Review Article

I|J|S|P

International Journal of
Social Psychiatry
2018, Vol. 64(6) 597–609

DOI: 10.1177/0020764018789200
journals.sagepub.com/home/isp
SAGE

Stigma associated with mental illness and its treatment in the Arab culture: A systematic review

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Abstract

Background: Mental health has not had the same public profile as physical health. This has contributed to the stigma associated with mental illness and to its treatments. Research investigating how the traditions and values amongst those with an Arab heritage contribute to stigmatizing beliefs, attitudes or actions in the provision of mental healthcare has not been widely reported.

Aim: To systematically review the literature and summarize the findings of studies reporting stigmatizing beliefs, actions and attitudes toward treatment of people with mental illness in the Arab population.

Methods: PubMed, Ovid, Psycharticles and Embase were used to identify original studies of non-institutionalized Arab adults or children reporting findings relevant to stigma toward mental illness. A manual search of the bibliography of all selected original studies was also undertaken. Independent data extraction was performed by two reviewers, who then met to compare data and reach consensus. Findings were classified as stigmatizing beliefs, actions or attitudes toward mental health treatments.

Results: A total of 33 articles were retrieved for full review. Those utilizing qualitative methodology provided insight into the many ways mental illness is viewed and defined among those with an Arab heritage. Among the studies using quantitative methodology, most compared stigmatizing beliefs, attitudes toward mental health treatments or stigmatizing actions among different Arab populations, some also investigated correlations between characteristics of the Arab population tested with stigmatizing beliefs, actions and attitudes toward mental health treatments. Findings from studies undertaken in Qatar reported greater stigmatizing beliefs, actions or attitudes toward mental health treatments among Qatari versus non-Qatari Arabs.

Conclusion: A large diversity in the stigmatizing beliefs, actions and attitudes toward treatment of mental illness within the Arab population were identified. The influence of cultural variations on stigma should be explored further and used to tailor anti-stigma interventions in this population.

Keywords

Stigma, Arab populations, mental illness, beliefs, attitudes

Introduction

Stigma, as defined by Erving Goffman's groundbreaking book *Stigma: Notes on the Management of Spoiled Identity* published in 1963, is the process by which the reaction of others spoils normal identity (Goffman, 1963). Stigma is a major cause of discrimination and exclusion, and as such, affects people's self-esteem, disrupts family relationships and limits individuals' access to employment, educational opportunities, healthcare and housing (World Health Organization (WHO), n.d.). In the mental health context, public stigma occurs when members of the general public endorse stereotypes about mental illness and act on the basis of these stereotypes. It refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illness (Corrigan & Penn, 1999).

Mental health stigma is a significant problem worldwide as it widens the service and treatment gaps for an already underserved population (Pescosolido, Medina, Martin & Long, 2013). Individuals with mental illness have to cope not only with the burden and disability associated with their psychiatric symptoms, but also with the societal stigmatization of their illness (Rusch, Angermeyer & Corrigan, 2005). Psychiatry, perhaps more than any other medical discipline, is very culturally dependent. Although diseases may be the

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same, the manifestations of any particular disorder vary with the culture in which it appears. Therefore, cultural factors may shape stigmatization among different populations (Yang, Kleinman, Link, Phelan, Lee & Good, 2007). A recent report suggests that stigma toward people with mental illness exists to a substantial extent among Arabs in the Middle East (Sewilam et al., 2015). In Qatar, the National Mental Health Strategy also highlights that stigma and lack of understanding about mental illness on the part of the public are widening the gap in the provision of treatment and overall mental healthcare (Qatar Ministry of Public Health, n.d.).

A systematic review published in 2013 summarizes numerous population-based studies that have documented the levels of public stigma toward common mental disorders in the United States (US) (Parcesepe and Cabassa, 2013) These studies have highlighted several sociodemographic characteristics (e.g. gender, race, age, socioeconomic status) that appear to influence the public's recognition, causal attributions and assessment of individuals with mental illness which can lead to stigmatizing beliefs and actions, such as discriminatory behaviors and negative attitudes toward treatments. Such psychosocial research of how the Arab culture, and the traditional beliefs and values among those with an Arab heritage, contribute to stigmatizing attitudes or actions in the provision of mental healthcare, has not been previously summarized in published research.

