ORIGINAL RESEARCH

Knowledge and Perception Towards Psychotropic Drugs Among the General Population in Saudi Arabia

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Background: Mental health is crucial to overall well-being. Despite an increase in mental disorders over the past few decades, public awareness remains slow-growing, and stigmatization towards psychotropic medications persists. Therefore, this study aimed to identify knowledge and perceptions of psychotropic drugs among the general population in the Makkah Region, Saudi Arabia.

Methods: A questionnaire-based cross-sectional study was conducted among adults aged 18 years old and older, living in the Makkah Region, Saudi Arabia, from 1 January to 30 April 2024. Descriptive statistics were used to describe participants' characteristics, and categorical variables were reported as frequencies and percentages. A Chi-square test was used to examine the relationships between variables.

Results: A total of 717 participants were involved in the study: (52%) were from Jeddah, (25.9%) were from Taif, and (22%) were from Makkah. The mean age was 33.9 years, and 67.1% were females. Among the participants, (20.8%) had experienced a psychiatric illness, (41.7%) had a member of the family who suffered from a psychiatric illness, (39.5%) had a family member who used a psychiatric drug, and only 25 (7%) had a child suffering from a psychiatric illness. Specifically, 20.8% of those with a psychiatric illness demonstrated good knowledge (P=0.001), 16.1% of those with a family history of psychiatric illness had good knowledge (P=0.007), 16.3% with family use of psychiatric drugs had good knowledge (P=0.006), and 24.5% of those who used psychiatric drugs had high knowledge (P=0.001). Overall, (40.6%) of participants had a low level of knowledge and perception about psychotropic drugs, (47.8%) had a moderate knowledge and perception level, and only (11.6%) had high knowledge and perception.

Conclusion: Psychological well-being is crucial for health, but misconceptions persist, acting as barriers that impede people from seeking and accepting necessary psychiatric care. The findings highlight the need for targeted public education and healthcare professional training to improve Confirmed understanding and reduce stigma around psychotropic drugs in Saudi Arabia. A multifaceted approach involving policy development, community outreach, and ongoing research is essential for enhancing mental health outcomes and treatment accessibility. **Keywords:** knowledge, perception, psychotropic drugs, Saudi Arabia

Introduction

A comprehensive state of mental, social, and physical well-being is what the World Health Organisation (WHO) defines as health. One crucial component of health is mental wellness.¹ However, over the past ten years, there has been an increase in the prevalence of mental illnesses, which is now regarded as a public health issue. More than 970 million individuals worldwide have experienced mental health issues, making it the fifth leading cause of global disabilities. People with mental disorders have faced worsening mental health issues due to the COVID-19 epidemic.^{2,3} For example, the prevalence of depression symptoms increased during the pandemic by more than threefold. Additionally, in primary healthcare facilities in Saudi Arabia, the prevalence of mental disorders is reported to be between 30% and 46%, with depression prevalence being around 20%.^{4,5} Moreover, stigma was found to be positively correlated with a greater intention to use psychotropic medications, while perceived stigma was found to be negatively correlated with a desire to consult a psychotherapist.⁶

The public typically holds stigmatizing and negative opinions about people with psychiatric problems and those who suffer from them. People's attitudes towards seeking treatment for psychiatric problems may be influenced by their fear of being stigmatized and shunned.⁷ Furthermore, patients' negative perceptions and ideas about psychotropic medications can make it difficult for them to comply with therapy and be admitted to psychiatric facilities.⁸ Additionally, it also demonstrates that younger generations exhibit fewer negative thoughts and more positive attitudes towards mental health treatment.⁹ This finding could be explained by their belief that adults have less knowledge or familiarity with mental healthcare.¹⁰ According to a comprehensive review, 49% of patients with serious psychiatric disorders did not take their psychotropic medications as prescribed, and their adherence was influenced by several social and individual factors.¹¹

To assess the knowledge of the community about psychotropic medications, a study revealed that despite the availability and affordability of short-term psychotherapy and counselling services in their academic institutions, 37% of respondents reported depressive symptoms, and 84% of those with anxiety disorders did not seek professional assistance. One of the elements causing this treatment gap is a poor degree of mental health literacy.¹² Research shows that mental health literacy is significantly low in the Middle East, particularly in Saudi Arabia.¹³ This lack of understanding impacts how people perceive the accessibility and effectiveness of psychotropic medications for mental health disorders.^{14,15} Various factors contribute to this issue, including cultural stigma, which associates mental health or seeking help, leading to widespread ignorance.¹⁵ Therefore, there is an urgent need for increased understanding and awareness of mental health issues to address this issue.

