with mental health problems and facilitate the use of mental health services.This research 'Phenomenological' approach. A methodological strategy was devised, via the use of a qualitative approach applied and data was collected from one focus group discussion at University hospital in Riyadh city, S.A., including a total of five health care professionals, in mental health professions. A one-hour focus group discussion was the method of data collection. Data was analysed using Nvivi.10 thematic content analysis. Semi structured interviews were completed with nurses in mental health-care professionals. Content analysis identified major themes. Data analysis identified five main themes that the findings taken from the feedback of participants regarding their thoughts on how to combat a mental health problems stigma to access to mental health care and how mental health care is delivered to them. They were: is consistent with the theme of (a) Community (b) Education (c) Media (d) Mental health care services, and (e) government support.

Keywords: Stigma; social; self; mental; health; professional;

INTRODUCTION

It is important to understand the extent to which mental health professionals are influenced by holding such views when relating to people with mental health problems (Chou *et al.,* 1996). There is a need to reduce stigma and increase awareness in order impacted on people with mental issues and to facilitate the use of mental health services. Furthermore, as psychological disciplines progress and develop rapidly in that part of the world, it becomes harder to disregard the towering impact of culture, relationships, and faith on the awareness, identification, treatment, and care of mental health problems in Saudi Arabia today (Pinto *et al.,* 2012). There is an additional form of stigma that appears in social, professional and organisational policies and practices, which for Wahl and Aroesty (2010) can provide an even greater hurdle for those with mental health problems, as these affect the chances people have for attaining assistance. Furthermore, Schomerus *et al* (2011) found that there is an unequal amount of attention paid to mental health provision, a discrepancy in mental health research funding, and that the previous application of mental health backgrounds in law (e.g. for those seeking custody may put off those with mental health problems from approaching care professionals). In addition, one instance of this can be seen when stigmas and

discrimination are informed more by myths concerning mental health, or its management (Corrigan & Rao, 2012). Due to Corrigan and Rao (2012), cultural factors may also affect what activities are deemed transgressed, and how well those behaving in manners unlike the prevailing norm are treated and understood. A person's social networks, such as family, friends or colleagues also may impact on how likely a person is to seek help, as these groups may either support professional help or reinforce stigmatisation (Corrigan & Rao, 2012).It is true that stigma has existed throughout history, and is based on social science concepts, which cover a broad range of meanings, and has been described by experts from many different backgrounds (Link, Yang, Phelan, & Collins, 2004). Goffman outlined stigma as "a sign of disgrace or discredit, which sets a person apart from others" (Goffman, 1963, p.248). Nevertheless, the precise definition of stigma has not yet been established, and there is no single agreed meaning (Link *et al.,* 2004). Additionally, the global consensus is increasing regarding individuals with mental problems experiencing stigma (Alonso *et al.*, 2009; Thornicroft *et al.,* 2009).

Angermeyer and Matschinger (2005) argue that the German and American public appears to stigmatise mental health problems more now than in the past.

Meanwhile, Wahlbeck and Aromaa (2011) observe that the stigmatisation of people with mental health problems is widespread in Finland. Stigma can have a severe impact on people with mental health problems, diminishing their self-esteem (Yang *et al.*, 2007), and may lead to the onset of depression or exacerbation of this (Corrigan & Miller, 2004). Additionally, stigma can result in social isolation, a decrease in quality of life by restricting access to work opportunities, housing and other essential needs (Chou*et al.,*1996). In short, stigma can give rise to a cycle of social deprivation and bestows a chronic nature of the illness (Lee, Lee, Chiu, & Kleinman, 2005). Consequently, excluding people with mental health problems from social life can also lead to the social isolation of their families (Corrigan & Miller, 2004; Kokanovic, Petersen, & Klimidis, 2006).

A qualitative review of our results has revealed that understand that mental health is a broad to synthesise what is known globally about effective interventions to reduce mental health problems based stigma and discrimination, in relation first to mental health care services and to the community.

AIM

To develop recommendations for improving mental health services in Saudi Arabia by identifying the important keys in promoting to reduce stigmatization and improve awareness of mental health problems among people with mental health problems and facilitate the use of mental health services.

