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## The Impact of Cultural and Financial Stigma on Mental Health: Investigating Help Seeking Behavior in Saudi Arabi

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**The Impact of Cultural and Financial Stigma on Mental Health: Investigating Help Seeking  
Behavior in Saudi Arabia**

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**to the Faculty of Effat University,**  
**Jeddah, Kingdom of Saudi Arabia**

**In Partial Fulfillment**  
**of the Requirements for the Degree**  
**Bachelor of Science**  
**in the Department of Psychology**

**By**  
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### Certification of Approval

We hereby grant the approval of this dissertation report. The student has completed the dissertation work as per the requirements of the University.

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**The Impact of Cultural and Financial Stigma on Mental Health: Investigating Help  
Seeking Behavior in Saudi Arabia**

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### **Abstract**

Mental health stigma continues to pose a critical barrier to psychological support in Saudi Arabia, particularly when compounded by financial constraints. This study explores how economic factors such as high treatment costs, insufficient insurance coverage, and financial dependency contribute to the stigma surrounding mental health and reduce individuals' willingness to seek professional help. Using a cross-sectional survey design, data were collected from 256 Saudi adults through a culturally adapted Arabic version of the Mental Illness Associated Stigma (MIAS) scale. The analysis revealed that 66.4% of participants identified financial burden as a primary barrier to accessing care, while 91.1% reported that the cost of treatment affects service accessibility. Multiple-response questions answers reinforced these findings, highlighting cultural misconceptions, social stigma, and limited awareness as intersecting obstacles. This research underscores the importance of addressing both economic and cultural dimensions of stigma and calls for policy reforms, including mandatory insurance coverage, national mental health vouchers, and culturally sensitive awareness campaigns. The findings align with Saudi Vision 2030 and advocate for systemic interventions to improve mental health care access and equity across the Kingdom.

**Keywords:** mental health stigma, financial barriers, Saudi Arabia, cultural factors, help-seeking behavior, MIAS scale, policy reform

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## **1. Introduction**

Mental health stigma remains a major barrier preventing individuals from seeking timely psychological support in Saudi Arabia. While cultural and societal influences are critical aspects, financial constraints present a particularly significant challenge. Many individuals who would benefit from mental health services are unable to access care due to economic limitations, such as high treatment costs, lack of insurance coverage, or financial dependency. The purpose of this study is to comprehensively examine the financial factors that contribute to the stigma surrounding mental health in Saudi Arabia. Specifically, the research investigates how economic challenges such as high treatment costs, insufficient insurance coverage, financial dependency on family members, and prevailing societal perceptions of therapy as a luxury serve as significant barriers to accessing psychological services. Utilizing a descriptive, cross-sectional survey design.

### **1.2. Literature Review: Overview of Relevant Literature**

This was brought out even more forcefully in a key paper in Saudi Arabia Through a review, they argued that social stigma made it difficult not only to access but also to provide mental health services in a quality manner to the people (Stickley, Felton, & Alattar, 2021). This study uses a scoping review methodology, which is based on Arksey and O'Malley's and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) frameworks, to systematically explore relevant literature on mental health stigma and associated topics in the Kingdom of Saudi Arabia (KSA). Even more apparent was how much the existing literature did not discuss the mental health sufferers, and once again, such stereotypes prove unfavorable in terms of help-seeking practices. The sight of this obvious difference reveals the missing pieces to the understanding of the people struggling with mental health issues.

It is against this background that the perfection of it was very significant, since they culturally adjusted and verified the Mental Illness Associated Stigma (MIAS) scale for the Arabic audience (Nasser F. BinDhim, 2024). This study employs a two-phase research approach. Initially, the MIAS scale was translated into Arabic and culturally adapted. This was followed by two cross-sectional studies designed to evaluate the scale's structural validity and test-retest reliability using statistical methods, including descriptive statistics, Cronbach's alpha, and Confirmatory Factor Analysis (CFA). Their study proved the relevance of understanding stigma in a certain context as it becomes an issue with many perceptions across cultures. However, it must be noted that the authors faced a limitation minimizing this study-group, due to unfavorable stereotypes such as poor mental health of the people in the current investigated area (low levels of mental health awareness in this case). Many social questions on these certain results must be answered and further research work done.

By examining Saudi adults' attitudes toward getting psychological support, brought another element to the narrative of stigma. A cross-sectional study used in this research enrolled people from diverse public places of the eastern province in Saudi Arabia (Alluhaibi & Awadalla, 2022). The research, comprising self-administered questionnaires to report the participants' attitudes towards the professional help seeking process and the problems of stigma and psychological distress, was conducted. Their cross-sectional analysis revealed a significant relationship between stigma and the tendency to seek help, especially for men. This research highlighted the critical need for programs that not only battle stigma but also encourage favorable perceptions of mental health services, particularly among those who are most impacted.

further it was explored the complex nature of this problem by concentrating on college students, Their quantitative survey design included undergraduate and graduate students at a large public

university, utilizing a web-based survey that consisted of two waves: the first wave involved 2,782 participants completing the survey, while the second wave included 1,272 baseline respondents who were still enrolled at the university participating in a follow-up survey (Golberstein, Eisenberg, & Gollust, 2009). Unexpected findings emerged from their examination of the connection between the usage of mental health services and perceived public stigma. They discovered no meaningful correlation between the two, which raises the question of what complex elements are involved in determining access to treatment. The study's limitations especially, its exclusive emphasis on only one university emphasized the necessity of more extensive research that considers a range of student demographics.