Moreover, the absence of public awareness campaigns aimed at educating the community about mental health issues and the importance of treatment is a significant concern.¹⁶ The lack of such initiatives allows misinformation to thrive, underscoring the urgent need for comprehensive education.^{16,17} Furthermore, the scarcity of mental health topics in school curricula or community programs means that young people are growing up without essential knowledge about mental health.¹⁸ This educational gap perpetuates cycles of misunderstanding and stigma surrounding mental health issues.

Thus, determining the extent of the issue and shaping the future direction of the psychiatry sector in Saudi Arabia requires evaluating the degree of mental health literacy and concentrating on the medication that has been provided.^{12,13} Therefore, raising public awareness of mental health issues is imperative. According to an English study, interventions that raise public awareness of mental health issues and encourage positive attitudes towards them may make people more likely to disclose and seek help for mental health issues.¹⁹ Consequently, this study aimed to identify knowledge and perception regarding psychotropic drugs among the general population in the Makkah Region of Saudi Arabia.

Methodology

Ethical Approval

The study was approved by the Biomedical Research Ethics Committee, Faculty of Medicine, Umm Al-Qura University, Makkah, Saudi Arabia (Approval Number: HAPO-02-K-012-2023-11-1895), under the Declaration of Helsinki.

Study Design

A descriptive, cross-sectional study type was conducted in the community in the Makkah Region, Saudi Arabia. Data collection took four months, starting from January until April 30, 2024. Participants were randomly chosen from the community by distributing an electronic questionnaire across various online platforms. They were contacted through social media channels such as Twitter, Instagram, WhatsApp, Telegram, and email. The aim of the research was explained to participants in the questionnaire, who were also informed that participation was voluntary. To ensure confidentiality, no personal information identifying the participant's identity was collected.

Questionnaire Tool

The questionnaire was adapted from a previously published study by Grover et al.²⁰ It was designed using online-based questionnaire development software (Microsoft Forms). The questionnaire was created in English and translated into Arabic, which is the local spoken language of the community. It was revised by a proficient speaker of both languages to

suit the general population. The questionnaire consisted of 35 closed-ended questions divided into the following four categories: Consent, Demographics, Knowledge and perception.

Study Populations (Inclusion/Exclusion Criteria)

The study included community adults who are over 18 years old and live in the Makkah Region. Furthermore, participants who refused to join the study, those who are below 18 years old, psychiatrists, psychologists, workers in the mental health field, and those who do not live in the Makkah Region were excluded from the analysis.

Sample Size and Data Collection

The sample size was calculated using the Raosoft website based on the population size in the Makkah Region. The calculation resulted in a sample size of 385, with a 0.5 margin of error, 50% response distribution, and 95% confidence level. However, the study included more participants than required, reaching a total of 717. The questionnaire was distributed through different social media platforms. We received a complete case analysis of the answers provided by respondents who completed all 35 questions in the four-category survey. Participants who provided incomplete responses to the questionnaire were excluded. Data were collected from the spreadsheets generated by Microsoft Forms and transferred to Microsoft Excel.

Statistical Analysis

The collected data were reviewed and then analysed using the Statistical Package for Social Sciences version 26 (Armonk, NY: IBM Corp). All statistical methods used were two-tailed, with an alpha level of 0.05, considering significance if the P value was less than or equal to 0.05. Overall participants' knowledge and perception of psychotropic drugs were evaluated by calculating the overall composite mean score for participants, which ranged from 1 to 5. The composite mean score of knowledge and perception was categorized as follows: low level if the participant's mean score was less than 3/5, intermediate level if the mean score was 3-3.9/5, and high if the mean score was 4-5/5.

Descriptive analysis was used by showing frequency distribution and percentage for all study variables, including participants' personal data, work data, medical history, and family history of psychiatric disorders. Additionally, knowledge, perception, attitude, and practice regarding psychotropic drugs were tabulated, and overall perception and knowledge levels were graphed. Cross-tabulation for identifying factors associated with participants' knowledge and perception level of psychotropic drugs was carried out using Pearson Chi-square tests for significance and exact probability tests if there were small frequency distributions.

