

# Mental Health Stigma in the UAE: Female University Students' Awareness and Opinions

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Field of Study: Psychology and Human Services, Category: Research Paper, Program: Undergraduate Research Scholars Program

*Mental health stigma (MHS) is a phenomenon that can be found all over the world. In the UAE, MHS research is limited, therefore there is a need to conduct more research on this topic. The objectives of this study are to assess knowledge and awareness of female university students on mental health, stigma towards those with mental illnesses, and their perceptions about the main contributors to stigma in the UAE. A cross-sectional study was conducted on 159 female students. Participants were randomly selected from a federal university in UAE. Data were collected using a survey consisting of five sections related to how individuals perceive and react towards mental illness. Almost 70% of participants reported having adequate knowledge on mental health, and 49.7% of the respondents suggested spreading awareness to combat MHS. Therefore, this study suggests that university students are becoming more aware of mental health.*

*Keywords: UAE, mental health stigma, mental illness, UAE university students*

## 1 Introduction

In ancient Greece, a mark known as *stizien* was placed on slaves to show that they are lower than other average people. This concept exists even today and it is known as stigma. Nowadays, rather than placing it physically on slaves, it is usually placed verbally on individuals suffering from psychological disorders or any other kind of disability (Arboleda-Florez, 2002). Mental illness is defined as a psychological change that effects the cognition, emotion, and behaviour of a person, often disrupting their lifestyle. However, they are treatable, and most manage to lead relatively normal lives. A few examples of psychological disorders are depression, OCD, anxiety, personality disorders, and various types of phobias (Association, 2015). Stigma towards mental illnesses starts at a young age: when children see a peer that differs from them, they immediately call them 'weird' or 'crazy' and this rejection towards people that are perceived as different grows with age. Therefore, many people worldwide have a sense of discrimination towards those with mental health issues (Friedman, 2014). Despite the availability of treatment for those living with mental illness, especially in high developing countries, two thirds of people worldwide with a known mental disorder do not seek it. This is primarily due to stigma and social discrimination (Thornicroft, 2008).

People suffering from mental illness are not only concerned with their illness, but also with the stereotypes and prejudice from others regarding their condition (Corrigan & Watson, 2002). The stigma is so severe, mentally ill individuals claim the discrimination they are subjected to is worse than their main condition (Thornicroft, 2006). Stigma and fear of rejection prevents them from seeking help, as well as disclosing to loved ones of their psychological condition. Avoiding psychological treatment usually makes the condition worse. For example, if steps to early intervention are not taken to treat the symptoms of



depression, a person's mental state would gradually decline, and soon it will be even more difficult to treat (Young, 2015).

The social stigma that a mentally ill individual is subjected to tends to be harsh and cruel. That is why people with mental illness often try to hide their condition, as the prejudice and discrimination they receive from others is unforgiving (Thornicroft, 2006). However, why is the stigma of mental health is so widespread? In a world where psychological illnesses are increasing people still refuse to get treated, even if treatment options are available. Only recently have researchers been looking for the causes of stigma. One of the main reasons found is self-stigmatization: diagnosed individuals begin to believe internally what society says about them, that they are a disgrace, as well as less valued and important than others (Corrigan & Watson, 2002).

## 1.1 Stigma in the UAE

There two most common psychological in the United Arab Emirates are depression and anxiety. These disorders are especially prevalent in the age group of school and university students, and the incidence for both disorders are increasing gradually (Chaudhary, 2016). Despite these facts, mental health care in the UAE is lacking professionals that are specialized in certain psychological practices (Al-Nowais, 2017). In addition, stigma prevents individuals to willingly go and seek professional mental health care. Similar to other collectivist societies, avoidance of help seeking is due to family background, culture, as well as religious beliefs that promotes people to keep their illness to themselves. Religious beliefs play a huge role in UAE society, for rather than consulting a mental health practitioner, families would prefer to ask a religious healer or 'Mutawa' for help, as in some cases mental illnesses are thought to be associated with lack of faith in the person. This could explain why families like to keep a psychological disorder a secret: they fear society would come to believe that the family is not pious (Heath, Vogel, & Al-Darmaki, 2016). Therefore, many youth in UAE culture are discouraged from self-disclosure and seeking help, as not only would it effect the family, but also because an individual who seeks help would be perceived as weak, especially if the person was male (F. R. Al-Darmaki, 2003).