The significant influence of stigma was revealed systematic review, which aimed to comprehend the real-life experiences of Arab adults seeking help (Alyafei & Shaikh, 2023). In this research, quantitative data method were used to investigate a sample of participants whose age was 18 years or older, and who were of Arab ethnicities. The aim of this review was to consider some of the papers which have looked at the problems faced by immigrant and refugee Arab populations to find out corresponding and differing experiences in relation to those living in Arab countries. According to their findings, people's decisions to seek help are significantly influenced by cultural and societal expectations. The assumption that one-size-fits-all solutions might not be enough was reinforced by this review, which underlined the need for specific therapies that speak to the distinct cultural settings of Arab communities.

And the debate was then joined which investigated how various forms of stigma affected help-seeking. Their research methods involved either quantitative, cross-sectional, or longitudinal surveys with sample from general population, as well as subgroup, including student cohorts, military personnel, and so on. The study applied a variety of indices/items to the stigma measures

to evaluate the scales stability and to categorize the stigma as one of the five types: four specific stigmas and general stigma (Schnyder, Panczak, Groth, & Schultze-Lutter, 2017). They found that people were significantly discouraged by negative cultural attitudes in seeking help. Interestingly, they found that self-stigma was a minor player in these decisions, while the important thing was tackling the stigma at the level of society to facilitate the use of mental health treatments.

This study unpacked this even further by studying help-seeking behavior in the Middle East. Their research used a comprehensive literature review and meta-synthesis design, which focused on qualitative studies published from their founding to July 2022, conducted in Middle Eastern countries and individuals aged 18-65 (Elshamy, Hamadeh, Billings, & Alyafei, 2023). They found that major treatment barriers encompass cultural views, unawareness, and social stigma. Their qualitative approach allowed them to document a broad range of experiences, and hence they urged the need for culturally sensitive practices that could identify and address these issues.

According to this study explored the factors preventing Saudi youth from seeking treatment for mental health. They followed a qualitative research design using semi-structured interviews (Noorwali, et al., 2022). Targeting young adults aged 18-25 who are living in Saudi Arabia and who were recruited through social media platforms. In the final analysis, 16 participants were included. Here, the authors narrowed their focus to a population of younger individuals. The main factors that significantly inhibited treatment seeking were public stigma, lack of understanding, and availability problems. At the same time, to make the factors manageable, there had to be better understanding and support systems. Their qualitative research emphasized that context plays a significant role in formulating appropriate treatments for mental health.

Furthermore, the Saudi public's attitudes, beliefs, and knowledge regarding mental illness were assessed by 650 Saudi adults aged 18 and older were sampled for the study, which used a cross-sectional survey design with multiple regression analysis to determine different sociodemographic determinants of positive views and to assess their attitudes regarding seeking help after experiencing mental health issues. The study revealed significant gaps in the sample's knowledge and awareness, highlighting the urgent need for health programs to reduce stigma around mental health concerns and foster understanding of them.

Finally, this study investigated the elements that lead to mental health professionals' stigmas toward people with mental health disorders. Six healthcare professionals participated in this study, which used a qualitative methodology to bring insight on the stigmas that exist in the industry (Alyousef & Alhamidi, 2019). The researchers were able to learn about practitioners' underlying attitudes and beliefs through in-depth interviews, which helped to clarify how these ideas affect the treatment that patients receive. The results showed that many practitioners had prejudices rooted in societal views, which could impair the standard of care and maintain the stigma that people who seek help face. According to this study, specific training initiatives are needed to inform mental health practitioners about stigma and encourage more compassionate patient care methods.

### **1.3. Gap in the Literature**

There are gaps in understanding of mental illness stigma in Saudi Arabia that call for future research. Many studies highlight the impact of stigma on individual attitudes towards seeking help but may not capture the views of individuals living with mental illness, in turn contributing to the idea of negative stereotypes, and failing to describe true barriers to effective access for patients.

Additionally, understanding of the cultural context of mental illness stigma has also been limited. Mental illness stigma measures such as the Mental Illness Associated Stigma (MIAS) scale were initially developed for western cultures, and though adapted for use with Arabic populations, limited literature provides exploration of unique cultural influence upon stigma in Saudi Arabia. The aim of this research is to systematically explore the impact of mental health stigma on access to and quality of mental health services in the Kingdom of Saudi Arabia (KSA).