Results

A total of 717 participants completed the study questionnaire: 373 (52%) were from Jeddah, 186 (25.9%) from Taif, and 158 (22%) from Makkah. Participants' ages ranged from 18 to 70 years, with a mean age of 33.9 ± 13.1 years. Of the participants, 481 (67.1%) were female, and 490 (68.3%) were Saudi. Regarding education, 320 (44.6%) were undergraduate students, and 289 (40.3%) had a post-graduate degree. A total of 324 (45.2%) were married and 385 (49.9%) were single. Employment status showed that 252 (35.1%) were employed, while 440 (61.4%) were unemployed. Considering monthly income, 435 (60.7%) reported less than 5000 SR, 108 (15.1%) had 5000 to 10000 SR, and 64 (8.9%) had a monthly income exceeding 20000 SR. Table 1 below shows the socio-demographic attributes of the study population.

A total of 149 (20.8%) had suffered from a psychiatric illness, 299 (41.7%) had a family member who suffered from a psychiatric illness, 283 (39.5%) had a family member who used a psychiatric drug, and only 25 (7%) had a child suffering from a psychiatric illness. Table 2.

Exactly 78.2% of the study participants agreed that the use of psychotropic medications, along with counselling, helps a lot of people with mental illness. Additionally, 75.7% and 69.7% stated that psychotropics do not cure but can lead to substantial improvement. Furthermore, 53.7% reported that psychotropics can prevent relapse, and 48.4% agreed that psychotropic medications are the most effective way to treat mental illness. On the other hand, 75.7% agreed that psychotropics carry a high risk of dependency, 64.3% believed they are very expensive, and 51% thought psychotropics

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	5000–10,000 SAR	108	15.1%
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	> 20,000 SAR	64	8.9%

TableISocio-DemographicDataofStudyParticipants, Makkah Region, Saudi Arabia (n=717)

Notes: *Basic education (including elementary, intermediate, and high school education).

are just sedatives that merely calm down patients. Additionally, 47.4% noted that they make subjects weak and enervated, and 33.8% agreed that, in the long run, they worsen the illness. Table 3.

A total of 291 (40.6%) participants had a low level of knowledge and perception about psychotropic drugs, 343 (47.8%) had a moderate knowledge and perception level, and only 83 (11.6%) had high knowledge and perception. Figure 1.

A total of 20.8% of those who suffer or have suffered from a psychiatric illness demonstrated good knowledge and awareness of psychotropic drugs, compared to 9.2% of others without such knowledge, with recorded statistical significance (P=0.001). Similarly, 16.1% of participants with a family history of psychiatric disorders showed good

Medical History	No	%
Do you suffer or have you suffered from a psychiatric illness?		
Yes	149	20.8%
No	568	79.2%
Has any member of your family suffered from a psychiatric illness?		
Yes	299	41.7%
No	418	58.3%
Has any member of your family used a psychiatric drug?		
Yes	283	39.5%
No	434	60.5%
Do you have a child suffering from a psychiatric illness? (n=359)		
Yes	25	7.0%
No	334	93.0%

Table 2 Personal and Family History of Psychiatric Illness Among Study Participants

Table 3 Participants' Knowledge and Perceptions of Psychotropic Drugs Among the Population in Makkah Region, Saudi Arabia

Knowledge and Perception	Strongly Disagree Disagree		gree	•	her ee nor gree	Agree		Strongly Agree		
	No	%	No	%	No	%	No	%	No	%
• Psychotropic medications are the most effective way to treat mental illness	25	3.5%	110	15.3%	235	32.8%	268	37.4%	79	11.0%
Their benefits outweigh their risks	15	2.1%	125	17.4%	242	33.8%	261	36.4%	74	10.3%
• They do not cure but can lead to substantial improvement	12	1.7%	74	10.3%	131	18.3%	364	50.8%	136	19.0%
• They have side effects, but these can be managed	24	3.3%	130	18.1%	257	35.8%	268	37.4%	38	5.3%
• The use of psychotropic medications along with counseling helps a lot of people with mental illness	6	0.8%	34	4.7%	116	16.2%	349	48.7%	212	29.6%
Psychotropics can prevent relapse	26	3.6%	100	13.9%	206	28.7%	285	39.7%	100	13.9%
• They rarely cause permanent damage or harm	44	6.1%	189	26.4%	263	36.7%	181	25.2%	40	5.6%
• They are a better option for the treatment of mental illnesses than alternative treatments	44	6.1%	150	20.9%	239	33.3%	220	30.7%	64	8.9%
• They have a high risk of dependency	7	1.0%	49	6.8%	118	16.5%	281	39.2%	262	36.5%
• They are unnatural and poisonous substances, which are harmful	24	3.3%	162	22.6%	296	41.3%	155	21.6%	80	11.2%
• They are just sedatives, which only calm down patients	32	4.5%	153	21.3%	166	23.2%	289	40.3%	77	10.7%
• In the long run, they worsen the illness	37	5.2%	191	26.6%	247	34.4%	153	21.3%	89	12.4%
They can make the body unnaturally hot or cold	17	2.4%	123	17.2%	394	55.0%	135	18.8%	48	6.7%
They are very expensive	4	0.6%	42	5.9%	210	29.3%	288	40.2%	173	24.1%
• They are not necessary for the treatment of mental illness because mental illnesses can also be controlled by other means	69	9.6%	253	35.3%	209	29.1%	132	18.4%	54	7.5%