To address this gap, we conducted a systematic literature review to summarize the findings of studies reporting stigmatizing attitudes, beliefs and actions toward people with mental illness among people of Arab heritage or culture. The evaluation of the methods used and of the quality of these studies are likely to contribute in elucidating important culturally relevant factors and in generating evidence-based, culturally relevant anti-stigma strategies.

Methods

Data sources and search strategy

Our aim was to find original articles about observational studies including cohort, case–control and cross-sectional studies, reporting findings relevant to stigma toward mental illness among non-institutionalized Arab adults or children. Two authors (M.A., S.S.) independently searched all published literature using PubMed, Ovid, Embase and PsychArticles databases with no restriction to language or year of publication. The following combinations of keywords were used to guide our search: mental illness, mental health, mental disorders, attitudes, beliefs, stigma, public opinion and Arabs or Arab culture or Arab heritage. The date of the last search was 1 September 2017. A protocol was not published before publication of this study.

Study selection

First, all titles and abstracts (if available) were screened for relevancy and was independently performed by three reviewers (M.A., S.S., M.Z.). All selected relevant citations were entered into an Excel database and duplicates were removed. The full texts of all potentially relevant articles were retrieved and, at least two authors independently performed a full review of each of the studies selected (M.A., S.S., M.Z., D.R.) to assure they were eligible for inclusion. A manual search of the bibliography of all selected original studies was also conducted.

Study eligibility criteria

All studies relevant to mental health stigma among Arab heritage or culture, living in the Middle East/North Africa (MENA) region were included. Studies undertaken in non-MENA countries were also included if they reported on mental health stigma among populations of Arab heritage. Conceptual or review articles were excluded, as well as those describing, measuring or assessing a stigma-related intervention or program. Articles not including a representative sample, focusing on non-psychiatric disorders (e.g. developmental disorders, neurological disorders) or not focusing on Arabs or people of Arab heritage were excluded.

Data extraction

Two authors (S.S., and M.A.) extracted the data using a standardized data collection tool that was created by M.Z. to ensure the consistency of data extraction. Stigma-related data was extracted and summarized into three broad categories by consensus of all four reviewers, as follows:

1. Studies describing stigmatizing beliefs toward people with mental illness: those that reported on people's perceptions of dangerousness, shame, blame, punishment of individuals with mental illness, and causal attributions to mental illness like religious and cultural beliefs, were also included.
2. Studies describing stigmatizing actions toward people with mental illness: those that describe how people relate with individuals with mental illness, particularly those which reported on exclusion of individuals in a variety of social situations (also known as social distancing, e.g. relationships or marriage).
3. Studies describing stigmatizing attitudes toward treatments for mental illness: those that describe various attitudes toward mental health treatments, such as help-seeking behavior, treatment preferences and beliefs associated with psychiatric medications.