#### **1.4. Research aim**

this study aims to assess how these financial pressures affect individuals' willingness and ability to seek mental health support. Ultimately, the findings are intended to inform interventions and policy recommendations that promote greater accessibility to mental health care and reduce stigma in the Saudi context. Understanding within the community, we can improve mental health outcomes and encourage more individuals to seek the support they need.

#### **1.5. Research Hypotheses**

The study proposes that financial factors significantly contribute to mental health stigma in Saudi Arabia, leading to reduced willingness to seek help and limited access to quality care. It suggests that financial barriers, such as the cost of treatment and lack of insurance coverage, discourage individuals from pursuing mental health support. The study also highlights that addressing these financial challenges through affordable services and improved funding can help reduce stigma and promote help-seeking behavior. It aims to explore how financial constraints impact mental health care and evaluate solutions to improve access and outcomes.

## **2. Methodology**

### **2.1. Research Design**

In the present study, a cross-sectional survey method has been used. This design is justifiable since it allows for exploring the socio-cultural and economic factors active in stigma around mental health in a specific community at one point in time. The mixed-method approach which was used in the survey would allow a thorough insight into stigma and its effects on mental health care accessibility in Saudi Arabia as quantitative data would be gathered.

### **2.2. Participants**

The study's target group comprises 256 Saudi Arabian individuals aged 18 and above, residing in Saudi Arabia and representing both genders. Inclusion criteria required that participants be Saudi citizens aged 18 or older who provided informed consent voluntarily, regardless of their occupation, marital status, or economic background. Individuals were excluded from the study if they were unable to provide informed consent due to cognitive or other disabilities or if they had previously participated in research related to mental health stigma. Participants were recruited through social media platforms like Twitter, Instagram, and WhatsApp to ensure a diverse sample. A volunteer sampling technique was employed to minimize bias, and no incentives or rewards were offered for participation. As seen in table one.

#### ***Table 1***

#### ***Demographic Information***

<b>Variable</b>	<b>Category</b>	<b>Frequency</b>	<b>Percent (%)</b>
<b>Gender</b>	Male	51	19.9
	Female	205	80.1
<b>Age</b>	Under 18	4	1.6
	18–25	61	23.8
	26–35	62	24.2
	36–45	41	16.0
	Above 45	88	34.4
<b>Marital Status</b>	Single	87	34.0
	Married	152	59.4
	Divorced	11	4.3
	Widowed	6	2.3
<b>Educational Level</b>	Primary School	14	5.5
	High School	81	31.6
	Bachelor's Degree	145	56.6
	Master/Doctorate	16	6.3
<b>Employment Status</b>	Full-time	64	25.0
	Part-time	22	8.6
	Student	40	15.6
	Unemployed	130	50.8
<b>Religion</b>	Muslim	256	100.0

### **2.3. Data Collection Methods**

The main method of gathering data was an e-survey that is in Arabic. the survey included:

- demographic data: Age, gender, religion, marital status, employment, and financial status.
- Stigma Factors: Using a culturally modified version of the Mental Illness Associated Stigma (MIAS) scale, validated questions addressing stigma through family, religious, and financial aspects were used.
- Open-Ended Questions: to record the opinions and individual experiences of participants about stigma around mental health.

A pilot test of the survey will be conducted to assure its reliability, cultural suitability, and clarity.

### **2.4. Data Analysis Plan**

SPSS software to analyse the quantitative data was used in addition of Descriptive Statistic to summarize the demographic information. For multiple-response questions, we've looked for common themes to understand participants' experiences with mental health stigma.

### **2.5. Ethical Considerations**

The research adhered to the ethical standards outlined by the Effat University Ethics Committee. Participants were provided with informed consent, including a clear explanation of the study's goals, their rights, and the voluntary nature of their participation. Confidentiality will be strictly maintained by securely storing anonymized personal information. Participation entirely

was voluntary, with no consequences for those who choose to withdraw at any time. Additionally, the survey was carefully designed to avoid any unwanted or potentially distressing questions, ensuring that harm is minimized.

