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Cultural Stigma on Mental Health: How Likely People Seek Help on Mental Health

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| Item Type | Thesis |
| Authors | Ahmed, Saja |
| Publisher | Effat University |
| Download date | 2026-03-06 21:28:53 |
| Link to Item | https://repository.effatuniversity.edu.sa/handle/20.500.14131/2180 |

Cultural Stigma on Mental Health: How Likely People Seek Help on Mental Health

Presented

To the Faculty of Effat University Jeddah, Kingdom of Saudi Arabia

Partial Fulfilment of the Requirements for the Bachelor's Degree of the Science in the

Department of Psychology

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Spring 2025

Views on Cultural Stigma on Mental Health in Saudi Arabia

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Abstract

Mental health stigma remains a significant barrier to psychological well-being in the Kingdom of Saudi Arabia, where cultural, social, and financial factors intersect to discourage help-seeking behaviour. This study explores how traditional beliefs, family expectations, and socioeconomic barriers shape public perceptions of mental illness and contribute to the reluctance to seek psychological support. Utilizing Quantitative Survey with Multiple-Response, cross-sectional survey design, data were collected from 256 Saudi adults through quantitative questions. Findings indicate that 73.4% of participants believe social stigma prevents individuals from seeking help, while fear of negative judgment, cultural misconceptions, and limited mental health awareness were cited as primary causes of stigma. The results also highlight that financial challenges and insurance limitations serve as additional barriers, especially among the unemployed. The study underscores the need for culturally tailored awareness campaigns, education programs, and policy interventions to reduce stigma and promote mental health accessibility. These findings contribute to the broader discourse on culturally contextualized mental health strategies in the Gulf region.

Keywords: Mental health stigma, Saudi Arabia, cultural beliefs, help-seeking behaviour, public perception, psychological support, financial barriers

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1. Introduction

1.1. Background Information

Mental health stigma is a major problem in the Kingdom of Saudi Arabia (KSA) that makes it hard for people to access mental health services (Alyousef & Alhamidi, 2019). Many feel that mental health struggles are viewed as personal weaknesses or even moral failings, leading to fear of judgment and social isolation. Cultural expectations and the value placed on family reputation add to this pressure, discouraging open discussions and creating isolation for those struggling. Even when people do reach out, limited mental health resources make it difficult to find timely and effective care, and healthcare providers themselves may face cultural biases that affect the quality of support. The purpose of this study is to explore the reasons behind mental health stigma in Saudi Arabia. It looks at how fear of judgment, family expectations, lack of mental health services, and provider attitudes create barriers to getting help. A descriptive, cross-sectional survey design will be used to better understand these issues and find ways to support more open conversations and access to care.

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, both qualitative and quantitative methods 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 the 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 into 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 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 seeks to explore the causes that contribute to mental health stigma in the Kingdom of Saudi Arabia. It focuses on how traditional beliefs, family expectations, negative attitudes, and lack of mental health education influence public perception and discourage individuals from seeking psychological support. By examining these interconnected issues, the research aims to highlight the need for cultural awareness programs and promote a more supportive environment for mental health. The goal is to reduce stigma, encourage help-seeking behaviour, and improve mental health outcomes across Saudi society.

1.5. Research Questions or Hypotheses

The study proposes that cultural, social, and financial factors contribute to mental health stigma in Saudi Arabia, leading to less willingness to seek help and limited access to quality care. It proposes that mental health education can reduce stigma and encourage help-seeking, and that culturally tailored interventions are more effective than general ones. Key challenges include harmful stereotypes, societal misconceptions, and biases among mental health professionals, which affect the quality of care. The study aims to explore these issues and evaluate how

culturally sensitive programs can reduce stigma and improve mental health outcomes in Saudi Arabia.

2. Methodology

2.1. Research Design

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 quantitative 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 both single-response and multi-response question data were gathered.

2.2. Participants

The study's target group consists of 256 individuals, aged below 18 and above who live in Saudi Arabia and are of either gender.

The inclusion criteria include:

- Living in Saudi Arabia regardless of the nationality
- Aged below 18 or older.
- Willingness to participate voluntary and provide informed consent.

The exclusion criteria included:

- Are unable to provide informed consent due to cognitive or other disability.
- Non-Arabic speakers.
- Those with incomplete or inconsistent survey response.