Arab culture has repeatedly labelled mental illness as supernatural, something that is caused or influenced by otherworldly creatures such as jinn (spirits). This suggests a severe lack of knowledge on the nature of psychological disorders as well as unnecessary fear of those with a mental illness. Al Darmaki et al (2016), explored the level of knowledge female Emirati college students had in regard to mental health and psychological problems. The results showed that while some answers were relevant to the actual nature of mental illnesses, most participants associated it with madness and labelled them as incurable (F. Al-Darmaki, Thomas, & Yaaqeib, 2016). Mental health professionals in the UAE acknowledge that there is a clear misunderstanding and lack of awareness of the public in terms on mental illness, which in turn leads to stigma in society. Recent studies in the UAE also show a high negative attitude towards those with depression and schizophrenia, despite the level of knowledge of those two conditions being high. Participants perceived those with depression and schizophrenia as dangerous and unapproachable. These beliefs may lead to stigmatizing those with mental illness.



The effort now in the UAE is to provide education to the public on mental health and its importance, in hopes of reducing and ending social stigma (Swan, 2016). Another effort is to introduce innovative ways to educate students on eliminating stigma. According to Petkari (2017), using movies to reduce stigma is one way to teach psychology students. Overall, students found it beneficial to tie what they learn in theory to examples seen in the movies. However, this method has not been tested on students from other educational backgrounds, therefore it is hard to determine if this method can be used to educate everyone in the UAE society.

## 1.2 Significance of Study

Across the globe, a lot of research has been done on mental health stigma, however, the most prominent and extensive research have been exclusively done in Western countries or individualistic cultures. In the United Arab Emirates, only few studies were found, and the findings of those studies indicated that people refused to seek professional mental health assistance due to stigma and fear of loss of face in society (F. R. Al-Darmaki, 2003). One study conducted by Al Darmaki et al (2016) was done to investigate what university students believed about mental health and tested their knowledge. The data for that study was collected by giving out questionnaires to 70 university students, and the results showed that social stigma was the number one reason why help seeking was not prevalent in the UAE, followed by religious views. The purpose of this research is to follow up on studies done on mental health stigma in the UAE and possibly expand on them. The aims include identifying how severe the causes of stigma are in the UAE, as well as how much people know about mental health and psychological disorders. Thus, the hypothesis in this research is that students in the UAE do not have adequate knowledge on mental health, and therefore they stigmatize it, whether it is consciously or unconsciously.

## 1.3 Aims and objectives

The aim of this study is to explore how female students in the UAE perceive mental illness and whether they stigmatize against it. As such the objectives of this study include:

- Explore students' awareness and opinions of mental illnesses through a self-developed questionnaire
- Analyze responses to understand which field of study are more/less likely to stigmatize those with mental illness
- Identify recommendations suggested by participants in reducing mental health stigma in the UAE population
- Discuss ways to increase awareness of mental health in the UAE,
- Suggest recommendations for future studies



## 2 Method

### 2.1 Study design & Settings

The study design for this research is observational descriptive. Survey was developed with consideration to factors found to influence mental health stigma in the UAE context (Heath et al., 2016). The other sections of the questionnaire were adapted from recommendations in developing a scale for measuring mental health stigma (King et al., 2007). The third section, which is on general knowledge related to mental health, the questions were based on common questions asked people outside the psychology discipline (Jorm, 2012). Knowledge on mental health covers a broad range of topics: in this study, the focus was on identifying disorders and what psychology is.

Data was collected by a questionnaire distributed to Zayed University female students enrolled in their individual majors. The focus was be on how opinions and awareness of mental illness differs across fields of study within the university. The frequencies of responses across different majors were explored to notice similarities and differences between groups. Students filled out the questionnaires in their respective classrooms. There was no experiment involved in this study as the variables are correlated, not cause and effect.