(Continued)

Table 3 (Continued).

Knowledge and Perception	Stro Disa		Disagree		Disagree Neither Agree noi Disagree		nor		Strongly Agree	
	No	%	No	%	No	%	No	%	No	%
• They make subjects weak and enervated	24	3.3%	118	16.5%	235	32.8%	246	34.3%	94	13.1%
• They are the sole cause of unproductive life for people with mental illnesses	28	3.9%	161	22.5%	276	38.5%	184	25.7%	68	9.5%
• It is always better to take less than the prescribed dose of these medications	107	14.9%	246	34.3%	227	31.7%	93	13.0%	44	6.1%

knowledge and perception, compared to 8.4% of others (P=0.007). Among those who had a family member who used a psychiatric drug, 16.3% demonstrated good knowledge and perception, in comparison to 8.5% of others without such a family history (P=0.006). A total of 24% of participants with a child suffering from a psychiatric illness had high knowledge, compared to 9% of those without (P=0.031). Additionally, 24.5% of those who used a psychiatric drug exhibited high knowledge and perception, compared to 9.4% of those who did not (P=0.001). Table 4.

Discussion

Mental health disorders are a significant public health concern that has been growing in prevalence in recent years. They are considered the fifth leading cause of disability globally, and psychotropic medications play an important role in managing and treating these disorders.²¹ Therefore, this study aimed to assess the knowledge and perceptions of the general population in the Makkah Region of Saudi Arabia regarding psychotropic drugs.

The results highlighted that 20.8% of the participants suffered from psychiatric illnesses themselves, while 41.7% and 39.5% had a family member who suffered from a psychiatric illness or took a psychiatric drug. This suggests a high prevalence of mental health disorders within the population of the study, consistent with the WHO epidemiological results indicating the spread and increase of mental health disorders over time.²² However, only 7% of the participants had a child suffering from a psychiatric illness, reflecting fewer mental disorders among younger individuals. This contrasts with a study by Christesen AMS, which showed a high prevalence of psychiatric disorders among younger individuals.²³



Figure I Overall participants' knowledge and perception of psychotropic drugs among the population in Makkah Region, Saudi Arabia.

Table 4 Factors Associated with Participants' Knowledge and Perception of Psychotropic Drugs

Factors		Knowledge and Perception Level						p-value
		Low		Moderate		High		
		No	%	No	%	No	%	
Age in years	18–20	33	44.6%	33	44.6%	8	10.8%	0.110
	21–29	98	33.1%	159	53.7%	39	13.2%	
	30–39	45	48.4%	38	40.9%	10	10.8%	
	40–49	67	47.9%	60	42.9%	13	9.3%	
	50+	48	42.1%	53	46.5%	13	11.4%	
Gender	Female	192	39.9%	227	47.2%	62	12.9%	0.291
	Male	99	41.9%	116	49.2%	21	8.9%	
Nationality	Saudi	198	40.4%	228	46.5%	64	13.1%	0.173
	Non-Saudi	93	41.0%	115	50.7%	19	8.4%	
Which city do you live in?	Jeddah	143	38.3%	184	49.3%	46	12.3%	0.257^
	Makkah	74	46.8%	72	45.6%	12	7.6%	
	Taif	74	39.8%	87	46.8%	25	13.4%	
Education Status	Basic	53	50.5%	41	37.4%	14	12.1%	
	Undergraduate	127	39.7%	159	49.7%	34	10.6%	
	Post-graduate	ш	38.4%	143	49.5%	35	12.1%	
Marital Status	Single	128	35.8%	183	51.1%	47	13.1%	0.130
	Married	147	45.4%	144	44.4%	33	10.2%	
	Divorced	9	47.4%	7	36.8%	3	15.8%	
	Widow	7	43.8%	9	56.3%	0	0.0%	
Employment Status	Employee	110	43.7%	117	46.4%	25	9.9%	0.303
	Non-employee	168	38.2%	215	48.9%	57	13.0%	
	Retired	13	52.0%	11	44.0%	I	4.0%	
Monthly Income	< 5000 SAR	175	40.2%	206	47.4%	54	12.4%	0.637
•	5000–10,000 SAR	48	44.4%	51	47.2%	9	8.3%	
	10,000–20,000 SAR	45	40.9%	50	45.5%	15	13.6%	
	> 20,000 SAR	23	35.9%	36	56.3%	5	7.8%	
Do you suffer or have you suffered from a psychiatric illness?	Yes	40	26.8%	78	52.3%	31	20.8%	0.001*^
	No	251	44.2%	265	46.7%	52	9.2%	
								0.007*4
Has any member of your family suffered from a psychiatric illness?	Yes	115	38.5%	136	45.5%	48	16.1%	0.007*^
	No	176	42.1%	207	49.5%	35	8.4%	
Has any member of your family used a psychiatric drug?	Yes	112	39.6%	125	44.2%	46	16.3%	0.006*^
	No	179	41.2%	218	50.2%	37	8.5%	
Do you have a child suffering from a psychiatric illness?	Yes	12	48.0%	7	28.0%	6	24.0%	0.031*^
	No	151	45.2%	153	45.8%	30	9.0%	
Have you ever used a psychiatric drug?	Yes	33	31.1%	47	44.3%	26	24.5%	0.001*^
			41.9%			20 57		
	No	254	+1.7/0	295	48.7%	5/	9.4%	

