Determinants Affecting the Perception toward Mental Health Problems among Residents at Oman Medical Specialty Board; Across Sectional Correlative Study

Salima Al-Mashrafi[1]*, Sumaia Al-Saadi[1], Waleed Al-Ruzaqi[2], Mohammed Al-Alawi[1], Salim Al-Huseini[1], Sathiya M. Panchatcharam[3] and Samir Al-Adawi[4]

[1]*Psychiatry Residency Program, Oman Medical Speciality Board, Muscat, Sultanate of Oman*

[2]*Department of Pediatric, Al Nahda Hospital, Ministry of Health, Sultanate of Oman*

[3]*Studies and Research Section, Oman Medical Speciality Board, Sultanate of Oman*

[4]*Department of Behavioral Medicine, Sultan Qaboos University Hospital, Muscat, Sultanate of Oman*

Corresponding Author*

Salima Al-Mashrafi
Psychiatry Residency Program, Oman Medical Speciality Board, Muscat, Sultanate of Oman
E-mail: drsaleema@hotmail.com
Tel: 0096896446048

Received 14 Jan 2020; **Accepted** 07 Feb 2020; **Published** 14 Feb 2020

Abstract

Objective: This study aimed to decipher the socio-demographic factors associated with the perception towards mental health problems among residents belonging to Oman Medical Specialty Board.

Method: A cross sectional correlative study was conducted among a stratified random sample of residents. Attitude towards mental health problems (ATMHP) questionnaire was used to solicit the attitude of the residents. A non-parametric test (Manny-Whitney test) was employed to explore the association between resident's socio-demographic factors and the ATMHP scale.

Results: A total of 170 participants consented, with a response rate of 94%. (Community Attitudes, Family Attitudes and reflected shame in self-subscales;(Mean rank) of 6.94, p-value 0.010; 4.02, p-value 0.006 and 5.17, p-value 0.029, respectively), and the contract with a mentally ill(subscale of Community Attitudes; (Mean rank) 6.89, p-value 0.026.) were found to correlate with higher scores on ATMHP subscales, signifying a negative perception.

Conclusion: The present study has embarked on assessing the determinants of Oman's future doctors' perception towards different aspects of mental health and illness. Gender and the contact a mentally ill were a significant variable affecting the resident's perception. Such undertaking lays the ground for future work to mitigate the stigma of mental illness among the workforce in Oman's growing healthcare system.

Keywords: Stigma • Mental health • OMSB

Introduction

Mental illnesses have existed in various forms throughout history of mankind [1]. In many traditional societies, mental illness has been often thought to be caused by a demon or angel, and thus it was widely thought to be triggered by 'demonic possession' or 'Sacred disease'[2]. In Western societies, people with mental illnesses (PWMI) have often been equated with disordered personality, congenitally predisposed to criminality and therefore an appropriate object of eugenic policies [3]. Such a background has been a breeding ground for myths stigma toward people with mental illness. Globally, epidemiological studies have indicated that more than one in three people are likely to succumb to the vagaries of mental illnesses [4]. Contemporary society pride themselves to be prescribed to social justice and fraternity, active discrimination and high rates of psychosocial problems are common in people with mental illness. Mental illness can often disenfranchise people, reduce their status and disempower them [5]. Historical and cross-cultural studies have reported active discrimination and harassment of PWMI which exacerbated their psychosocial dysfunction [6]. Although some studies have found a positive public attitude towards PWMI, generally PWMI tend to experience victimization from all strata of society [7]. It has been suggested that the myth or stigma. In addition, other family members suffer because an immediate family member has mental illness [8].

Despite distinctive improvements in the standards for health care in developing countries, recent reports suggest that services for mental illness often are limited to only custodial care [9]. This poor state of affairs continues to prevail despite the rising incidence of psychological disorders [10]. Although various explanations, such as the change in demographics and the lack of resources, might contribute to the rudimental services, one possible explanation impeding provision for PWMI is the prevailing opinions shaping public attitudes towards them [11]. Attitudes are major determinants of behavior and have a wide-ranging influence on society [12]. Previous studies in Oman have examined awareness among public and medical practitioners [13,14]. In both instances, there appears to be pervasive misconceptions towards people with mental illness. The pattern appears to be common among doctors in many parts of the world [15]. Studies are needed, therefore, to explore attitudes towards mental health problems among residents in Oman.