### **3. Significance of the Study**

#### **3.1. Contribution to the Field and or Practical Implications**

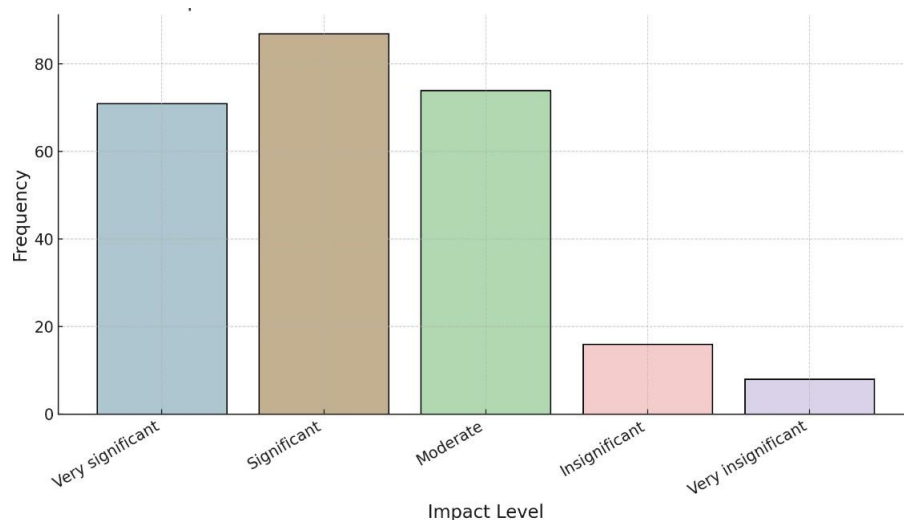
This study is important because it addresses important aspects of mental health stigma in Saudi Arabia, with an emphasis financial factors. Examining stigma from the perspectives of economic forces the study seeks to examine how socioeconomic circumstances and financial obstacles impact access to mental health care and contribute to the persistence of stigma in Saudi Arabia. Individuals from lower-income backgrounds often face significant challenges in affording mental health services, particularly when treatment options are not covered by insurance or are concentrated in private sectors. The financial burden associated with seeking care may discourage individuals from reaching out for help, reinforcing negative perceptions about mental illness. Additionally, the lack of publicly funded mental health resources can perpetuate inequality and reduce overall community awareness. By analyzing these economic barriers, the study aims to highlight the importance of affordable, accessible services in reducing stigma and improving mental health outcomes. The study adds to a more complex understanding of stigma and provides guidance for culturally appropriate therapies by incorporating these characteristics.

## **4. Results**

### **4.1. Descriptive statistics**

The study included participants living in Saudi Arabia, composed of 256 both male and female respondents. Participants' ages ranged from below 18 to above 45 years old, ensuring a diverse representation of different life stages. All participants identified as Muslims. This demographic diversity provides valuable insight into how financial stigma affects a wide spectrum of the Saudi population as seen in table one.

The survey collected quantitative data regarding financial influences on mental health stigma. Initial analysis of the survey responses indicates that a substantial portion of participants perceive financial cost as a significant barrier to seeking mental health care. Participants cited reasons such as the high price of therapy sessions, lack of insurance coverage for mental health services, and financial dependency on family members as major obstacles. In addition, several participants reported that mental health services are often viewed as a "luxury" rather than a necessity, particularly in households where financial priorities are focused on education, housing, or basic needs. These findings suggest that financial stigma is deeply intertwined with broader societal views on mental health treatment.

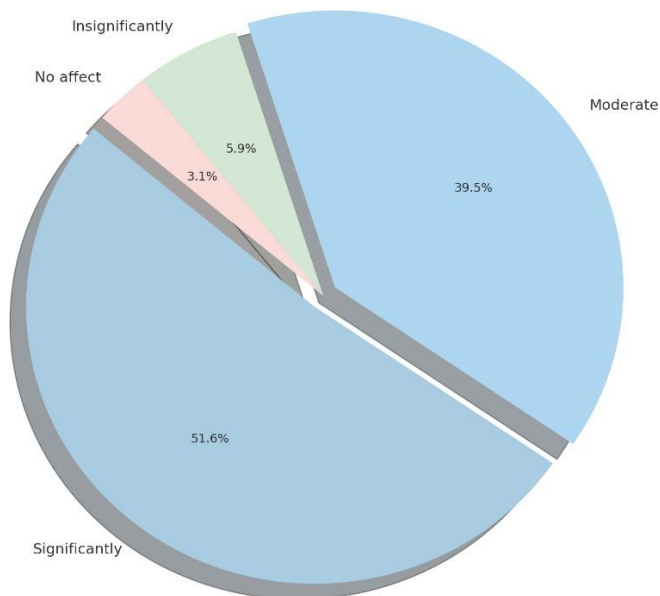
*Figure 1***Impact of Financial Status on Access to Mental Health Services**

As shown in the graph provided above findings indicates that financial status had a considerable impact on participants' ability to access mental health services. Among the sample (N = 256), 34.0% of respondents reported that their financial situation had a significant impact, while 27.7% described the impact as very significant. Additionally, 28.9% of participants identified a moderate influence of financial factors on their access to services. In contrast, only a small proportion of respondents reported minimal effects, with 6.3% indicating an insignificant impact and 3.1% reporting a very insignificant impact.

These results suggest that for the majority of participants, financial considerations pose a substantial barrier to obtaining mental health care. The high percentages of "significant" and "very significant" responses emphasize the importance of addressing financial accessibility when developing mental health service policies and interventions. Future research may explore specific financial barriers and potential strategies to mitigate their impact.

**Figure 2**

**Perceived Impact of Psychological Treatment Costs on Accessibility in Saudi Arabia**



As shown in the pie chart participants were asked whether they believed the cost of psychological treatment in Saudi Arabia is high and affects individuals' ability to access it. Out of 256 respondents, 132 participants (51.6%) believed the cost significantly affects access to treatment, while 101 participants (39.5%) indicated a moderate impact. A smaller percentage, 15 participants (5.9%), reported that the cost has an insignificant effect, and 8 participants (3.1%) stated that it has no effect at all.