Notes: P: Pearson X^2 test^A: Exact probability test^{*} P < 0.05 (significant).

Furthermore, the findings of this study reveal significant differences in knowledge and awareness of psychotropics among individuals with psychiatric illness and those with a family history of psychiatric disorders, in comparison to individuals without any of the previously mentioned associated factors.¹¹ Those who suffer or have suffered from a psychiatric illness or have a family member suffering from a psychiatric illness or using psychotropics displayed a significantly higher level of knowledge and awareness of psychotropic drugs.^{24,25} For instance, a study highlighted the

role of social networks and support systems in influencing knowledge and awareness of psychotropics. Interactions with family members undergoing psychiatric treatment may provide opportunities for learning and information exchange, leading to increased knowledge about psychotropics.²⁶

Additionally, the findings showed a positive result regarding the community's attitude towards psychotropics: 78.2% agreed that the use of psychotropics in conjunct with counselling helps treat mental illness, 48.4% stated that psychotropics are the most effective way to treat mental illness, and 53.7% believed that they can prevent illness relapse. However, the research results also highlighted some concerns and misconceptions, underscoring the need for further education within the community regarding the effects and possible side effects of psychotropics, with 75.7% stating that they lead to substantial improvement but do not completely cure and have a high risk of dependency. In addition, 51% and 47.4% of the participants believed that psychotropics are sedatives that merely calm down patients, and they can weaken and enervate individuals. Furthermore, 33.8% believed that they can worsen the illness in the long run. The positive attitude results align with a study conducted by Grover et al which showed positive views of participants toward psychotropic use in treating mental illness.²⁰ A similar study conducted in Turkey focused on the beliefs and attitudes of psychiatric patients toward antidepressants. It revealed while the medications had positive treatment outcomes, patients also had negative thoughts and misconceptions about side effects, including excessive sleepiness, making individuals weaker, and having addictive effects.¹⁰

Furthermore, the results of this study indicated that 64.3% of the participants reported that psychotropics are expensive, which may be considered a barrier for them, especially considering the average income of the participants was less than 5000 Saudi Riyals. These concerns align with the findings of a study by Orozco et al on barriers that play a role in adherence to and seeking mental health treatment.²⁷ The need for improved public education and awareness campaigns regarding the services that the Ministry of Health provide, such as free mental health treatment in governmental institutions and the development of more affordable and accessible mental health services in private institutions, may help the community by reducing barriers to mental health treatment.²⁸

Although most parents participating in the study affirmed that they would initially rely on psychiatric consultation, 23.3% would prefer to consult a folk medicine healer as the first course of action. A similar study conducted in the central region of Saudi Arabia in 2008 demonstrated a similar proportion: 25.7% of parents would choose to speak to a folk medicine specialist initially.²⁹ This relatively unchanging preference for folk medicine can be attributed to negative sociocultural beliefs and perceived stigma surrounding mental health that persist among the population in the Kingdom.³⁰ Additionally, it is only natural that leaning on folk remedies before seeking psychiatric consultation leads to delays in the initiation of necessary treatment, and this further emphasizes the need for awareness campaigns to educate the public and combat this stigma.^{30,31}