### 2.2 Population & Samples

A total of 159 female participants from Zayed University participated in the study. Ages ranged between 18-28, and participants were from the following colleges: College of Art and Creative Enterprises (CACE), College of Business (CB), College of Communication and Media Sciences (CCMS), College of Education (CE), College of Humanities and Social Sciences (CHSS), College of Natural and Health Sciences (CNHS), and College of Technological Innovation (CTI). First year students in the foundation year were excluded were from the study due to lack of exposure to university life, and male students were excluded due to their small presence. Students majoring in psychology, which is under CHNS, were also excluded from the study as they are likely to know what mental health stigma is and be more empathetic towards those with mental illness.

To select the participants, simple random sampling was used to conduct this research. About one or two classes from each college was selected to represent each department, depending on the cooperation of the instructor and the number of students volunteering to participate. The classes were chosen using a random number generator, this is so that samples are random, and there is no bias.

### 2.3 Data Collection Techniques

The research is a mixed method study that consists of a five-page questionnaire that was distributed to the students in their classrooms, and was monitored by the principal researcher. The survey is divided into five sections and analysed as shown in **Table 1**.



Sections	Analysis
Experience with people with mental illness	Frequencies were examined of knowing a family member with mental illness and opinions on diagnosed family member
Opinions on factors influencing MHS in the UAE	Mean of each item was calculated – as well as mean of all items
Mental illness general knowledge	Items were computed (addition). Higher scores indicated more knowledge
Reaction to mental health crisis	Items were computed (addition). Higher scores indicated more readiness to aid in crisis
Opinion on main factor influencing MHS in the UAE, how to treat people with mental illness, and how to decrease MHS in the UAE	Similar answers were grouped and frequencies were calculated

Table 1: Survey sections and methods of analysis

Sections 1-4 all consist of close ended questions, and section 5 consisted of 3 open ended questions. Before distributing the questionnaire, students were informed about what mental health stigma is in both English and Arabic. The definition was also written in both languages on the first page of the questionnaire. On average, participants spent 20 minutes to fill out the survey, and they were given an informed consent form to sign beforehand ensuring the protection of their answers in this research.

### 3 Results

#### 3.1 Descriptive statistics

In section 1, participants were asked if they knew anyone with mental illness. Most of the participants (68%) answered no, while 17% answered not sure, and only 15% answered yes. The rest of the questions in section 1 was for students who answered yes. However, the participants' responses were not complete.

For section 2 of the survey, the mean and standard deviation of each factor contributing to MHS was calculated to determine which factors participants believe contributes most to MHS in the UAE. The highest mean of this section was of family background and status ( $M=3.71$ ,  $S.D=1.06$ ) followed by type of psychological problem ( $M=3.62$ ,  $S.D=1.15$ ). Family economic status ( $M=3.41$ ,  $S.D=1.15$ ), cultural traditions ( $M=3.23$ ,  $S.D=1.13$ ), and religious beliefs ( $M=3.20$ ,  $S.D=1.45$ ) were relatively placed in the middle. The lowest means were of gender ( $M=2.82$ ,  $S.D=1.26$ ) and age ( $M=2.94$ ,  $S.D=1.25$ ). **Figure 1** shows the average ration of each variable as mentioned.



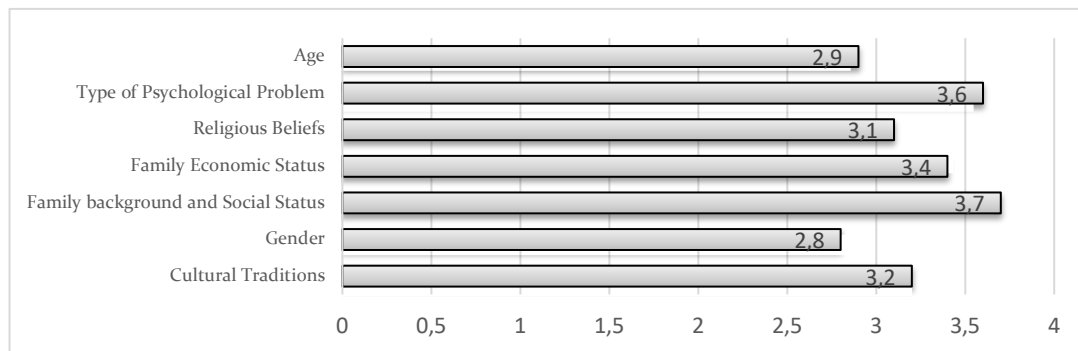


Figure 1: Mean response of participants' ratings on contributors to MHS in the UAE on a scale of 1 – 5 (section 2)

