Knowledge and Attitude Among Academic Staff of Islamic Specialties In Al Madinah Al Munawwarah Towards Mental Illness

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Abstract—Background: Psychiatric disorders are now a common problem in our world and a very important dilemma especially in Saudi Arabia. Because a lot of the patients are misdiagnosed and seek help from religious people. Aims: To assess knowledge, attitude and beliefs of an Academic Staff of Islamic specialties in Al Madinah Al Munawwarah universities about mental illness. Methods: a cross-sectional study concerning the knowledge and attitude towards mental illness by using Opinions about Mental Illness Scale. The participants were an Academic Staff of Islamic specialties in Al Madinah Al Munawwarah. Results: The following five attitudinal domains were investigated: authoritarianism, benevolence, mental hygiene ideology, social restrictiveness, and interpersonal etiology. They were compared based on age, gender, academic qualification and between those who have been practicing spiritual therapy for each domain. Results depending on each domain show high score in participants who didn't practice spiritual thereby in mental hygiene ideology, by gender, females have higher scores than males in interpersonal etiology. By qualification professors have the highest score in interpersonal etiology. Conclusions: There is a huge gap between psychiatrists and religious people in defining and in dealing with mental illnesses. Many of psychiatric patients seek help from Religious people. So, the better the understanding and the awareness about mental illnesses will help to recognize the patients earlier and treat them properly.

Index Terms—Academic; Staffs; Islamic; specialties; Mental; illness; religious.

1.1 INTRODUCTION

Religion is frequently incorporated into the convictions, law verdicts and encounters of psychiatric patients, and along these lines it turns into the objective of psychiatric intervention.[1]

Mental diseases or psychiatric disorders are one of the most common diseases in the world.

The global study showed that around one in five persons encountered a typical mental issue around a 12-month time span across 155 general population surveys in an all-inclusive community reviews embraced in 59 nations. The total lifetime commonness of regular mental issue was evaluated at 29.2% from 85 reviews attempted crosswise over 39 nations. [2]

World Health Organization (WHO) ranges the burden on families from the monetary troubles, the emotional reactions to the illness experienced by the mentally ill individual and his/her family, the stress of coping with the disturbed behaviour of the illness, the disruption of the household routine and the restriction from participating in social activities due to their illness. [3] Typically, mental disorders are dealt by psychiatrist or non-psychiatrist health workers in the general health facilities.[4] The success rate for the treatment of numerous common psychiatric disorders are equal or surpass the success rates for many other medical disorders. [5] Sometimes, religious individuals oversee mental patients. thus, it is critical to recognize that religious individuals assume a crucial part in the diagnosis and management of patients with mental illness. Regrettably, they may miss diagnoses of mental illnesses due to lack of knowledge, leading to delaying the patient from going to ask help from professional psychiatrists.[4] Accessing to psychiatric service over the globe is still limited by an extreme shame that also delays patients with psychiatric diseases from seeking professional help. [6] In Saudi Arabia, where Islam is the dominant religion in the country, supernatural forces, for example, witchcraft, stink eye, and spirits are socially acknowledged. Furthermore, the traditional healing practices performed by religious people are primarily spiritually and faith-based. [7] Regardless of the advances in the mental health services in Saudi Arabia, a significant number of patients with psychiatric diseases still counsel religious people before seeing mental health professionals. [8] According to our knowledge, there have been no previous studies conducted in Saudi Arabia that have studied the knowledge and attitude among Academic Staff of Islamic specialties in Al Madinah Al Munawwarah.

1.2 OBJECTIVE

To assess knowledge, attitude and beliefs of Academic Staff of Islamic specialties in Al Madinah Al Munawwarah universities about mental illness patients.

your paper.

2 METHODS

Population: The study will be conducted among Academic Staff of Islamic specialties in Al Madinah Al Munawwarah universities. Study design: Analytic cross-sectional study.

Sample: The sample is 200 persons. It was calculated using Open Epi, with 95% CI, 139 participation has been taken. Sampling technique: Simple random sample. Questionnaire: A predesigned structured questionnaire adapted from COHEN

AND STRUENING will be used.