The aim of the present Study was to explore the factors that shape one's attitude towards mental health problems among residents in the Oman Medical Specialty Board.

Method

Study setting, time and participants

A cross-sectional correlative study was conducted among Oman Medical Specialty Board (OMSB) residents from Medical and Surgical specialties between May and August 2017. The study was carried out in OMSB headquarter in Muscat, Oman.

Inclusion criteria: All of OMSB residents from different specialties, male or female at different levels from first year till the last year of each specialty have been considered eligible to participate in the study.

Exclusion criteria: Those who did not consent have been excluded.

Sample size and sampling method

The required sample size was calculated using Open Epi software. After considering, total number of residents during the study period (390), the mean difference between subscales of ATMHP published in the literature [16] power of 80%, and confidence interval of 95(two-sided), the needed sample size was 181. The stratified random sampling approach was followed to ensure the representativeness of our sample according to level of the residents (junior and senior), specialty (medical and surgical) [17] and gender distribution.

Outcome measure: The Attitudes towards Mental Health Problems (ATMHP) instrument was used to tap into their attitudes towards mental

health and experiences of shame and stigma. ATMHP has a 35-item scale to explore different aspects of shame related to a mental health problem. The questionnaire is divided into five sections as detailed below:

ATMHP has a 35-item scale to explore different aspects of shame related to a mental health problem. The questionnaire is divided into five sections as detailed below:

Section 1 is divided into two sub-sections: 1. A person's perception of how their community sees mental health problems (items 1–4), and 2. A person's perception of how their family perceives mental health problems (items 5–8). Section 2 is also split up into two sub-sections: 1. A person's perception of how their community would see them if they had a mental health problem (items 9–13), and 2. A person's perception of how their family would see them if they had a mental health problem (items 14–18). Section 3 focuses on internal shame and the negative self-evaluation of having a mental health problem (items 19–23). Section 4 focuses on reflected shame and beliefs about how one's family would be seen if one had a mental health problem (items 24–30). Section 5 looks at the fears of reflected shame on self, associated with a close relative having a mental health problem (items 31–35). All items are scored on a 4-point Likert scale ranging from 'Do not agree at all'=0 to 'completely agree'=3 [16].

Regarding validity and reliability, ATMHP has not been adopted to be factor analyzed [16]. Instead, it is more appropriate to ensure the face validity which has been assessed (for this study) by a panel of one social psychologist, one psychiatrist and one expert in English literature. Additionally, the calculated reliability of ATMHP in the present study showed that all of the subscales have good internal consistency with Cronbach's alphas ranging between of 0.80 and 0.97.

Information related to resident's age, gender, specialty (medical vs. surgical), level of training(senior vs. junior), being treated for mental illness and contact with person with mental illness (a relative or a friend) were collected.

Data collection: Participants responded to the ATMHP while they were attending the mandatory courses and workshops coordinated by OMSB. All participants were assured in writing that their participation would be anonymous and, that the collected data would be kept confidential, and they could withdraw from participation in the study at any point of time. If undue distress was endured by the participant while answering sensitive questions, counseling would be provided. The participants were kindly advised to refrain from discussing the questions among themselves to reduce peer influence.

Ethics and ethical considerations: This work has been granted ethical approval by Ethics Committee of College of Medicine & Health Sciences (SQU-EC/07/16, MREC#1277), Sultan Qaboos University. While conducting this study, investigators adhered to the Declaration of Helsinki of medical ethics, including confidentiality and informed consent [18].

A descriptive analysis of the categorized variables was presented as proportions, and continuous variables were presented as the mean and standard deviation. Shapiro-Wilk W Test which has been found to be the most powerful test for normality of the data was used to examine the normality of the data in this study (Shapiro and Wilk, 1965).