In section 3, in which students were quizzed on their knowledge of mental illness, the scores were of the first four questions were computed to determine the level of knowledge. Scores were given at 1 for correct answer, and 0 for incorrect. Out of the participants, 41.5% got 3 out of 4 questions correct, 27% managed to get a full score, 22.6% answered half the questions correctly, and 8.8% only got one answer correct. Figure 2 illustrates the level of knowledge of the participants. The last question in this section was not included in the quiz as it asks about participants' individual preference of where they would go to seek mental health care if they required it. Almost half of the participants, 47.8%, would talk to a friend, while a quarter of the participants, 24.5%, would go to a counseling center. The remaining participants would either seek help through the internet (18.2%) or approach a traditional healer (6.3%). The remaining 3.1% of participants did not answer the question.

Section 4 consisted of another quiz. However, this one was used to determine the reaction of participants if they were confronted with someone going through a mental health crisis. The responses of participants were divided into three categories: direct intervention (score from 11-15), indirect intervention/call for specialized or authoritative figure (score from 6-10), and avoid intervention (score from 1-5). The responses of each item were computed after giving each an item a score (3 for direct intervention, 2 for indirect, and 1 for no intervention). According to the results, none of the participants would avoid intervention as a first response to someone in a mental health crisis. In fact, most of the participants (72%) would take the direct intervention approach, while the remaining 28% would call for someone to intervene in the situation.

The final section consisted of three open ended questions. The frequencies of similar responses of each question were noted to determine the results. For the first question, which asked participants about what they believed to be the main cause of MHS in the UAE, the top three responses were family background (30.8%), society's beliefs and attitudes towards those with mental illness (17.6%), and lack of awareness and education (8.8%). The remaining responses included: negative mental health (6.3%), stress and other health problems (6.3%), unsure (3.8%), isolation from the community (3.1%), avoiding mental health conversations (2.5%), social media (1.9%), absence of religious beliefs (1.9%), person's personality and actions (1.4%), belief that mental illness is associated with insanity (1.4%), and jealousy (0.6%). The remaining 12.6% of participants did not respond to this question. The second question asked participants on how they believe an individual with mental illness should be treated. Around a third of the participants (29.6%) suggested treating those with



mental illness in a caring albeit different way. Another 26.4% suggested that they should seek out professional mental health care, while 16.4% believe that no intervention is necessary. Other responses in this section included: other forms of therapy such as spiritual therapy (7.5%), be cautious of them (6.3%), calm them down (3.1%), medication (0.6%), not sure (0.6%), and change their environment (0.6%). The remaining 7.5% of participants did not respond to this question. For the final question, participants were asked how they believe mental health stigma should be combated in the society based on their understanding of MHS. Almost half the participants, 49.7%, noted down spreading awareness and another 14.5% wrote down educating the public about mental health. The third most repeated response was understanding those with mental illness (10.1%). Other responses included: help those with mental illness privately (3.8%), ignore people's opinions (3.1%), collaborate with mental health professionals (3.1%), those with mental illness should overcome their illness alone (1.9%), unsure (1.9%), allow those with mental illness to express themselves freely (0.6%), and those with mental illness should focus on religion instead (0.6%). The remaining 10.7% of participants did not respond to this question.