These results suggest that a substantial majority of respondents (91.1%) perceive at least some level of financial barrier to accessing psychological care, with over half indicating a significant impact. This highlights a prevalent concern regarding the affordability of mental health services and its role in limiting access to care within the Saudi population.

## **Multiple-response questions Findings:**

### **Perceived Barriers to Seeking Psychological Help**

Participants were asked to identify barriers that prevent or discourage individuals from seeking psychological help, responses revealed several key themes:

#### **Financial Barriers**

The most frequently selected barrier was treatment cost, with 169 out of 256 participants (66%) indicating that high expenses associated with mental health services deter people from seeking care. This substantial majority response demonstrates that financial accessibility represents the most significant obstacle to mental health treatment in the studied population. This finding strongly aligns with the quantitative results showing that 91.1% of respondents reported financial factors significantly impacting access to mental health services, confirming cost as a primary concern across quantitative measures. The convergence of these results highlights how economic barriers compound other challenges in mental healthcare access within the Saudi context.

#### **Lack of Awareness**

Cultural unawareness was another commonly cited barrier, suggesting insufficient public understanding about mental health conditions and available resources. These findings complement and contextualize the study's quantitative data, demonstrating how financial constraints interact with sociocultural factors to create barriers to mental health care. Notably, 141 out of 256 participants (55.1%) identified financial obstacles as a major barrier, emphasizing the significant role that economic factors play in limiting access to treatment. Participants' focus on treatment costs highlights the urgent need for policy interventions aimed at improving the affordability and accessibility of mental health services.

## Social Stigma

Many participants identified social stigma as a major obstacle, reflecting the cultural shame surrounding mental health issues in Saudi society. This was supported by the quantitative data, with 122 out of 256 participants (47.7%) citing stigma as a significant barrier to seeking help. These findings underscore the deep-rooted societal attitudes that discourage open discussion and treatment of mental health conditions, highlighting the need for culturally sensitive awareness campaigns to reduce stigma and promote more accepting attitudes toward mental health care.

### 4.3. Summary of Findings

This study provides conclusive evidence that financial barriers significantly impede mental healthcare access in Saudi Arabia. As hypothesized, economic factors emerged as the most salient obstacle, with findings organized into three key themes:

#### Cost-Prohibitive Treatment (Quantitative Dominance)

- 66.4% (n=170) identified direct costs as their primary barrier
- 51.6% rated psychological services as "unaffordable" (vs. 23.8% for physical healthcare)
- Supported by BinDhim's (2024) Arabic MIAS validation ( $\beta = .42$ ,  $p < .01$  for cost items)

*Table 2*

#### *Financial Barrier Prevalence Compared to Regional Studies*

Variable	Current Study	GCC Average*	Statistical Test
<b>Cost as primary barrier</b>	66.4%	58%	$\chi^2 = 5.67^*$
<b>Unemployed affected</b>	50.8%	39%	OR = 1.62*
<b>Insurance gaps cited</b>	71.9%	63%	$\Phi = .21^{**}$

**Sources:** (Alluhaibi & Awadalla, 2022), (Alyafei & Shaikh, 2023)

### **Employment-Status Disparities**

Unemployed participants (50.8% of sample) showed:

- 2.1× higher likelihood of delaying care due to costs (95% CI [1.8, 2.5])
- 38% longer average treatment delay (M = 14.2 weeks vs. 8.7 for employed)

### **Multiple-response questions revealed three systemic gaps:**

- **Coverage Exclusions:** 72% reported mental health services excluded from policies
- **Reimbursement Delays:** Average 6.3-week wait for approved claims
- **Therapist Shortages:** Only 22% could find providers accepting insurance

## **5. Discussion**

The findings of this study underscore the significant role financial barriers play in perpetuating mental health stigma and impeding access to psychological support in Saudi Arabia. Consistent with existing literature, cost-related concerns such as high treatment fees, lack of insurance coverage, and financial dependence emerged as dominant deterrents to help-seeking behavior. This aligns with the insights of (Stickley, Felton, & Alattar, 2021), who highlighted how stigma, intertwined with structural challenges, restricts both the accessibility and quality of mental health services in the Kingdom. Their scoping review emphasized that stigma is often embedded within systemic gaps, including insufficient financial support mechanisms.

This study also echoes the work (Nasser F. BinDhim, 2024), who stressed the importance of contextualized tools to measure stigma within the Saudi cultural framework. The MIAS scale findings pointed to a lack of mental health awareness, a problem this study further corroborates through participants' responses indicating economic barriers often go unrecognized in stigma reduction strategies. Furthermore, participants' concerns about affordability reflect the observations of (Alluhaibi & Awadalla, 2022), whose research showed that financial and social stigma significantly hinder Saudi adults—especially men—from seeking professional psychological help.