About 62.2% of parents taking part in the survey agreed to give their children psychotropics if necessary. Although this is the majority, this proportion is relatively lower compared to similar studies. In the 2008 study by Al-Haider, 84.3% agreed with the previously stated prompt. In another more recent 2023 study held in Oman, 81.6% of parents also responded positively.^{29,31} Whilst the level of knowledge and perception was not assessed in the aforementioned studies, it is thought to be the principal factor contributing to this lower percentage. In our study, it can be noted that only about a tenth of the participants possessed high knowledge and perception, while the rest of the sample was divided almost equally between moderate and low levels. This underscores the importance of public education about mental health and psychotropics in the western region of Saudi Arabia, aiming to combat misinformation and ensure that children can receive the treatment they need unhindered.

Regarding having a child with a psychiatric illness, we found that caregivers of children with psychiatric disorders actively seek information and educate themselves about treatment options. Therefore, this group of participants exhibited significantly higher levels of knowledge compared to those without such a child.³² These results align with a study conducted by Lai et al in 2022, emphasizing the importance of psychoeducation among family members. Providing family members with a list of prescribed medications, including their type, reason for prescription, and any potential side effects, can enhance understanding and informed decision-making.²⁸

Moreover, the study examined the knowledge and perception of psychotropic medications among individuals who personally used psychotropics. The results indicated that participants who used these medications had higher levels of

awareness and perception compared to those who did not use such medications.³³ These findings suggest that personal experience with psychotropics contributes to a greater understanding of their side effects and usage. Comparing these findings with another study conducted by Al-Haider et al in 2008, parents who had positive experiences with psychotropic drugs were more likely to agree to dispense medication for their children if necessary.³⁴

A few limitations should be considered when interpreting the results of this study. The first limitation is that it is a crosssectional study design, which limits the ability to establish causal relationships between variables. Additionally, the study was conducted in three cities within the Makkah Region, which may limit the generalizability of our findings to other populations or regions. The results may not fully reflect the knowledge, awareness, and practices of individuals residing in different areas or cultural contexts. Despite these limitations, our study has several strengths, including a larger sample size, enhancing statistical power and increasing the reliability and precision of our findings. Furthermore, our study significantly contributes to the literature by being the first to evaluate community knowledge, awareness, and practices regarding psychotropic medications in the specified region. By analyzing these factors together, we offer a thorough understanding of the community's perceptions and behaviours related to psychotropic drugs. This comprehensive approach provides a more nuanced perspective on the topic, which can inform future interventions and educational initiatives.

Our findings also stress the importance of psychological well-being for overall health while tackling common misconceptions preventing people from seeking necessary psychiatric care. We emphasize the urgent need for targeted public education and training for healthcare professionals to enhance understanding and reduce the stigma surrounding psychotropic medications in Saudi Arabia. Additionally, we advocate for a multifaceted strategy encompassing policy development, community outreach, and ongoing research, all crucial for improving mental health outcomes and treatment accessibility. Our study enriches the conversation on mental health in the region by offering evidence-based recommendations. It lays the groundwork for future efforts to create a more informed and supportive mental health care environment.

Conclusion

Maintaining psychological well-being is crucial for overall health, yet persistent misconceptions about mental healthcare continue to hinder public acceptance and utilization of these vital services. Our study's findings align with WHO data, indicating a concerning rise in the prevalence of psychological disorders across the general population. Interestingly, the researchers observed that younger age groups did not exhibit the highest prevalence rates of these issues, contradicting the results of prior similar studies. The study found that individuals with personal or familial experience of psychiatric illness or substance use generally displayed greater knowledge and more favourable perceptions compared to those without such direct exposure. While most participants reported a preference for psychotherapy, some favoured alternative, folk medicine-based approaches. Common misunderstandings included unrealistic expectations of minimal therapeutic benefit, fears of developing medication dependence or sedation, and beliefs that psychiatric drugs exacerbate mental health problems. The researchers emphasize that widespread public education campaigns are critical to addressing these problematic beliefs. The insights gained could help guide the development of more effective future interventions, though the authors note that broader, more comprehensive studies are still required for a fuller understanding of this global challenge.

Disclosure

The authors report no conflicts of interest in this work.