The results of ATMHP subscales were not normally distributed. Hence, the Mann-Whitney test, non-parametric test, was used to study associations between Socio-demographic factors and subscales of ATMHP. A two-tailed level of significance was set at p = 0.050. The study power (1-b) was 80%. Statistical analysis was carried out using SPSS Statistic (IBM Corp. Released 2013, IBM SPSS Statistics for Windows, Version 22.0. Armonk, NY: IBM Corp.) Version 22 [19].

Result

Table 1 presents the demographic characteristics of study participants. A total of 170 participants responded to the questionnaire, giving a response rate of 94% (170/181). The mean age was 29 and about two third of them were female. Seventy percent of the participants were junior residents. Participants from medical specialties represented 72% of the study sample and 43% of all participants had a relative or a friend with mental disorders.

Table 2 presents the association between ATMHP subscales scores and the demographic factors. Male gender was statistically associated with higher mean rank scores(more negative attitude) in Community Attitudes, Family Attitudes and reflected shame on self-subscales;(Mean rank) of 6.94, p-value 0.010, 4.02, p-value 0.006 and 5.17, p-value 0.029, respectively. Those who had a relative or a friend with mental disorder scored higher in the subscale of Community Attitudes; (Mean rank) 6.89, p-value 0.026.

Discussion

Our study is the first of its kind in Oman, as well as in the Arab/Islamic countries thathas explored the determinants shaping the perception of future doctors towards various aspects of mental illness in Oman.

In the present study, gender was one of the variables affecting resident's perception towards mental health and illness. Male participants expressed more negative view on how their community and family perceive psychological disorders. Additionally, males were more likely to fear the stigma associated with the presence of a mentally disordered family member. Similar findings have been reported by several regional and international studies [20-26]. This trend could be interpreted in the context of the theory of gender socialization. Males, in the west and east, are generally expected to be emotionally strong, self-dependent and phlegmatic. Such expectation of the society may perpetuate negative stand towards mental illness [27]. On the other hand, A previous Asian study on stigma reported that males were more likely to endorse a negative view towards mental illness because their believe in the weakness and shame attached to it [28]. A recent review also found that female gender associated with positive attitudes to mental illness

Table 1. Socio-demographic characteristics.

Variables	n	%
Age (Mean ± sd)	29 ± 1.72	
	Gender	
Male	65	38.2
Female	105	61.8
	Level of training	
Junior	120	70.6
Senior	50	29.4
	Specialty group	
Medical	120	72
Surgical	50	28
	Treated for a mental illness	
Yes	28	16.5
No	142	83.5
	Do you have a relative or a friend with mental disorder	
Yes	73	43
No	97	57

Table 2. Association between Attitudes towards Mental Health Problems (ATMHP) subscales and socio-demographic characteristics, the Mann-Whitney test.

Variables	Com-att (Mean rank)	Family-att (Mean rank)	Com-Ext shame (Mean rank)	Family-Ext shame (Mean rank)	Internal shame (Mean rank)	Family-reflected shame (Mean rank)
			Age			
≤ 28 years	6.51	3.4	6.73	2.63	4.76	5.24
> 28 years	6.01	3.31	6.09	2.94	4.7	5.53
			Gender			
Male	6.94*	4.02*	6.35	2.85	4.49	6.02
Female	5.81	2.93	6.46	2.77	4.85	4.99
			Level of training			
Junior	6.43	3.62	6.47	2.93	4.61	5.68
Senior	5.84	2.7	6.31	2.33	5.06	4.71
			Specialty group			
Medical	6.33	3.49	6.39	2.88	4.61	5.66
Surgical	6.04	3.06	6.49	2.7	5.09	4.91
			Residency level			
Junior	6.53	3.62	6.49	3.05	4.8	5.42
Senior	5.79	2.95	6.4	2.54	4.84	5.52
			Treated for mental illness			
Yes	6.64	3.29	6.96	3.32	5.11	6.21
No	6.16	3.36	6.31	2.7	4.64	5.22
			Relative or friend with mental disorder			
Yes	6.89 *	3.67	6.79	3	4.83	5.69
No	5.77	3.12	6.14	2.67	4.57	5.21

=p value<0.05

Com-att=Community Attitudes - A person's perception of how their community sees mental health problems