Participants were recruited using social media sites such as Twitter, Instagram, and WhatsApp. In addition, Participants came from various marital, educational, and employment backgrounds, offering a diverse representation of the population as see in Table 1. All participants identified as Muslim. This demographic diversity offers valuable insight into how mental health stigma impacts individuals from different segments of Saudi society.

Table 1

Demographic Information

| Variable | Category | Frequency | Percent (%) |
|--------------------------|-------------------|------------------|--------------------|
| Gender | Male | 51 | 19.9 |
| | Female | 205 | 80.1 |
| Age | 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 |
| Marital Status | Single | 87 | 34.0 |
| | Married | 152 | 59.4 |
| | Divorced | 11 | 4.3 |
| | Widowed | 6 | 2.3 |
| Educational Level | Primary School | 14 | 5.5 |
| | High School | 81 | 31.6 |
| | Bachelor's Degree | 145 | 56.6 |
| | Master/Doctorate | 16 | 6.3 |
| Employment Status | Full-time | 64 | 25.0 |
| | Part-time | 22 | 8.6 |
| | Student | 40 | 15.6 |
| | Unemployed | 130 | 50.8 |
| Religion | Muslim | 256 | 100.0 |

2.3.Data Collection Methods

The main method of gathering data was an e-survey that is built 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.
- Multi-response question: was used to capture the diverse perspectives and experiences of participants regarding stigma around mental health, allowing them to select all options that applied to their views.

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 explain the demographic, stigma related questions as well as help seeking behaviours. For the multiple-response question, we looked for common themes to understand participants' experiences with mental health stigma.

2.5.Ethical Considerations

The research adhered to ethical standards outlined by Effat University Ethics Committee, which included:

- Informed Consent: We obtained consent from the participants by informing them about the nature of the questions and the goal of the study."
- Confidentiality: No names were collected in the survey, and we did not share any responses as all data has been kept private and securely maintained in an anonymized format.

- Voluntary Participation: the individuals in our study chose to participate in the research without any pressure.
- Minimizing Harm: No sensitive questions were included in the survey.

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 on societal, cultural, and financial factors. Examining stigma from the perspectives of economic forces, beliefs in religion, and family factors, the study seeks to:

Cultural Understanding: Examine how societal attitudes and views of mental health are influenced by cultural norms and values.

Impact on Society: Examine how social and familial ties contribute to the maintenance or reduction of stigma.

Economic Factors: Examine how socioeconomic circumstances and financial obstacles affect mental health care access and increase stigma.

The study adds to a more complex understanding of stigma and provides guidance for culturally appropriate therapies by incorporating these characteristics.

4. Survey Result

The survey gathered quantitative data on public perceptions of mental health stigma in Saudi Arabia. Findings reveal that a majority of participants believe social stigma prevents individuals from seeking psychological help. Additionally, cultural values were reported to have a moderate to strong influence on decisions to seek mental health care, with many respondents rating the impact of cultural norms as moderate or higher. When asked whether seeking psychological help is viewed as a sign of personal weakness, responses were divided, but some agreed to some extent, highlighting how negative beliefs remain present. These results suggest that mental health stigma in Saudi Arabia is shaped by both societal attitudes and cultural expectations.

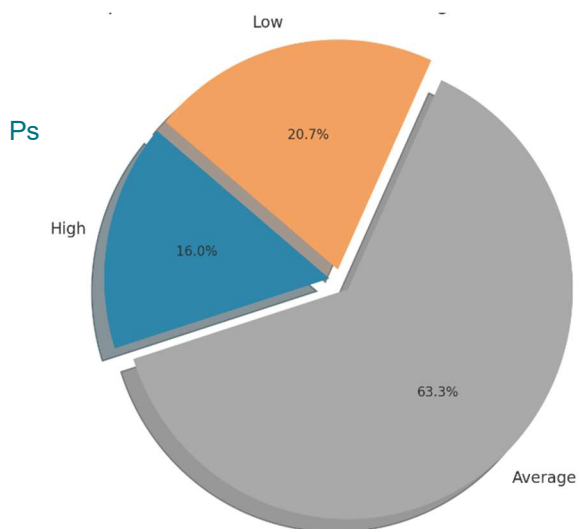


Figure 1 Perception on Mental Health Knowledge in Saudi Arabia

As seen in Figure 1. The participants' knowledge of mental health varied across the sample (N = 256). Among respondents, 63.3% reported having an average level of knowledge about mental health, while 20.7% described their knowledge as low. In comparison, only 16.0% of participants considered their understanding of mental health to be high.