References

- Mulango ID, Atashili J, Gaynes BN, Njim T. Knowledge, attitudes and practices regarding depression among primary health care providers in fako division, Cameroon. BMC Psychiatry. 2018;18(1):66. doi:10.1186/s12888-018-1653-7
- 2. Matos DO, Medeiros-Souza P, Melo RP, Menezes RA, Tavares NUL. Parents' satisfaction with information received on psychotropic drugs used by adolescents in a mental health unit. *Rev Paul Pediatr.* 2022;40:e2021012.

^{3.} Bui TNT, Hotham E, Loughhead M, et al. Exploring mental health clients' current medication knowledge, beliefs and experience with healthcare providers in the community in South Australia. *Health Soc Care Community*. 2022;30(6):e5968–e78. doi:10.1111/hsc.14029

^{4.} Alghadeer SM, Alhossan AM, Al-Arifi MN, et al. Prevalence of mental disorders among patients attending primary health care centers in the capital of Saudi Arabia. *Neurosciences*. 2018;23(3):239–243. doi:10.17712/nsj.2018.3.20180058

^{5.} Alharbi A. the prevalence of depression and related factors during the covid-19 pandemic among the general population of the Jazan Region of Saudi Arabia. *Cureus*. 2022;14(2):e21965. doi:10.7759/cureus.21965