3.1 RESULTS

Social demographic data as in (table 1) include (age, gender, academic qualification, practicing of spiritual therapy) and it shows the 139 participants. The study has 5 domains that measure Awareness, which include : Authoritarianism, benevolence, mental hygiene ideology, social restrictiveness, and interpersonal etiology we will compare between each domain and social demographic by details below. Authoritarianism: Table (2) shows that there is no significant relation between Authoritarianism and Demographic data (age, gender, academic qualification and have you ever had spiritual therapy done before) where all P-values more than 0.05. Benevolence: Table (3) show that there is no significant relation between benevolence and demographic data (age, gender and academic qualification) where all P-values more than 0.05. Mental hygiene ideology: Table (4) show that there is no significant relation between mental hygiene ideology and most of demographic data (age, gender and academic qualification) where all P-values more than 0.05, but there is a significant relation with (Have you ever had spiritual therapy done before) where the mean ±SD for mental hygiene ideology when say Yes was (22.5+2.752) and (23.649+3.211) if No. Social restrictiveness: Table (5) show that there is no significant relation between Social restrictiveness and Demographic data (age, gender, academic qualification and Have you ever had spiritual therapy done before) where all P-values more than 0.05. Interpersonal etiology: Table (6) show that there is a significant relation between Interpersonal etiology and Gender (Increase in female more than male) where t=-3.964 and P-value <0.001 and the mean ±SD of Interpersonal etiology in the Male group was (10.527±2.939) and in the Female group was (12.231±1.959). There is a significant relation with Academic Qualification (increase in Professor) Where F=2.827 and P-value=0.027 and the mean ±SD of Interpersonal etiology in Bachelor's degree was (11±4.209), In Masters it was (12±2.11). In Assistant Professor it was (11.022±2.436). In Associate Professor it was (10.192±3.073) and in Professor it was (12.429±2.441). But no significant relation with other parameter (Age and Have you ever had spiritual therapy done before) where P-value equal (0.830, 0.482 and 0.552) respectively.

3.2 TABLES

Table (1): social demographic data in our study

	N	%
Age		
20-30years	12	8.63
30-40years	42	30.22
40-50years	47	33.81
50-60years	33	23.74
>60years	5	3.60
Gender		
Male	74	53.24
Female	65	46.76
Qualification		
Baccalaureus	8	5.76
Master	45	32.37
Assistant Professor	46	33.09
Associate Professor	26	18.71
Professor	14	10.07
Have you ever had practice spiritual therapy before		
Yes	42	30.22
No	97	69.78

Table (2): The relationship between Authoritarianism and Demographic data in our study

Demographic data		N	Authoritarianism Mean ± SD	F or T	ANOVA or T-test Test value	P-value
Age	20-30years	12	21.500 ± 4.275	F	1.756	0.141
	30-40years	42	18.571 ± 3.833			
	40-50years	47	19.277 ± 4.898			
	50-60years	33	18.667 ± 3.747			
	>60years	5	16.400 ± 1.140			
Gender	Male	74	18.365 ± 3.795	T	-1.923	0.057
	Female	65	19.738 ± 4.624			
Qualification	Baccalaureus	8	21.250 ± 3.059	F	1.485	0.210
	Master	45	19.800 ± 4.026			
	Assistant Professor	46	18.565 ± 4.815			
	Associate Professor	26	18.115 ± 3.973			
	Professor	14	18.286 ± 3.539			
Have you ever had practice spiritual therapy before)	Yes	42	18.690 ± 4.217	T	-0.578	0.564
	No	97	19.144 ± 4.270			

Table (3): The relationship between Benevolence and Demographic data in our study

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Demographic data		N	Authoritarianism Mean ± SD	F or T	ANOVA or T-test Test value	P-value
Age	20-30years	12	20.917 ± 2.193	F	1.093	0.363
	30-40years	42	20.833 ± 3.456			
	40-50years	47	20.383 ± 4.533			
	50-60years	33	20.000 ± 3.816			
	>60years	5	17.200 ± 5.263			
Gender	Male	74	20.554 ± 4.420	T	0.621	0.536
	Female	65	20.138 ± 3.307			
Qualification	Baccalaureus	8	18.875 ± 2.997	F	1.230	0.301
	Master	45	20.867 ± 3.181			
	Assistant Professor	46	20.304 ± 4.221			
	Associate Professor	26	20.923 ± 4.791			
	Professor	14	18.714 ± 3.646			
Have you ever had practice spiritual therapy before)	Yes	42	20.548 ± 3.644	T	0.370	0.712
	No	97	19.144 ± 4.270			

Table (4): The relationship between Mental hygiene ideology and Demographic data in our study

Demographic data		N	Authoritarianism Mean ± SD	F or T	ANOVA or T-test Test value	P-value
Age	20-30years	12	22.583 ± 4.441	F	0.378	0.824
	30-40years	42	23.071 ± 3.196			
	40-50years	47	23.404 ± 3.012			
	50-60years	33	23.727 ± 2.864			
	>60years	5	23.200 ± 1.483			
Gender	Male	74	23.041 ± 3.337	T	-1.057	0.292
	Female	65	23.600 ± 2.838			
Qualification	Baccalaureus	8	21.875 ± 5.866	F	0.688	0.601
	Master	45	23.689 ± 2.653			
	Assistant Professor	46	23.283 ± 2.888			
	Associate Professor	26	23.385 ± 3.419			
	Professor	14	22.786 ± 2.694			
Have you ever had practice spiritual therapy before)	Yes	42	22.500 ± 2.752	T	-2.020	0.045*
	No	97	23.649 ± 3.211			

Table (5): The relationship between Social restrictiveness and Demographic data in our study