RESEARCH QUESTIONS

1. To investigate the impact of professionally held stigmatising views on the attitudes, beliefs, and quality of mental health care planning and provision within the Saudi Arabian mental health care services.
2. To develop recommendations for improving mental health services in Saudi Arabia by identifying the important factors in promoting best practices and by providing training, education and research to raise the quality of mental health services and reduce the stigmatisation of people with mental health problems.

MATERIAL AND METHODS

This research 'Phenomenological' approach. A methodological strategy was devised, via the use of a qualitative approach applied and data was collected from one focus group discussion, including a total of five health care professionals, men and women in different health professions of (a psychiatrist, psychologist, social worker, mental health nurse and a faculty member of the mental health nursing team).A one-hour focus group discussion was the method of data collection. Approval for the study was sought from the Ethics Commission. The location for the focus group discussion was in the meeting room at the University Hospital in Riyadh city,February 2015.Data was analysed using Nvivi.10 thematic content analysis. "Semi structured interviews" were completed with mental health-care professionals. Content analysis identified major themes.

RESULTS

Data analysis identified five main themes that the findings taken from the feedback of participants regarding their thoughts on how to combat a mental health problems stigma to access to mental health care and how mental health care is delivered to them. They were: is consistent with the theme of (a) Community (b) Education (c) Media

(d) Mental health care services (e) Saudi government support.

Overall, the participating group dialogue highlighted various aspects, as are detailed below.

Community

The participant 1 noted that the community needs to be more interactive with and accepting of those people with mental health problems, as well as in regards to the career development of mental health professionals. Indeed, this individual stated:

"The society needs to develop their often-biased preconceptions of people with mental health problems."

"Society is heavily involved in working the cultural integration of individuals with a community, and in the development of individuals who specialise in professionalism within a mental health team."

Moreover, the participant 4 noted that the community and mental health care services need to be improved and progressed through the contribution of mental health team professionals, to improve the community awareness and mental health care services. The participant stated:

"Increase the value placed on the improvement and development of mental health care and psychological therapy, through ourselves and through the community."

Overall, the participants noted that community and mental healthcare services need to be improved and progressed through the contribution of mental health team professionals, along with an improvement in the community awareness and mental health care services.

Education

Participant 5 indicated an additional means of affecting the stigmatisations using educational means by teaching those who work in the field, which may modify their existing attitudes; hence, undertake societal education in practice. The participant stated:

"I think it will come with time, through mental health services', and hard work and learning of mental health workers, people with mental health issue, and community education."

Furthermore, the participant 1 indicated that the development could be undertaken through the health commission via an educational program of mental health aspects, as the participant stated:

"Education programs, specialisation and fiscal stimuli."

In addition, Participant 3 suggested that the participants regarding the methods utilise educational means and that the understanding of mental health problems was to try to reduce the stigma within mental health professional teams. This participant stated:

"And educate the affected communities families and people with a mental health issue with providing mental health care services programs for mental health workers."

Participant 1 also noted that the means of education were different and more pertinent in stopping and reversing the stigma within psychiatry. It was stated:

"Tutorials and educator. Still, the only things I can change in my own mind involve increasing my familiarity with this approach and the language of people with mental health problems, particularly through the media."

Furthermore, Participant 1 indicated that the professional individuals were aware of the lack of professionals, especially specialists, in the field to address the issue, which may facilitate others to look for assistance, as the participant stated:

"In terms of psychiatric and mental health, psychiatric and mental nursing care is often unexpected, but required."

The participants recommended that the facilitation of education service required, through how they could introduce such schemes across the whole of Saudi Arabia, to better the nation's health care and decrease the stigma held by mental health professionals regarding those people with mental health problems in the country.

Media

Three participants added the media, community and health care provision were all noted as requiring the necessity of education to progress, which would improve and encourage them to see the mental health problems more accurately and assist those with mental health problems in their path to treatment, advocating their attendance at a clinic and dealing with them with great respect. Participant 4 noted:

"It appears to me that the media needs to improve its views regarding those people with mental health problems."

Furthermore, Participant 1 recommended that the media needs to have more support to improve the educational way of mental health problems and mental health care services, through the community. Indeed, the participant stated:

"The media centre is important in Saudi society and needs to gain support to improve the education on and the image of psychiatric patients, people with mental health problems, and mental health care services that are provided through community health care."