These results suggest that while a majority of individuals possess a moderate awareness of mental health, there is a clear need to improve public education and outreach. The relatively low percentage of respondents with high knowledge highlights the importance of targeted awareness campaigns that can raise understanding and reduce stigma in Saudi Arabia.

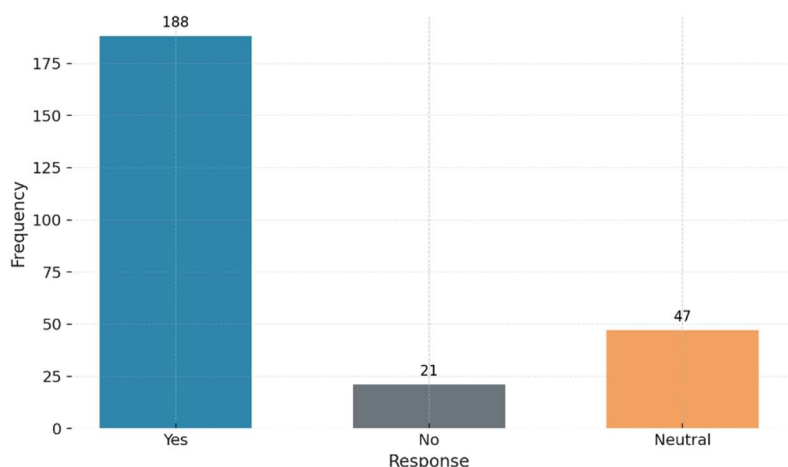


Figure 2 Stigma in Seeking Mental Health Help

Participants were asked whether they believed social stigma prevents individuals in Saudi Arabia from seeking psychological help. As shown in Figure 2, Out of 256 respondents, 188 participants (73.4%) agreed that stigma discourages help-seeking, while 47 participants (18.4%) gave a neutral response. A smaller group, 21 participants (8.2%), disagreed with the statement and did not see stigma as a factor.

These results indicate that most of the respondents perceive social stigma as a clear obstacle to accessing mental health services. The high rate of agreement underscores the influence of societal attitudes on mental health behaviour and highlights the need for awareness efforts aimed at reducing stigma and encouraging help-seeking across Saudi communities.

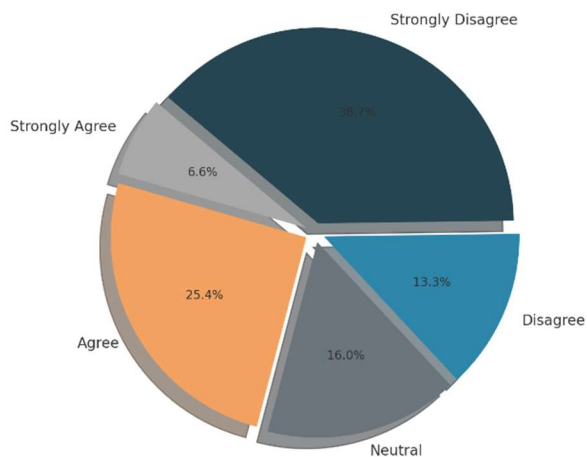


Figure 3 Perception of Seeking Psychological Help as a Sign of Weakness

As seen in Figure 3. Out of 256 respondents, 17 participants (6.6%) strongly agreed with the statement that seeking psychological help is a sign of weakness, while 65 participants (25.4%) agreed. In contrast, 99 participants (38.7%) strongly disagreed, and 34 (13.3%) disagreed. A total of 41 participants (16.0%) gave a neutral response.

These findings suggest that while some individuals still hold negative beliefs about seeking psychological support, the majority do not see it as a sign of weakness. The high number of disagreement responses reflects a growing shift in public perception and points to progress in reducing stigma around mental health care in Saudi Arabia.

4.1. Multi-response questions

Causes of Mental Health Stigma

Participants were asked to select reasons they believe contributed to the stigma surrounding mental health in Saudi society.

The most selected reason was fear of negative judgment; this suggests that many individuals avoid discussing mental health due to concerns about how others will perceive them. This reflects the pressure to conform to social expectations and the fear of being seen as weak or unstable. Furthermore, cultural misconceptions were the second most selected cause. This indicates that certain traditional or inaccurate beliefs in Saudi society about mental illness, continue to influence how people understand and react to psychological issues.