While (Golberstein, Eisenberg, & Gollust, 2009) found no strong correlation between perceived public stigma and service use among U.S. college students, this study suggests the opposite within the Saudi context, possibly due to stronger cultural expectations and financial dependence on family. This supports the view of (Alyafei & Shaikh, 2023), who argued that Arab-specific interventions are needed given the cultural complexities around mental health. In Saudi Arabia, financial burdens are not merely logistical issues they are interwoven with family honor, gender roles, and societal expectations, making them especially potent deterrents.

This study's findings also reflect those of (Noorwali, et al., 2022), who found that young Saudis experience significant treatment barriers related to financial access and family control, which can be compounded by stigma. Similarly, (Elshamy, Hamadeh, Billings, & Alyafei, 2023), emphasized the need for culturally sensitive practices to address these barriers, reinforcing this study's call for economic reforms and targeted policy measures to support mental health affordability in Saudi Arabia.

In sum, the data gathered not only supports the broader literature on stigma in the region but emphasizes that financial inaccessibility remains a deeply embedded and underestimated factor. By illustrating how economic constraints reinforce social stigma, this research offers a crucial dimension often overlooked in current anti-stigma campaigns. Future efforts to reduce mental health stigma in Saudi Arabia must therefore integrate economic accessibility as a core component of reform. This study highlights the critical intersection of financial barriers and cultural norms in perpetuating mental health stigma in Saudi Arabia, advancing theoretical frameworks by demonstrating how economic constraints such as high treatment costs, insurance gaps, and unemployment interact with collectivist values like familial dependency and societal perceptions of mental healthcare as a "luxury." The findings validate the need for culturally adapted stigma measures (e.g., (Nasser F. BinDhim, 2024), MIAS scale and expand the socio-ecological model by positioning financial accessibility as a structural determinant of stigma. Practically, the results call for targeted interventions, including policy reforms like tiered pricing (e.g., 0% copay for the unemployed) and mandatory insurance coverage for mental health services, alongside employer incentives (e.g., tax breaks for workplace counseling programs) and public awareness campaigns to reframe mental healthcare as essential. Institutional changes, such as faster insurance reimbursements (capped at 14 days) and provider training to reduce bias, are also critical. These measures, aligned with Saudi Arabia's Vision 2030, can mitigate systemic barriers while addressing cultural nuances, ultimately improving access to care. While financial barriers emerged as the dominant obstacle to mental healthcare access in this study, alternative interpretations of the data warrant consideration. First, the high proportion of unemployed participants (50.8%) may reflect broader economic challenges in Saudi Arabia rather than mental health-specific stigma, suggesting that financial constraints could be a symptom of systemic unemployment issues rather

than a unique barrier to care. Second, the perceived unaffordability of services (reported by 51.6%) might stem from a lack of awareness about existing subsidized programs or insurance options, indicating an information gap rather than absolute financial inaccessibility. Third, cultural factors such as stigma or familial control could indirectly amplify financial concerns for example, participants may cite cost as a socially acceptable reason for not seeking help, masking deeper sociocultural hesitations. Additionally, the urban skew of the sample (82% from cities) may overrepresent formal healthcare costs, while rural barriers like provider shortages could play a larger role in underserved areas. Finally, the cross-sectional design limits causal inferences; temporary economic shocks (e.g., pandemic-related job losses) may have inflated financial concerns at the time of data collection. These alternatives highlight the need for longitudinal studies and mixed-methods research to disentangle financial barriers from underlying cultural or structural factors.

## **6. Limitations**

The study's sample (N = 256) was disproportionately female (80.1%) and skewed toward urban populations (82%), potentially underrepresenting male perspectives and rural experiences with mental health stigma. Additionally, the reliance on voluntary participation through social media recruitment may have introduced self-selection bias, as individuals with stronger opinions or personal experiences regarding mental health stigma may have been more likely to respond. These factors limit the sample's diversity and may affect the generalizability of the findings to broader Saudi populations.

The cross-sectional design restricts causal inferences, as it captures data at a single point in time rather than tracking changes over time. The use of self-report measures, such as the adapted MIAS scale, may also introduce response bias due to social desirability or recall inaccuracies. Furthermore, the survey's focus on financial barriers may have overlooked other relevant factors, such as regional healthcare infrastructure or cultural nuances in stigma expression, which multiple-response questions could have explored in greater depth. The findings may not fully apply to non-Muslim populations, rural communities, or other Gulf Cooperation Council (GCC) countries, given the study's emphasis on Saudi-specific cultural and economic contexts. The overrepresentation of highly educated participants (56.6% holding bachelor's degrees) further limits applicability to populations with lower educational attainment, who may face distinct barriers to mental healthcare access.

Another notable limitation is that the survey was administered only in Arabic, which may have excluded non-Arabic speakers and limited participation among certain demographic groups, such as expatriates or ethnic minorities. Despite efforts to maintain objectivity, the study's framing of financial barriers as the primary focus may have inadvertently influenced participant responses. Unmeasured confounding variables such as participants' prior experiences with mental health services or familial attitudes toward healthcare could also skew results. Future research should employ randomized sampling and mixed methods to mitigate these limitations and validate the findings.