Participant 3 noted that the media plays an important role in improving the attitude towards people with mental health problems, as the participant stated:

"The media it certainly plays a big role in improving attitudes towards people with mental health."

Mental health care services

Four participants indicated that the professional members of mental healthcare teams who were going through the same experiences were perceived to be a way of assisting those with mental health problems to seek and find the help they need. Professional healthcare members of such teams would permit the user of the service they provided to spread the word about their treatment, even beyond the remit of the nation of Saudi Arabia.

Participant 4 stated:

"I think we need to improve our mental health services provided in our society and in psychiatric clinics."

"Cooperation is the most important, between the community and us as a professional in mental health care services."

Participant 1 recommended that:

"This confirms that psychiatric and mental health nursing care in Saudi Arabia needs to develop and provide support with good ideas and images to reduce negative attitudes towards people with mental health problems. Reducing stigma is key in getting care to people who need mental health and integrated services."

As the results of these study show recommendations made by participants concern the importance of the consideration of the main issues in reducing the professional mental health teams'. For example, the negative attitude towards people with mental health problems throughout social life, as well as the importance of developing the mental health services and improving professional mental health teams, and can also assist in lowering discriminatory and stigmatising beliefs.

Participant 3 noted:

"Try to merge the mental health care services for psychiatric patients, especially in the in-patient section, with their communities."

In addition, Participant 5 suggested that the mental health services, together with improving professional mental health teams are necessary to advocate a high quality of mental health care services to be delivered to people with mental health problems. Hence, this will help to reduce the stigma that is demonstrated by mental health team professionals towards those people living with mental health problems. This individual stated:

"That we must try to end our stigmatisation, especially when in the psychiatric clinic and trying to help people with mental health problems complete their psychotherapy plans, and be supportive through the mental health care services available in my country."

The participants suggested that the mental health care in Saudi Arabia needs to develop and provide support with good ideas and images to reduce negative attitudes regarding people with mental health problems, particularly those demonstrated by mental health professionals. Reducing stigma is vital in providing care to people who need mental health and integrated services.

Saudi Government Support

As mentioned by the participating members of the focus group, the state of Saudi Arabian mental health care services is presently much better than five years ago, because the mental health care services in Saudi Arabia are starting to be aware that there is a problem by the government. Indeed, they are attempting to support the mental health care services and to accept people with mental health problems, together with mentally healthy people, which indicates the potential to implement a fully supportive mental health care service in the future. As indicated by Participant 5 who noted a variety of statements adhering to this point:

".. Services at this stage of development in Saudi Arabia, are seeking to improve their performance and to improve their mental health care services, to provide better mental health care..."

"Development through the health commission via programs, with a speciality diploma combining social work, psychology and psychotherapy. We can see the development and improvement of mental health care education, which are different than before, here in Saudi Arabia."

"The Saudi health commission actually has a great program, but I don't know if I can say it is an excellent program as its science is from around the 1990s and needs updating, and many Saudi people go abroad to be treated outside of Saudi Arabia."

"Now the mental health work commission has hard work in promoting this program. With the diploma, every year there are new updates, and we get lots of help from social work, psychology and psychotherapy, and this commission is good at supporting us."

In addition,

"Over the five previous years, we can see good promotion from the Saudi health commission and the concepts recorded from the mental health team. I think this is playing with a great multidisciplinary mental health concept."

Furthermore, the participant 1 indicated that the Ministry of Health and Higher Education are now working hard to reduce the stigma and try to improve the mental

health care services in Saudi Arabia. The participant stated:

"*Moreover, the Saudi government through the ministry of health and higher education are always working to reduce the stigma of mental health problems in the community and mental health teams, and to stimulate mental health services between professional mental health care teams.*"

The participants noted that the mental health care in Saudi Arabia needs to develop more; services at this stage of development in Saudi Arabia are seeking to improve their performance and to improve their mental health care services, to provide better mental health care. In addition, higher education is always working to disseminate knowledge to reduce the stigma of mental health problems among individuals within the community and mental health workers, and to stimulate mental health services between professional mental health care team.