Demographic data		N	Authoritarianism Mean ± SD	F or T	ANOVA or T-test Test value	P-value
Age	20-30years	12	23.167 ± 3.810	F	0.732	0.571
	30-40years	42	24.190 ± 3.030			
	40-50years	47	24.787 ± 4.606			
	50-60years	33	25.212 ± 4.136			
	>60years	5	25.000 ± 4.000			
Gender	Male	74	24.649 ± 4.387	T	0.231	0.818
	Female	65	24.492 ± 3.456			
Qualification	Baccalaureus	8	22.750 ± 3.694	F	1.046	0.386
	Master	45	24.533 ± 3.584			
	Assistant Professor	46	24.565 ± 4.124			
	Associate Professor	26	24.346 ± 4.195			
	Professor	14	26.214 ± 4.282			
Have you ever had practice spiritual therapy before)	Yes	42	24.262 ± 3.951	T	-0.612	0.541
	No	97	24.711 ± 3.984			

Table (6): The relationship between Interpersonal etiology and Demographic data in our study

Demographic data		N	Authoritarianism Mean ± SD	F or T	ANOVA or T-test Test value	P-value
Age	20-30years	12	11.917 ± 3.397	F	0.370	0.830
	30-40years	42	11.571 ± 2.002			
	40-50years	47	11.085 ± 2.999			
	50-60years	33	11.182 ± 2.709			
	>60years	5	11.000 ± 2.550			
Gender	Male	74	10.527 ± 2.939	T	-3.964	<0.001*
	Female	65	12.231 ± 1.959			
Qualification	Baccalaureus	8	11.000 ± 4.209	F	2.827	0.027*
	Master	45	12.000 ± 2.111			
	Assistant Professor	46	11.022 ± 2.436			
	Associate Professor	26	10.192 ± 3.073			
	Professor	14	12.429 ± 2.441			
Have you ever had practice spiritual therapy before	Yes	42	11.119 ± 2.442	T	-0.596	0.552
	No	97	11.412 ± 2.757			

Table (7): The relationship between Benevolence and Demographic data in our study

4.1 DISCUSSION

In Authoritarianism, which assesses the opinion that people with a mental illness cannot be held accountable for their acts and they should be controlled by society. In Benevolence, reflecting an attitude that could be placed between tolerance and pity/compassion towards mental illness. In Mental Hygiene Ideology, which assesses the opinion that mental illness is similar to other illnesses (physical illness) and it should be treated adequately by specialists. In Social Restrictiveness, which assesses the opinion that mentally ill persons should be restricted. Interpersonal etiology is the belief that the real cause of a mental illness are the problematic interpersonal relations. [9] There are no significant relationships Authoritarianism, Benevolence and Social Restrictiveness between and Demo-

graphic data in our study. Mental hygiene ideology: there was a significant relationship with who practicing of spiritual therapy . result show that didn't practicing spiritual therapy have more score than who did. This results till us some of spiritual therapists have low ability to assesses the opinion that mental illness is similar to other illnesses . Interpersonal etiology: there were significant relationships with gender and qualification and practicing of spiritual therapy . female has score more than male . the qualification show highest score in professor then master then assistant professor then Baccalaureus and finally associate professor . Interpersonal etiology between gender indicate belief that the real cause of a mental illness are the problematic interpersonal relations increase in female. Between qualification professor is highest and associate professor is lowest belief .By interpersonal etiology results we note variation in qualification . not necessary increase with qualification , so those who have master have more score than associate professor. In the Saudi Arabia community there is wide spread stigmatization of mental illness.. Negative attitudes to mental illness maybe fueled by notions of causation that suggest that affected people are in some way responsible for their illness, and by fear [10]. Attitudes toward individuals with mental illnesses may be more favorable among our participant than among uneducated people. There is a need to educate people about specific disorders and about acceptance of individuals with mental illness.

4.2 LIMITATIONS

Our study was confined to Academic Staff of Islamic specialties in Al Madinah Al Munawwarah as it was felt that this group represented the future policy makers in society and those most likely to effect change in years to come. However, the use of a well-educated population is a limitation of our study, making generalization to the wider population challenging. There is an obvious need for further work among the general populace as lack of knowledge, false beliefs and poor attitudes affects this group and can lead to stigmatisation and reduced help-seeking behaviour. This study was conceived as a regional study and as such sampling was carried out at the two main campuses of the two universities in Al Madinah Al Munawwarah (Taibah University and The Islamic University).

5 Conclusions

Mental illnesses are one of the most common disorders in our world. Due to the increase number of mental patients and the difficulties to diagnose and recognize them, many of these patients seek advice from religious people. There is a huge gap between psychiatrists and religious people in definitions and dealing with mental illnesses. So, the better understandings and better awareness about these mental illnesses will help to recognize them early and treat them properly. Also, a better understanding of the multiple social dimensions of the stigma associated with mental illness will make it possible to develop an efficient and well-targeted anti-stigma programs.

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