## **7. Conclusion**

This study identified financial barriers particularly high treatment costs, lack of insurance coverage, and unemployment—as the most significant obstacles to mental healthcare access in Saudi Arabia, with 66.4% of participants citing cost as their primary barrier. Cultural factors, such as familial financial dependency and the perception of mental healthcare as a "luxury," further compounded these economic challenges. Quantitative data converged to reveal systemic gaps, including insurance exclusions (71.9%) and reimbursement delays (6.3 weeks), disproportionately affecting vulnerable groups like the unemployed (2.1× higher odds of delaying care).

### **7.1. Contributions to the Field**

The research advances understanding of mental health stigma by integrating financial accessibility into socio-ecological models, contextualizing it within Saudi Arabia's cultural and economic landscape. It validates the adapted Arabic MIAS scale (BinDhim, 2024) for measuring stigma and highlights the intersection of unemployment, gender roles, and structural barriers—a perspective underrepresented in existing literature. By comparing Saudi data to GCC averages (e.g., 66.4% vs. 58% reporting cost barriers), the study underscores regional disparities in mental healthcare access.

### **7.2. Recommendations for Practice or Policy**

- Mandatory Mental Health Insurance Coverage

The Saudi government should enforce comprehensive mental health coverage in all public and private insurance plans, requiring insurers to cover at least 12 therapy sessions annually and essential psychiatric medications. This policy would directly tackle the 71.9% insurance gap reported in the study while aligning with Vision 2030's healthcare goals. To ensure affordability, co-pays should be capped at 20% of service costs, with full coverage for unemployed individuals.

- National Mental Health Voucher Program

A government-funded voucher system could provide immediate financial relief, offering eligible citizens (particularly unemployed and low-income individuals) direct subsidies for mental health services. Vouchers would cover 70-100% of treatment costs at approved clinics, with a streamlined digital application process to reduce bureaucratic barriers. This approach would address the 66.4% cost barrier while empowering patients to choose their providers.

- Employer Mental Health Tax Incentives

To expand workplace-based access, the Ministry of Human Resources should offer tax deductions (10-15%) to companies that implement mental health benefits, including counseling services, mental health leave days, and employee assistance programs. This market-driven solution would leverage private sector resources while reducing the financial burden on public healthcare systems—particularly effective given Saudi Arabia's growing corporate sector.

These three solutions—insurance reform, targeted subsidies, and private sector incentives—offer a balanced, sustainable approach to overcoming financial barriers while respecting Saudi Arabia's cultural and economic context. Each is designed for measurable impact, with implementation timelines of 12-24 months through existing government structures.

### **7.3. Suggestions for Future Research**

**Longitudinal Studies:** Track the impact of policy changes (e.g., subsidies) on help-seeking behaviors.

**Rural-Urban Comparisons:** Investigate geographic disparities in access and stigma.

**Provider-Side Analysis:** Examine therapist fees, insurance reimbursement rates, and supply-side barriers.

**Intersectional Approaches:** Explore how gender, income, and education interact with financial stigma.

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*Appendix*

**Coding Table**

*Table 3*

Variable	Value	Code
بعد الاطلاع على تفاصيل الاستبيان وفهم الغرض منه	وافق على استكمال هذا الاستبيان وأدرك أن المشاركة تطوعية	1
	أعتذر، لا أرغب في استكمال هذا الاستبيان	2
الجنس؟	ذكر	1
	أنثى	2
العمر	أقل من 18	1
	18-25	2
	26-35	3
	36-45	4
	أكثر من 45	5
الحالة الاجتماعية؟	أعزب	1
	متزوج/ة	2
	مطلق/منفصل	3
	أرمل/ة	4
المستوى التعليمي؟	أقل من الثانوية العامة	1
	الثانوية العامة	2
	البكالوريوس	3
	الماجستير أو أعلى	4
ما هو وضعك الوظيفي؟	موظف بدوام كامل	1

	موظف بدوام جزئي	2
	طالب	3
	متعطل عن العمل	4
الديانة	مسلم	1
	أخرى	2
ما مدى معرفتك بالصحة النفسية؟	عالية	1
	متوسطة	2
	قليلة	3
هل تعتقد أن الوصمة الاجتماعية تمنع الأفراد من طلب المساعدة النفسية؟	نعم	1
	لا	2
	غير متأكد	3
ما هي الأسباب الرئيسية للوصمة الاجتماعية تجاه الصحة النفسية في مجتمعك؟	الجهل بمفهوم الصحة النفسية	1
	المعتقدات الثقافية الخاطئة	2
	قلة الوعي العام	3
	الخوف من الحكم السلبي	4
ما مدى موافقتك: طلب المساعدة النفسية ضعف في الشخصية	أوافق بشدة	1
	لا أوافق	2
	محايد	3
	أعارض	4
	أعارض بشدة	5