DISCUSSION

The focus group participants noted that the theme; "Interventions recommended minimising stigma in general and professional stigma in particular", is consistent with the theme of (a) Community (b) Education (c) Media (d) Mental health care services (e) Saudi government support, as endorsed to some extent by all five participants, addressed research questions.Within this section, the findings taken from the feedback of participants regarding their thoughts on how to combat professional mental health care are stigma are presented. This subject addresses the educational, familial, media, and community-related aspects, mental health care services, and Saudi government support, as well as the health care provisions to those with mental health problems.

The focus group participants' first recommendation, as mental health professionals, concerned the importance of the community focus and increased efforts to reduce stigmatization. Hence, they identified the significant theme of "**Community**", as endorsed by participants. This was regarding community engagement and family acceptance, and of concern is the prevalence of these attitudes among professional mental health workers, which are also embedded in Saudi Arabian culture and community. The findings of this study show that one of the most important Islamic teachings, which informs much of the social and cultural makeup of Saudi Arabia, holds that mental health problems are a result of sin. This is consistent with Al-Shahri (2002), which determines that in Saudi Arabia the Islamic faith considers sickness to be both a punishment and a method of atonement for immorality. Moreover, the guilt and embarrassment of with a family member with mental health problems often cause people to ignore these issues and refuse to discuss them, especially with non-family members (Farooqi, 2006).These findings in the present research suggested that the community and mental healthcare services need to be improved and further developed through the contribution of mental health team professionals, to improve community awareness and mental health care services. As noted in the literature review chapter, limited research to date has investigated the outlook of families that care for people with mental health problems in the KSA.

However, a descriptive, epidemiologic study by Kadri*et al*. (2004), in addition to work by Pinto*et al.* (2012), reported that there had been huge improvements in the awareness and treatment of mental health conditions in Saudi Arabia over the last two decades. This development has been primarily concentrated in the past twenty years. At present, the mental health care system is making significant progress in relation to providing for the needs of citizens (Qureshi, 2010). The present findings also demonstrate that it is important to understand the extent to which mental health professionals are predisposed by holding such views when relating to people with mental health problems. This is also consistent with the findings ofChou*et al.* (1996), as of concern is the fact that mental health professionals in Saudi Arabia are also members of the public and can, therefore, be influenced by the pervading culture and may have internalised some of these stigmatising views about individuals with mental health problems.

The findings of this study indicate that the community needs to be more engaged with and accepting of those people with mental health problems.This is also important regarding the career development of mental health professionals. This is not to say that the work is over, as a significant amount of development remains outstanding and must occur if mental healthcare is to be made available to the entire country, which is consistent with findings by Pinto*et al*. (2012). Therefore, this calls for the introduction of more advanced resources of medical training in Saudi healthcare structures and learning centres. Such resources could especially take the form of psychiatry provision and research designed to modernise and streamline the wider healthcare sector.

What is more, these study findings also indicate that families in Saudi Arabia tend to be quite large, with many individuals residing together. Consequently, this can mean that mental healthcare becomes limited; with so many people to provide for, families and the community often decide to keep health issues concealed for fear of social stigma or of being perceived as unable to care for the family unit (Leff & Warner, 2006). Looking at Arabic communities, the present findings are consistent with those ofPridmore and Pasha (2004) in Australia, who reported that people with mental conditions are frequently stigmatised, mocked, derided, and disregarded. This is because, for a very long time, mental health problems were attributed to evil forces, the 'evil eye', malevolent magic, violence, addiction, or suicide. As reported by Lee*et al*. (2005), mental health conditions are frequently associated with other health-related outcomes, including social rejection, bias, and prejudice. The second commendation made by the focus group participants concerns education. This point arose following the discussion of the community theme, in respect of the efficiency and potential roles of education in achieving an amelioration of stigma. In consequence,"**Education**"has been noted in the present study as a significant theme, as endorsed by participants. Regarding the training of mental health professionals', the role of family and the public, concerning the stigmatization of people with mental health problems, the focus group participants developed a recommendation based on the findings of this study. This recommendation suggests that to reduce the stigma demonstrated by the mental health profession toward people with mental health problems, education must be an effective tool. Indeed, by educating those who work in the field and by modifying their existing attitudes (that is, to undertake social education in practice), the means of

education regarded as different and more pertinent in stopping and reversing the stigma within mental health field can be observed.