### 3.2 Inferential statistics

To identify whether the data from the sample was significant, one-way ANOVA was used between demographics that showed variance and the measurements. Four variables from the demographics showed variance and were used and they are: college of participant, age of participant, participant's enrollment in a psychology course, and if participant has a family member with mental illness. When comparing the means of the latter three variables with the dependent variables, there was no statistically significant difference found, as all the values of the significance was above 0.05. However, when the collage of participant was compared to how the participant would react to someone in a mental health crisis, a statistically significant difference ( $F(6, 151) = 3.441, p = 0.003$ ) was found. According to this finding, participants from the college of arts and creative enterprises are most likely to endorse a direct intervention in a mental health crisis ( $M = 12.03, S.D = 1.86$ ). Participants from the college of communication and media sciences ( $M = 11.89, S.D = 1.73$ ), college of technological innovation ( $M = 11.69, S.D = 1.74$ ), and college of humanities and social sciences were also more likely to endorse direct intervention. Participants from the college of education ( $M = 9.92, S.D = 1.62$ ) endorse using an indirect intervention in mental health crisis more than the rest of the participants. However, participants from the college of business ( $M = 10.88, S.D = 1.96$ ) and college of natural health sciences ( $M = 10.74, S.D = 1.84$ ) are also more likely to endorse an indirect intervention rather than a direct one.

## 4 Discussion

Awareness and knowledge of mental health stigma has seemed to have increased from previous studies conducted on local university students in the UAE (Al Darmaki, 2003; Al Darmaki et al, 2016). This could be assumed as the demographics of the previous studies match that of this study and some variables used in the previous study matches the ones used in this research. However, some things have still not changed, such as students preferred source for seeking mental health care. According to Al Darmaki (2011), friends were students first option when looking for a source of help for mental health, and per the results



of this study, that still seems to be the case. This perception can change as most participants understood the importance of awareness and mental health care (F. R. Al-Darmaki, 2011). Some participants even acknowledged that those with mental illness should be treated with care, unlike previous studies which shows higher percentage of mental health stigma (Qassim, Boura, & Al-Hariri, 2018). Also unlike previous studies, most participants promote awareness and perceive educating the public about mental health and mental health stigma as important.

The family, as before, remains to be the primary reason why mental health stigma is present in the UAE. Though this was not measured in this study, it may be that participants are still reluctant to seek professional mental health care due to fear of losing face (Al Darmaki, 2003). On the other hand, religious interventions are not as preferred as the primary source of mental health care, as it was in the past (Heath et al, 2016). This could be because of the increase in awareness of therapy and its importance.

While the results show that participants would not be fearful to directly help someone in a mental health crisis, especially Art students, type of psychological disorder is still noted to have the second highest average when students were asked about the causes of mental health stigma. Therefore, it could be that students may not necessarily fear those with mental illness, but they may understand to a certain degree that stigma can be increased on an individual according to their psychological disorder. Compared to previous research, there does seem to be less fear of mental illness (Arboleda-Florez, 2002), which can lead to more understanding and perhaps allowing students to learn more about those with mental illness. This is especially important as most university students in the UAE, including psychology students, do not have access to those with mental illness (Petkari, 2017) and it has been noted that knowing someone with mental illness increases endorsement and empathy towards them (Corrigan & Nieweglowski, 2019; Thornicroft, 2006).

The results give hope that mental health stigma can be reduced in society. However, this is only based on one university in the UAE and thus further research is desperately needed. This is also one of the few studies that has a more positive outlook on mental health stigma, as such the survey should be done again to check for reliability and validity.

## 5 Limitations of Study & Future Directions

One of the limitations in this study is the sample. For this study, only 159 students participated and all of them were female students at Zayed University, Dubai. Even though participants are from a variety of academic fields, it would be hard to generalize the attitudes of all female university students in the UAE based on the sample size. Thus, the sample is not representative to all university students in the UAE. Furthermore, the questions could have been biased as the survey was not from a standardized tool but was developed based on author's knowledge on the context, as well as the cultural factors that were found unique to this environment as many measurement tools for stigma do not take into consideration the components of a collectivist culture. Another limitation was the structure of the structure of the research tool. Some questions might have appeared to be having two options instead of four because of misprint, which might have caused some confusion.





Based on these reflections, it would be best if future research had a lot more participants who come from all across the UAE. This way, the sample size would be bigger and the significance of the study would be higher. Participants should include both male and female university students from different universities and of different nationalities. It would also be interesting to compare the mental health attitudes citizens of the UAE have at different ages. Therefore, there will be a better understanding of mental health stigma in the UAE. Learning more about these attitudes can then help researchers and social workers to learn ways to intervene on this issue and educate the public, ultimately making the UAE more aware about mental health and mental illnesses.

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