Family-att=Family Attitudes - A person's perception of how their family perceives mental health problems

Com-Ext shame=External Shame Community - A person's perception of how their community would see them if they had a mental health problem

Family-Ext shame=External Shame Family - A person's perception of how their family would see them if they had a mental health problem

Internal shame=Related to negative self-evaluation - focuses on internal shame and the negative self-evaluation of having a mental health problem

Family-reflected shame=Reflected shame on Family - focuses on reflected shame and beliefs about how one's family would be seen if one had a mental health problem

Self-reflected Shame=Reflected Shame on Oneself - looks at fears of reflected shame on self, associated with a close relative having a mental health problem

among more than 50%of the studies included in the review [29]. Furthermore, this study found that the contact with a person suffering from mental disorder, either a relative or a friend, makes the individual more conscious of the public's negative attitude towards mental disorders. There is a plethora of literature reporting that previous interpersonal contact with people with mental illness has a direct impact on harboring positive stance towards psychologically ill people [30] as well as those declared having a 'culturally devalued condition [31].

Limitations

This work has a number of limitations. Firstly, exploring one's perception which, by definition is exploring a subjective endorsement is likely to be biased by social desirability, even though the anonymity may reduce it to some extent. This shortcoming can be addressed, in the future, by conducting an implicit attitude tests and semi structured assessment. Secondly, some variables (e.g. specialty) were collapsed into dichotomous variables (e.g. Medical versus surgical) for the sake of the analysis. However, future work could compare the perception of residents from individual specialty (e.g. Medical, psychiatry, anesthesia, etc.)

Conclusion

This study has deciphered the socio-demographic factors shaping young Omani doctor's perception of mental health problems. Gender and the contact with a mentally ill have been statistically significant correlates of the attitude towards psychiatric problems. This study lay the ground for examining, in the future, socially specific interventions to mitigate the stigma, and raising awareness about mental illnesses among healthcare providers in Oman.

Conflict of Interest

The authors declare they have no competing interests.

Acknowledgement

The authors would like to thank all the residents who participated in the study. The leadership at Oman Medical Specialty Board for their capable and generous contributions to the project.

References

1. Al-Adawi, S., et al. "Perception of and attitude towards mental illness in Oman." *Int J Soc Psychiatry*. 48.4 (2002): 305-317.
2. Arthur, C.M., & Whitley, R. "Head take you: causal attributions of mental illness in Jamaica." *Transcult Psychiatry.* 52.1 (2015): 115-132.
3. Hoge, S.K., & Appelbaum, P.S. "Ethics and neuropsychiatric genetics: a review of major issues." *Int J Neuropsychopharmacol*. 15.10 (2012): 1547-1557.
4. Demyttenaere, K., et al. "Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization World Mental Health Surveys." *JAMA*. 291.21 (2004): 2581-2590.
5. Petkari, E. "Explanatory models of mental illness: a qualitative study with Emirati future mental health practitioners." *Mental Health, Religion and Culture*. 18.9 (2015): 738-752.
6. Dols, M.W. "Majnun: the Madman in Medieval Islamic Society." Immisch DE (ed.) *Oxford: Clarendon Press.* (1992).
7. Watson, A.C., et al. "Early Intervention in Psychiatry: EI of Nearly Everything for Better Mental Health." *Wiley-Blackwell.* (2014): 358-372.
8. Frederic, C., et al."Ethnicity and diagnostic patterns in veterans

with psychoses." *Soc Psychiatry Psychiatr Epidemiol*. 39.10 (2004):841-851.