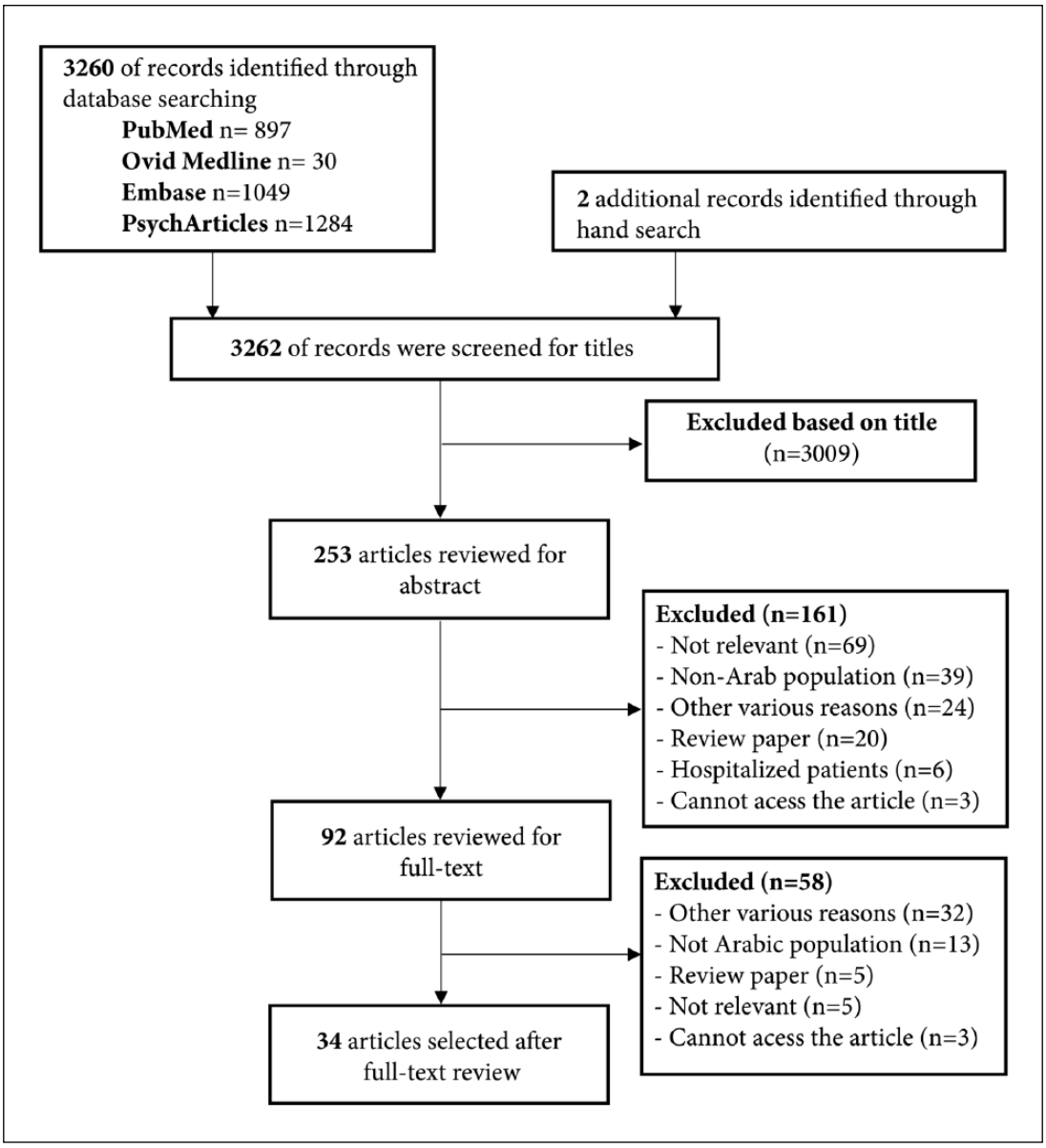

Figure 1. Flow diagram of the systematic review and article selection process.

Quality assessment

The quality of the articles was assessed using the CASP tool to assess the validity of both methodology and results (Critical Appraisal Skills Program (CASP), 2013). At least two reviewers (M.A., S.S., M.Z., D.R.) independently evaluated the articles for risk of bias. As recommended by the CASP appraisal tool, a scoring system was not used, and an overall assessment of bias was made. Studies at high or unclear risk of bias may have overestimated or underestimated the results. We have included the number of 'yes' criterion, ranging from 0 to 9, as a general gauge. Disagreement was adjudicated by consensus.

Results

As illustrated in Figure 1, the electronic database search retrieved 3,260 citations. After initial screening of titles for relevance and removal of duplicates, 253 articles were selected for further abstract review. Of these, 92 were retrieved for full text review. A total of 34 articles met the inclusion and exclusion criteria and were deemed suitable for data extraction (Al-Adawi et al., 2002; Al-Jumah & Ahmad Hassali, 2014; Al-Krenawi, 1999; Al-Krenawi, Graham, Al-Bedah, Kadri & Sehwail, 2009; Al-Krenawi, Graham, Dean & Eltaiba, 2004; Alhamad, Al-Sawaf, Osman & Ibrahim, 2006; Aloud & Rathur, 2009; Ayazi, Lien, Eide, Shadar & Hauff, 2013; Bener & Ghuloum,