In addition, per the findings, the assistance of the education service is required, along with how it could introduce such schemes across the whole of Saudi Arabia's education system, to better the nation's health care and decrease the stigma held by mental health professionals for people with mental health problems in Saudi Arabia. The findings of the study also, are supported by the research of Angermeyer and Matschinger (2005), as well asGostin and Gable (2004), in that awareness of the problems surrounding stigma associated with mental health problems is crucial in the prevention, early diagnosis and effective treatment of mental health conditions. Moreover, the outcomes of this study suggest utilizing educational strategies and furthering the understanding of mental health issues. Consequently, this may reduce stigma among mental health professionals, while stigmatization attitudes may be modified using education. Besides, by teaching those who work in the field, it may be possible to alter extent beliefs, which is consistent with findings by Corrigan, Watson, & Miller(2006). As stated in the literature review, a requirement remains for sophisticated medical training resources in Saudi healthcare structures and centres of learning, especially in the form of psychiatry provisions (Pinto*et al.*, 2012). For example, in the case of a person who has made a connection with those that have such a condition, stigmatisation attitudes can be lessened (Corrigan*et al.*, 2006).

The focus group participants also noted that how education may be implemented is pertinent in preventing and reversing existing stigma among mental health professionals. These included: awareness schemes (dialogue sessions at treatment centres); media campaigns throughout the community; and the portrayal in the media, both online and in the press, which is consistent with findings byKirmayer, Simpson, and Cargo (2003). Indeed, the findings of this study support the results by Al-Shahri (2002), as a range of additional factors (health, education, culture, media, the spread of wealth, etc.) has also greatly influenced the distinct characteristics of Saudi Arabia. This recommendation was also made byAl-Yousuf*et al.* (2002), which investigated the Saudi healthcare sector, and focused on the importance of examining all areas of the sector, with the goal of improving the provision of medical resources and health-based education.

One of the most important recommendations to emerge from the focus group participants concerns the role of the media in reducing stigma towards people with mental health problems. Hence, the significant theme of"**Media**", as endorsed by participants, emerged. It is, therefore, recommended that more support should be provided through the media. Accordingly, as discussed in the literature review, several individuals reported feeling stigmatised from the moment that they were diagnosed with mental health problems, and they subsequently attributed this to the media's portrayal of their condition (Dinos*et al.,* 2004). Thus, the findings of the present study indicate that members of the family or community need to be accepting of those that have mental health problems, as this would help to reduce stigma through developing and progressing media-based means to improve mental healthcare services within Saudi Arabia. These findings are corroborated by the findings of Coverdale, Nairn, and Claasen(2002), as the conclusive opinion of several research studies is that the public sphere needs to extrapolate most their data from media sources about mental health. The present findings are in accordance with the all-encompassing health advocacy media program, which has introduced a range of elements. These include educational programs geared towards changing perceptions of people with mental health problems, as well as addressing those factors that complicate the process.These findings are corroborated by the findings of Salter and Byrne (2000) have suggested that benefit could emerge from cooperation between psychiatry and the television industry, using television's power to engage and react using popular culture with a view to the establishment of people with mental health problems in a positive light.

An important recommendation to emerge from the focus group participants concerned the improvement of healthcare and psychological service provision. Hence, the significant theme of"**Mental health care services**", as endorsed by participants, emerged. There is also a need for connection and co-operation between mental healthcare provision and the community in Saudi Arabia. In fact, it was revealed in the literature review (Zaini*et al.* 2011; Qureshi*et al.,* 2013) that existing research indicates that the health care system in Saudi Arabia needs further research, particularly if individuals with mental health problems are to be diagnosed and treated as efficiently as possible. As the findings of the present study indicate, it is essential that healthcare professionals understand the complex demographic, cultural, social and behavioral variables, which can raise or lower the incidence of mental health problems.

This study's findings are consistent with the work of Tamim *et al.* (2010), these professionals must also be willing to make compromises, whilst continuously seeking to prescribe treatments, which complement the unique religious and lifestyle-based needs of Saudi citizens.