9. Al-Sinawi, H., et al. "International Perspectives on Mental Health London." *Royal College of Psychiatry Publications.* (2011):167-172.
10. Jaju, S., et al. "Prevalence and age-of-onset distributions of DSM IV mental disorders and their severity among school going Omani adolescents and youths: WMH-CIDI findings."*Child Adolesc Psychiatry Ment Health*. 3.1(2009):29.
11. Al-Krenawi, A. "Cross-national comparison of Middle Eastern university students: help-seeking behaviors, attitudes toward helping professionals, and cultural beliefs about mental health problems." *Community Ment Health J*. 45.1 (2009): 26-36.
12. Al-Adawi, S., et al. "Psychosocial aspects of epilepsy in Oman: attitude of health personnel." *Epilepsia*. 42.11 (2001): 1476-1481.
13. Al-Adawi, S., et al. "Perception of and attitude towards mental illness in Oman."*Int J Soc Psychiatry*. 48.4 (2002): 305-317.
14. Al-Adawi, S., "Withering before the sowing? A survey of Oman's 'tomorrow's doctors' interest in psychiatry." *Educ Health (Abingdon).* 21.1 (2008): 117.
15. Shen, Y., et al. "What can the medical education do for eliminating stigma and discrimination associated with mental illness among future doctors? effect of clerkship training on Chinese students' attitudes." *Int J Psychiatry Med*. 47.3 (2014): 241-254.
16. Gilbert, P., et al. "Cultural differences in shame-focused attitudes towards mental health problems in Asian and non-Asian student women". *Mental Health, Religion & Culture*.10.2(2007): 127-141.
17. Pawełczyk, A.M.,et al. "Temperament traits and preference for surgical or nonsurgical specialties in year 6 medical students". *Teach Learn Med*. 26.4 (2014): 387-392.
18. http://www.wma.net/en/30publications/10policies/b3/17c.pdf (2008).
19. IBM Corp. Released 2013. IBM SPSS Statistics for Windows, Version 22.0. *Armonk, NY: IBM Corp*.
20. Al Ali, N.M.,et al. "Factors affecting help-seeking attitudes regarding mental health services among attendance of primary health care centers in Jordan." *International Journal of Mental Health*. 46.1 (2017): 38-51.
21. Boysen, G.A."Explaining the relation between masculinity and stigma toward mental illness: The relative effects of sex, gender, and behavior." *Stigma and Health.* 2.1 (2017): 66.
22. Chiles, C., et al. "Attitudes of students at a US medical school toward mental illness and its causes."*Academic Psychiatry*. 41.3 (2017): 320-5.
23. Chan, S.K., et al. "Gender effect on public stigma changes towards psychosis in the Hong Kong Chinese population: a comparison between population surveys of 2009 and 2014." *Social Psychiatry and Psychiatric Epidemiology*. 52.3 (2017): 259-67.
24. da Rocha Neto, H.G., et al. "Attitudes of Brazilian medical students towards psychiatric patients and mental illness: a quantitative study before and after completing the psychiatric clerkship." *Academic Psychiatry*. 41.3 (2017): 315-9.
25. Verhulp, E.E., et al."Lay beliefs about emotional problems and attitudes toward mental health care among parents and adolescents: Exploring the impact of immigration." *Cultural Diversity and Ethnic Minority Psychology*. 23.2 (2017): 269.
26. Angermeyer, M.C. & Schomerus, G. "State of the art of population-based attitude research on mental health: a systematic review." *Epidemiology and Psychiatric Sciences*. 26.3 (2017): 252-64.
27. Mansfield, A.K., et al. "Why won't he go to the doctor?: The psychology of men's help seeking".*Int J Mens Health.* 2.2 (2003): 93-109.
28. Subramaniam, M., et al. "Stigma towards people with mental disorders and its components-a perspective from multi-ethnic Singapore." *Epidemiology and Psychiatric Sciences*. 26.4 (2016): 371-382.
29. Angermeyer, M.C., & Dietrich, S. "Public beliefs about and attitudes towards people with mental illness: a review of population studies." *Acta Psychiatrica Scandinavica*. 113.3 (2006):163–79.
30. Yoshii, H., et al. "Stigma toward schizophrenia among parents of junior and senior high school students in Japan." *BMC Research Notes*. 4.1(2011): 558.
31. Weller, L. & Grunes, S. "Does contact with the mentally ill affect nurses' attitudes to mental illness?" *BritishJournal of Medical Psychology*. 61.3 (1998): 277–284.

Cite this article: Salima Al-Mashrafi, et al. Determinants Affecting the Perception toward Mental Health Problems among Residents at Oman Medical Specialty Board; Across Sectional Correlative Study. Clin Exp Psychol, 2020, 6(1), 001-004.