A lack of understanding about what mental health means was also a major theme, this highlights that stigma may not only come from strong bias but also from not knowing much about mental health. However, many participants cited a general lack of awareness in society. This reinforces the idea that without accessible and clear information, people are less likely to recognize the signs of mental illness or seek support.

These findings support the broader picture presented by the study's quantitative results, showing that stigma is deeply rooted in social fears, misinformation, and limited public education.

4.2. Summary of The Findings

This study explored the cultural, social, and financial reasons behind mental health stigma in Saudi Arabia. The quantitative findings showed that fear of judgment, incorrect cultural beliefs, low mental health knowledge, and lack of public awareness were the main causes of stigma. Most participants agreed that stigma discourages people from seeking help, and many still linked psychological support with personal weakness. These results highlight how traditional views and social expectations make it harder for people to speak openly about mental health or get the care they need. The findings also suggest that mental health is still surrounded by silence in many communities, where people may avoid seeking help to protect their reputation or avoid being misunderstood. This silence creates more barriers, especially for those who are already struggling with financial limitations or lack of access to support. By pointing out these challenges, the study shows a clear need for targeted efforts to raise awareness, shift public

attitudes, and build a more supportive environment where mental health is treated with the same importance as physical health.

5. Discussion

The findings of this study affirm that mental health stigma in Saudi Arabia is a multifaceted issue deeply influenced by cultural, social, and financial factors. A significant majority of participants (73.4%) agreed that social stigma discourages individuals from seeking psychological support. This is consistent with (Stickley, Felton, & Alattar, 2021), who concluded that stigma not only limits access to mental health care but also affects how services are delivered, especially in ways that consider cultural sensitivity. Their scoping review showed that stigma is not just a personal issue but also something built into the system, which makes it harder for people to get the help they need. They also pointed out that mental health services in Saudi Arabia still face several challenges, including a lack of public understanding and awareness. This study supports those findings, showing that people are still hesitant to seek support due to fear of judgment, family pressure, or misunderstanding of mental health. It also highlights the need for more awareness programs, open discussions, and policies that aim to reduce stigma and encourage more people to reach out for help in a safe and supportive environment.

Cultural beliefs and family expectations emerged as strong deterrents, particularly the fear of being judged or perceived as weak. This supports the work of (Alyafei & Shaikh, 2023) who found that cultural expectations significantly shape help-seeking behaviour among Arab populations. The belief that seeking psychological support reflects personal weakness was still present among a portion of participants (32%), despite encouraging signs of changing attitudes. These findings reflect ongoing challenges noted in (Noorwali, et al., 2022) where youth in Saudi Arabia described stigma and cultural misunderstanding as major barriers to care.

Another important finding is the limited public knowledge about mental health; only 16% of participants considered their understanding of the topic to be high. This reinforces prior findings (Elshamy, Hamadeh, Billings, & Alyafei, 2023) who emphasized that lack of awareness is a critical barrier across Middle Eastern populations. Furthermore, the validation and use of the Arabic-adapted MIAS scale ((Nasser F. BinDhim, 2024) in this study provided culturally

relevant insight into how stigma is perceived, demonstrating the importance of localized tools to measure attitudes toward mental illness.

While the findings provide strong evidence of how stigma influences help-seeking behaviour, it is important to consider other possible explanations. Some participants may have underreported negative attitudes due to the sensitive nature of the topic, especially in a conservative cultural setting. Low awareness levels might also be influenced by factors beyond cultural beliefs, such as limited access to education or exposure to mental health information in certain regions (Elshamy, Hamadeh, Billings, & Alyafei, 2023). In addition, financial barriers could reflect more than personal income they may also point to gaps in the availability and quality of mental health services, particularly in underserved or rural areas. These alternative factors suggest that stigma is not always the sole reason people avoid seeking help, and future research should explore these influences in more detail using varied methods.

Overall, this study adds to the growing body of literature by confirming that mental health stigma in Saudi Arabia is not solely a matter of perception but is reinforced by economic pressures, limited-service availability, and strong cultural norms. Unlike findings from Western contexts, such as those by (Golberstein, Eisenberg, & Gollust, 2009) where perceived stigma did not significantly affect service usage, this study found stigma and access barriers to be closely intertwined in the Saudi context.