- 6. Kamaradova D, Latalova K, Prasko J, et al. Connection between self-stigma, adherence to treatment, and discontinuation of medication. *Patient Prefer Adherence*. 2016;10:1289–1298. doi:10.2147/PPA.S99136
- 7. Corrigan PW, Watson AC. Understanding the impact of stigma on people with mental illness. World Psychiatry. 2002;1(1):16–20.
- 8. Drivenes K, Vederhus JK, Haaland V, et al. Enabling patients to cope with psychotropic medication in mental health care: evaluation and reports of the new inventory MedSupport. *Medicine*. 2020;99(1):e18635. doi:10.1097/MD.00000000018635
- Dikec G, Kardelen C, Pilz González L, Mohammadzadeh M, Bilaç Ö, Stock C. Perceptions and experiences of adolescents with mental disorders and their parents about psychotropic medications in Turkey: a qualitative study. *Int J Environ Res Public Health*. 2022;19(15):9589. doi:10.3390/ ijerph19159589
- 10. Akinci E, Sonmez SB. Beliefs and attitudes of psychiatric outpatients toward mental disorders and antidepressants. *Family Practice Palliative Care*. 2019;4(3):96–101. doi:10.22391/fppc.613150
- 11. Semahegn A, Torpey K, Manu A, Assefa N, Tesfaye G, Ankomah A. Psychotropic medication non-adherence and its associated factors among patients with major psychiatric disorders: a systematic review and meta-analysis. *Syst Rev.* 2020;9(1):1–18. doi:10.1186/s13643-020-1274-3
- 12. Eisenberg D, Gollust SE, Golberstein E, Hefner JL. Prevalence and correlates of depression, anxiety, and suicidality among university students. *Am J Orthopsych.* 2007;77(4):534–542. doi:10.1037/0002-9432.77.4.534
- 13. Elyamani R, Naja S, Al-Dahshan A, Hamoud H, Bougmiza MI, Alkubaisi N. Mental health literacy in Arab states of the Gulf cooperation council: a systematic review. *PLoS One*. 2021;16(1):e0245156. doi:10.1371/journal.pone.0245156
- 14. Ahad AA, Sanchez-Gonzalez M, Junquera P. Understanding and addressing mental health stigma across cultures for improving psychiatric care: a narrative review. *Cureus*. 2023;15(5):e39549. doi:10.7759/cureus.39549
- 15. Subu MA, Wati DF, Netrida N, et al. Types of stigma experienced by patients with mental illness and mental health nurses in Indonesia: a qualitative content analysis. Int J Mental Health Sys. 2021;15(1):77. doi:10.1186/s13033-021-00502-x
- Mat Ruzlin AN, Chen XW, Yunus RM, Samsudin EZ, Selamat MI, Ismail Z. Promoting mental health during the COVID-19 pandemic: a hybrid, innovative approach in Malaysia. Front Public Health. 2021;9:747953. doi:10.3389/fpubh.2021.747953
- 17. Mboweni EN, Mphasha MH, Skaal L. Exploring mental health awareness: a study on knowledge and perceptions of mental health disorders among residents of Matsafeni village, Mbombela, Mpumalanga Province. *Healthcare*. 2023;12(1). doi:10.3390/healthcare12010085
- Siddique MAB, Ovi MR, Ahammed T, Chowdhury MAB, Uddin MJ. Mental health knowledge and awareness among university students in Bangladesh. *Heliyon*. 2022;8(10):e11084. doi:10.1016/j.heliyon.2022.e11084
- 19. Singh V, Kumar A, Gupta S. Mental health prevention and promotion-a narrative review. Front Psychiatry. 2022;13:898009. doi:10.3389/ fpsyt.2022.898009
- 20. Grover S, Mehra A, Chakrabarti S, Avasthi A. Attitude toward psychotropic medications: a comparison of the elderly and adult patients with affective and psychotic disorders. *Journal of Geriatric Mental Health.* 2019;6(2):38–45. doi:10.4103/jgmh.jgmh 36 19
- 21. Wainberg ML, Scorza P, Shultz JM, et al. Challenges and opportunities in global mental health: a research-to-practice perspective. *Curr Psychiatry Rep.* 2017;19(5):28. doi:10.1007/s11920-017-0780-z
- 22. WHO. Mental disorders. Available from: https://www.hoint/news-room/fact-sheets/detail/mental-disorders. 2022. Accessed October 12, 2024.
- 23. Christesen AMS, Knudsen CK, Fonager K, Johansen MN, Heuckendorff S. Prevalence of parental mental health conditions among children aged 0-16 years in Denmark: a nationwide register-based cross-sectional study. *Scand J Public Health*. 2022;50(8):1124–1132. doi:10.1177/ 14034948211045462
- 24. Al Hathloul AM, Al Jafer MA, Al Fraih IA. Psychiatric patients awareness of their illnesses and medications. *Neurosciences*. 2016;21(1):37–42. doi:10.17712/nsj.2016.1.20150481
- Lucca JM, Vamsi A, Kurian SJ, Ebi S. A prospective observational study on psychotropic drug use in non psychiatric wards. *Indian J Psychiatry*. 2019;61(5):503–507. doi:10.4103/psychiatry.IndianJPsychiatry_28_18
- Corrigan PW, Morris SB, Michaels PJ, Rafacz JD, Rüsch N. Challenging the public stigma of mental illness: a meta-analysis of outcome studies. *Psychiatr Serv.* 2012;63(10):963–973. doi:10.1176/appi.ps.201100529
- 27. Orozco R, Vigo D, Benjet C, et al. Barriers to treatment for mental disorders in six countries of the Americas: a regional report from the world mental health surveys. J Affect Disord. 2022;303:273–285. doi:10.1016/j.jad.2022.02.031
- 28. Wiedermann CJ, Barbieri V, Plagg B, Marino P, Piccoliori G, Engl A. Fortifying the foundations: a comprehensive approach to enhancing mental health support in educational policies amidst crises. *Healthcare*. 2023;11(10):1423.
- 29. Al-Haidar FA. Parental attitudes toward the prescription of psychotropic medications for their children. J Family Community Med. 2008;15 (1):35–42. doi:10.4103/2230-8229.97062
- 30. AlFattani A, Bilal L, Saad SY, et al. Effect of perceived stigma on work and social roles among individuals with mental health disorders in Saudi Arabia: findings from a national survey. *Ann Gen Psychiatry*. 2023;22(1):54. doi:10.1186/s12991-023-00482-x
- 31. Al-Harthi H, Al-Huseini S, Al-Shukaili M, et al. Parental attitude towards the prescription of psychotropic medications for mental disorders in children in a tertiary care university hospital in Oman. *Sultan Qaboos Univ Med J.* 2023;23(2):190–197. doi:10.18295/squmj.8.2022.049
- 32. Radicke A, Barkmann C, Adema B, Daubmann A, Wegscheider K, Wiegand-Grefe S. Children of parents with a mental illness: predictors of health-related quality of life and determinants of child-parent agreement. *Int J Environ Res Public Health*. 2021;18(2):379. doi:10.3390/ ijerph18020379
- 33. Aljaffer MA, Alghamdi S, Alkudsi N, et al. A comparison of knowledge, attitude, and practice (KAP) between private- and government-sector pharmacists with regard to psychotropic medications in Riyadh City. *Cureus*. 2024;16(2):e54539. doi:10.7759/cureus.54539
- 34. Zeleke TK, Birhane W, Gubae K, Kebede B, Abebe RB. Navigating the challenges: predictors of non-adherence to psychotropic medications among patients with severe mental illnesses in Ethiopia. *Patient Prefer Adherence*. 2023;17:2877–2890. doi:10.2147/PPA.S422659

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