The focus group participants indicated that mental healthcare in Saudi Arabia needs to develop and to provide support with positive strategies and representations to reduce negative attitudes towards people with mental health problems, particularly those attitudes demonstrated by mental health professionals. As a matter of fact, the reduction of discrimination is vital to providing care to people who need mental health and integrated services (Alsughayir, 1996). A significant amount of development, therefore, needs to take place if medical care is to be made available to the entire country. These study findings are consistent with the work of Pinto*et al.* (2012), in that a need remains for sophisticated medical training resources in Saudi healthcare structures and centres of learning, especially in the form of psychiatry provisions and research designed to modernise and streamline the wider healthcare sector. By way of contrast, mental healthcare in the UK was revolutionised in 2010 by far-reaching change that set out to radically enhance care quality through, *inter alia*, the use of benign therapy while simultaneously reducing the occurrence of solitary confinement and deprivation of liberty in respect of people with mental health problems (Hogg& Holland, 2010).

The findings of the present study also indicate that within Saudi Arabia, there are some remarkable opportunities for the methodical investigation of the diagnosis, assessment, treatment and care of mental health issues.Yet, as psychological disciplines rapidly progress and develop in this part of the world, it becomes harder to disregard the towering impact of culture, relationships, and faith on the awareness, identification, treatment, and care of mental health problems in Saudi Arabia of the present day (Littlewood& Yousef, 2000; Pinto*et al.*, 2012). As detailed in the literature review, this scheme aims to systematically define, describe, and recommend solutions for the diverse mental health requirements of the Saudi population (Qureshi*et al.*, 2013). Nonetheless, many individuals resisted the option of receiving mental healthcare in specialised centres, as detailed in the literature review, which is why the WHO recommended in 2000 that these centres be promoted as the first port of call for individuals with mental health problems (Pinto*et al.,* 2012).

Hence, the purpose of this initiative was to improve the diagnostic and treatment options available to those with mental health problems. However, in regards to instances where mental health professionals were insufficiently trained to manage specific cases, the recommendation was to refer these cases to more experienced psychiatrists in general hospitals for secondary care. A recommendation was also made by Farooqi (2006), which suggests that, if these psychiatrists were not capable of treating these individuals, further referral to specialized psychiatric centers or teaching hospitals should be mandated.

There was an additional recommendation emerging from the focus group participants with respect to the findings of this study, which concerned the need for support by the Saudi Arabian government, with contribution required from the Ministry of Health. Hence, they identified the significant theme of "**Saudi government Support**",as endorsed by participants. Therefore, government support is recommended to improve the mental healthcare services in Saudi Arabia.

The focus group participants, however, noted that Saudi Arabian mental health care services have been improving over the last five years. The reason for this improvement is that mental healthcare services in Saudi Arabia have become aware of limitations on the part of the government, who are striving to support mental healthcare services and accept people with mental health problems with mentally healthy people, by indicating full support for mental healthcare services in the future.The findings of the present study are consistent with those of Pinto*et al.* (2012), which indicated substantial improvements in mental health care services in Saudi Arabia over the past two decades. Indeed, these study findings indicate that the mental healthcare system is making significant progress when it comes to providing for the needs of citizens. Furthermore, the General Administration of Mental Health and Social Services department of the Ministry of Health has attempted to enhance the provision of mental health care services to the citizens of Saudi Arabia over the past six years (Qureshi*et al.*, 2013). Consequently, as part of this objective, many significant healthcare achievements have been fulfilled, including the delivery of inpatient mental health care, which has been reinforced and assisted by an improved and government-endorsed Mental Health Act.

Unfortunately, mental healthcare provisions at a local level are not yet as advanced, and require additional work before they can meet the quality of resources available in other developed economies (Mobaraki & Soderfeldt, 2010).

A recommendation, which was also made byPinto*et al*. (2012), relates to a vast and expertly trained mental health workforce that remains necessary across all sectors of the healthcare system, to fulfil the demands of an increasingly complex Saudi population. The findings of that study also indicated that further development of Saudi Arabian mental healthcare is necessary; a view that was supported by the focus group participants in this study. Besides, there is evidence that attempts are being made in this regard (Alsughayir, 1996).

CONCLUSION

The current study attempts to find better recommended to reduce stigmatization towards people with mental health problems in Saudi Arabia, and to facilitate use the mental health care service. Each intervention could contribute to the enhancement, either or collectively, of knowledge, attitudes, social distance towards people with mental health problems, and/or awareness of one's own mental health problems. Suggested that interventions should have information that can remove a belief about the dangerousness of people with mental health problems, and components that include a balanced approach between biological and psychological causes of mental disorders.

ACKNOWLEDGEMENT

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