2010; Bener & Ghuloum, 2011; Coker, 2005; Eapen & Ghubash, 2004; El-Islam, 1994; El-Ghamry, Alaa El-Din, Amen, Mahmoud & Kandel, 2016; Fakhr El-Islam & Abu-Dagga, 1992; Flink, Beirens, Butte & Raat, 2013; Gearing, Brewer, Schwalbe, MacKenzie & Ibrahim, 2013; Gearing, MacKenzie, Ibrahim, Brewer, Batayneh & Schwalbe, 2015; Ghubash & Eapen, 2009; Hamdan-Mansour & Wardam, 2009; Henning-Smith, Shippee, McAlpine, Hardeman & Farah, 2013; Kadri, Manoudi, Berrada & Moussaoui, 2004; Knipscheer & Kleber, 2005; May, Rapee, Coello, Momartin & Aroche, 2013; Ponizovsky, Geraisy, Shoshan, Kremer & Smetannikov, 2007; Sadik, Bradley, Al-Hasoon & Jenkins, 2010; Salem, Saleh, Yousef & Sabri, 2009; Scull, Khullar, Al-Awadhi & Erheim, 2014; Shahrour & Rehmani, 2009; Shurka, 1983; Slewa-Younan et al., 2014; Tobin, 2000; Wahass & Kent, 1997; Younis, 1978). The reasons for exclusion included irrelevance, non-Arab population, not written in English, full results not available (e.g. conference abstracts only), study was on hospitalized patients and other reasons such as study was about comparing medications and treatments rather than about stigmatization.

The studies described in these articles were undertaken in 16 different countries and included views of mental health patients (8 studies), general public (20 studies), families of people with mental illness (3 studies), care providers (4 studies) and students (5 studies), some studies reported on the views of more than one population-type. Study sample sizes ranged from 10 to 2514 subjects. The majority of articles included in this review were published between 2005 and 2015.

The majority of the included articles (28 out of 34) utilized quantitative methodology. As summarized in Table 1, the majority of questionnaires used in these studies were adapted from instruments designed in non-Arab countries (such as the US, United Kingdom or Australia), some were translated into Arabic, and some were developed by the authors. Only six studies utilized a qualitative methodology and one used a mixed methodology. The main information collection strategies used in these studies were focus groups and semi-structured interviews, mostly conduced in Arabic, and some in English or in both languages.

As illustrated in Figure 2, the majority of articles reported at least two stigma categories while only a few reported exclusively on stigmatizing beliefs (2 out of 34), on stigmatizing actions (2 out of 34), or on stigmatizing attitudes toward treatment (5 out of 34). A total of 10 articles reported on all the three types of stigma as classified in this review.

Stigmatizing beliefs

A total of 21 articles reported on stigmatizing beliefs as assessed by evaluating the knowledge, perception and awareness associated with mental illness among individuals of Arab heritage, and some compared these between Arabs and non-Arab populations. Several culturally related beliefs emerged from these studies, one of which is origin and reasons of mental illness, which included many perceptions that mental illness originates from evil spirit, demons, black magic or God's punishment. Another culturally related belief to Arabs is their negative view of mentally ill patients in which they think they are incapable of looking after themselves, dangerous, crazy, less intelligent and incompetent. However, multiple factors like education, gender and familiarity with mental illness contributed differences in perceptions toward mental illness described in these studies.

Stigmatizing attitudes

A total of 27 articles reported on stigmatizing attitudes as assessed by examining overall treatment seeking behaviors among individuals of Arab heritage, including attitudes toward mental health professionals as well as mental health services overall. Some articles also assessed culturally related treatment preferences such as seeking traditional healers, referring to god through prayers or/and reciting Quran and only eight articles assessed attitudes toward psychiatric medications. The studies that examined the attitudes of individuals with Arab heritage toward psychiatric medications endorsed negative attitudes such as fear of side effect or addiction.

Stigmatizing actions

A total of 21 articles reported on stigmatizing actions such as social distance from individuals with mental illness. Social distance was measured through a variety of social situations reported by individuals with Arab heritage (e.g. unwilling to work closely with someone, to have someone as a neighbor, to marry someone with a mental illness). Social distance was the primary mechanism for measuring stigmatizing actions in these studies.

In regard to the quality of the included studies, 14 were assessed to be at low risk of bias, 19 were at moderate risk of bias and 1 was at high risk of bias. Of the 7 qualitative studies, 3 were judged to be highly credible, 3 were moderately credible and 1 was not credible. The remaining 27 quantitative studies, 11 were at low risk of bias and 16 were at moderate risk of bias.