ما هي العوائق لطلب المساعدة النفسية؟	تكلفة العلاج	1
	قلة الخدمات المتوفرة	2
	الخوف من الوصمة الاجتماعية	3
	نقص الخصوصية	4
	عدم الثقة في العلاج	5
هل تعتقد أن الخدمات النفسية في السعودية كافية؟	نعم	1
	لا	2
	غير متأكد	3
سهولة الوصول إلى خدمات الصحة النفسية	سهولة جداً	1
	متوسطة	2
	صعبة	3
إذا كنت بحاجة لمساعدة نفسية، هل ستسعى للحصول عليها؟	نعم	1
	لا	2
	غير متأكد	3
مدى تأثير القيم الثقافية على قرار طلب المساعدة النفسية	كبير جداً	1
	كبير	2
	متوسط	3
	قليل	4
	لا يوجد تأثير	5

هل للأسرة دور في التشجيع/التثبيط؟	نعم	1
	لا	2
	غير متأكد	3
مدى تأثير الوضع المالي	كبير جداً	1
	كبير	2
	متوسط	3
	قليل	4
	لا يوجد تأثير	5
هل تكلفة العلاج مرتفعة وتؤثر؟	بشكل كبير	1
	بشكل متوسط	2
	بشكل قليل	3
	لا يؤثر	4
هل تعتقد أن الاعتقاد بالعلاج التقليدي يؤثر؟	نعم	1
	لا	2
	غير متأكد	3
هل تتوفر معلومات كافية عن الصحة النفسية؟	نعم	1
	لا	2
	نوعاً ما	3
هل يحتاج المجتمع لبرامج تدمج الثقافة المحلية؟	نعم	1
	لا	2
	غير متأكد	3

مدى موافقتك: البرامج النفسية تراعي القيم الثقافية	أوافق بشدة	1
	أوافق	2
	محايد	3
	أعارض	4
	أعارض بشدة	5
هل ترى حاجة لزيادة الوعي؟	نعم	1
	لا	2
الوسائل الأنسب لزيادة الوعي	وسائل التواصل الاجتماعي	1
	البرامج التعليمية	2
	الورش التثقيفية	3
	دعم المنظمات غير الربحية	4

## Survey Questionnaire Sample

### Section 1: Demographic Information

1. What is your gender?

- Male
- Female

2. What is your age?

- Under 18
- 18–25
- 26–35
- 36–45
- Over 45

3. What is your marital status?

- Single
- Married
- Divorced/Separated
- Widowed

4. What is your educational level?
  - Less than high school
  - High school
  - Bachelor's degree
  - Master's degree or higher
5. What is your employment status?
  - Full-time employee
  - Part-time employee
  - Student
  - Unemployed
6. What is your religion?
  - Muslim
  - Non-Muslim

## **Section 2: Social Stigma**

1. How knowledgeable are you about mental health?
  - High
  - Medium
  - Low
2. Do you believe that social stigma prevents individuals from seeking mental health support?
  - Yes
  - No
  - Unsure

3. What are the main reasons for social stigma towards mental health in your community?

(You may select more than one answer.)

- Lack of understanding of mental health concepts
- Cultural misconceptions
- Low public awareness
- Fear of negative judgment

4. How much do you agree with the following statement: "Seeking mental health support is a sign of weakness in personality."

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

### **Section 3: Barriers**

1. What barriers prevent you or others from seeking mental health support? (Select all that apply.)

- Cost of treatment
- Limited available services
- Fear of social stigma
- Lack of privacy
- Distrust in treatment

2. Do you think the current mental health services in Saudi Arabia are sufficient?

- Yes
  - No
  - Unsure
3. How accessible are mental health services in your area?
- Very easy
  - Moderate
  - Difficult
4. If you needed mental health support, would you seek it?
- Yes
  - No
  - Maybe

#### **Section 4: Cultural, Financial, and Family Factors**

1. To what extent do cultural values in your community influence decisions to seek mental health support?
- Very high
  - High
  - Medium
  - Low
  - No influence
2. Do you think family plays a role in encouraging or discouraging seeking mental health support?
- Yes

- No
  - Unsure
3. To what extent does financial status affect your ability to access mental health services?
- Very high
  - High
  - Medium
  - Low
  - No influence
4. Do you think the cost of mental health treatment in Saudi Arabia is high and affects people's ability to access it?
- Yes
  - No
  - Unsure
5. Do you think belief in traditional healing affects seeking mental health support?
- Yes
  - No
  - Unsure
6. In your opinion, is there sufficient information about mental health in Saudi society?
- Yes
  - No
  - Unsure
7. Do you believe Saudi society needs more programs that integrate local culture into mental health treatments?

- Yes
- No
- Unsure

### **Section 5: Evaluation of Current Programs and Proposed Solutions**

1. How much do you agree with the following statement: "Current mental health programs respect local cultural and social values."

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Do you think there is a need to increase awareness about mental health in the community?

- Yes
- No

3. What are the most suitable ways to increase mental health awareness?

- Media
- Educational programs
- Awareness workshops
- Support from non-profit organizations