These results support calls for targeted, culturally sensitive interventions such as educational campaigns, policy reforms, funding mental services and insurance coverage that directly address the root causes of stigma and make mental health care more accessible across all sectors of society. These efforts should focus on increasing public awareness about mental health, correcting false beliefs, and creating safe spaces for open discussion. Educational campaigns can help change how people view mental illness and reduce the fear or shame often connected to it. Policy reforms should aim to protect the rights of individuals with mental health issues, support people who face financial barriers when trying to access mental health services and improve access to services, especially for those in underserved areas. Including mental health in insurance plans can also remove a major barrier for many people who want help but cannot afford it.

Together, these steps can help build a more supportive system where individuals feel more comfortable reaching out for the help they need.

6. Limitations

One of the main limitations of this study is the way participants were selected. The sample included 256 individuals from different age, education, and employment groups, but it was not randomly chosen. This may affect how well the results represent the general population of Saudi Arabia. Also, most of the participants were female, which could lead to a gender imbalance in the findings. This might influence how some of the answers are understood, especially if men and women view mental health differently. Also, the survey was only in Arabic.

This study used a cross-sectional survey to collect data at a single point in time, which means it cannot show cause-and-effect relationships between stigma and help-seeking. In addition, the data was collected through self-reported responses, which can be affected by how comfortable participants felt sharing their honest opinions. Some people might have given socially acceptable answers because the topic is sensitive. However, while the survey included both numerical multiple-response questions, the questions might not have captured all the complex reasons behind mental health stigma in Saudi society.

The results of this study may not fully apply to all groups in Saudi Arabia. While the sample included people from different ages, education levels, and jobs, it only involved individuals who identified as Muslim. This means the views of non-Muslim residents or religious minorities were not included. Also, the study did not focus on people living in rural areas or small towns, where access to mental health services and attitudes may be very different.

Although this study used quantitative questions to explore attitudes toward mental health, some bias may still exist. The researcher may have unintentionally influenced the interpretation of multi-response question where participants get to choose multiple answers based on personal views. Additionally, the study did not account for certain confounding factors such as previous exposure to mental health education, access to private healthcare, or personal experience with mental illness.

7. Conclusion

Contributions to the Field

This study adds to the growing research on mental health stigma in the Kingdom of Saudi Arabia. It offers recent quantitative data that show how fear of judgment, cultural misconceptions, and low mental health awareness continue to shape public views. By focusing on local beliefs and behaviours, the study stresses the need for culturally sensitive mental health campaigns. It also highlights the importance of improving education and community engagement to help reduce stigma. These findings show that despite recent progress in mental health services, many people still hesitate to seek help because of how mental illness is viewed in society. The results also suggest that addressing stigma requires more than just medical treatment—it needs long-term efforts that involve families, schools, and community leaders.

Recommendations for Practice or Policy

The findings suggest that future mental health efforts in Saudi Arabia should focus on improving public understanding.

- **National Mental Health Awareness Campaign:** The Ministry of Health, in partnership with the Ministry of Media, should launch a long-term, mental health awareness campaign. This campaign must focus on correcting misconceptions using accessible, relatable messaging across TV, radio, social media, and public spaces.
- **School and Community Mental Health Education Program:** The Ministry of Education should integrate age-appropriate mental health education into the school curriculum across all levels.
- **Training for Professionals:** Mental health workers and doctors need training to provide non-judgmental, culturally respectful care. This includes understanding local beliefs about mental illness, learning how to communicate without bias, and being aware of the social pressures many patients face. Continuous training can help professionals build trust with their patients and create a safe space where people feel comfortable.

Suggestions for Future Research

Future research can build on these findings by exploring different approaches to reducing mental health stigma in Saudi Arabia. Experimental designs can be used to test the effectiveness of anti-stigma interventions, such as educational videos, awareness campaigns, or workshops, in

changing people's attitudes toward mental health. These studies can help identify which methods are most effective in different settings, such as schools, workplaces, or public spaces.

Longitudinal cohort studies are also recommended to track individuals over time and see how ongoing exposure to mental health education affects their beliefs, attitudes, and willingness to seek help. This kind of research can offer valuable insights into how long-term change happens.

In addition, content analysis of both traditional and social media can help researchers better understand how mental health is portrayed in the media, how often it is discussed, and whether it is shown in a positive or negative light. This type of study can show how media messages shape public perception and either support or harm efforts to reduce stigma.

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Appendix A. Coding Table

Table 2

| 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 |
| | أرملة/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 |

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| 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 | سهلة جداً | 1 |
| | متوسطة | 2 |

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|--|---------------|---|
| | 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/التشبيط؟ | 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 |

Appendix B. 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