Discussion

This literature review was conducted to summarize findings from studies among populations of Arab heritage to inform future research and interventions to reduce stigma in the relevant countries.

Table 1. Characteristics of included studies.

Authors and publication year	Country	Population (N)	Study type (language of tool)/instrument	Results	Quality
Al-Adawi et al. (2002)	Oman	PUB, families of MH Pts and students (468)	Qty-Q (Ar) Adapted ATMIQ[a]	There was general agreement that PWMI should not be institutionalized and only about 34% of the relatives thought they should. Students and public suggest that spirits cause MI. However, ~46% of the relatives think that spirits do not cause MI. Stigmatizing actions were generally very low (e.g. friendship with PWMI, leading a normal life, procreating, walking freely in public, contacting PWMI).	Moderate risk (7)
Al-Krenawi (1999)	Israel	PUB (60)	Qly-interviews (Ar)	All the Pts perceived their symptoms as caused by some supernatural power: God's will, evil-spirits, or sorcery. None of them made conventional medical attributions.	Low risk (8)
Al-Krenawi, Graham, Dean and Eltaiba (2004)	Jordan, UAE and Israel	Female university students (262)	Qty-Q (Ar) Adapted OSPH[b]	Higher years of study, being single and >22 years old were found to have positive attitude toward seeking help. Majority of the Arabs from Jordan, UAE and Israel would refer to God through prayer if they experienced psychological problems.	Moderate risk (7)
Al-Krenawi, Graham, Al-Bedah, Kadri and Sehwail (2009)	Jordan, Kuwait & Israel	Students (716)	Qty- Q (E and Ar) Developed by investigators & the other adapted OSPH[b]	Kuwaitis versus other nationalities tended to believe more in traditional healing and referral to God if they had MI. Palestinians and Israeli Arabs showed more sensitivity to other's opinions regarding visiting a psychiatrist compared to Egyptians (who scored the lowest in stigmatization) and Kuwaiti subjects.	Low risk (8)
Alhamad, Al-Sawaf, Osman and Ibrahim (2006)	Saudi	MH Pts, care providers (272)	Qty-Q (not mentioned)	Around 30% of Pts considered there was a need for a psychiatric service in hospital. 58.5% of Pts thought that P-Meds could cause addiction and 67.6% thought they had serious side effects. The help of a psychiatrist to reach a final diagnosis was thought important by only 38.1% of consultees.	Moderate risk (5)
Aloud and Rathur (2009)	USA	PUB and college students (285)	Qty-Q (E) Adapted ATSPPH[a]	Respondents endorsed generally less favorable attitudes toward seeking and using formal metal health services. Significant feelings of shame were associated with seeking help for MI.	Low risk (8)
Ayazi, Lien, Eide, Shadar and Hauff (2013)	Sudan	PUB (1200)	Qty-Q (E and Ar) Adapted GHQ-28[c,d]	People who believe that PWMI are dangerous mainly have low education and have limited familiarity with MI. 41.6 % were afraid of having a conversation with a PWMI, while 90% would be unwilling to marry a person with MI.	Moderate risk (6)
Bener and Ghuloum (2010)	Qatar	PUB (PHCC) (2514)	Qty-Q (Ar)	More women versus men believe that MI is due to possession by evil spirits and PWMI are dangerous. More women versus men were ashamed to mention a family member with MI and more afraid to have a neighbor with MI. More women vs men believe that P-Meds caused addiction and that traditional healers can treat MI.	Moderate risk (6)
Bener and Ghuloum (2011)	Qatar	PUB (PHCC) (2514)	Qty-Q (Ar) Administered through interviews	Higher number of Qataris versus non-Qataris considered MI as a punishment from God or possession by evil, preferred traditional healers and believed that P-Meds would cause addiction. In addition, more than half of both Qataris and non-Qataris thought PWMI are dangerous and were ashamed of having a family member with MI.	Low risk (9)
Coker (2005)	Egypt	PUB (lower-middle class individuals) (184)	Qty by rating scales Qly through interviews used clinical vignettes (Ar)	Psychiatric hospitals are viewed very negatively (a place for the hopeless, dangerous and out-of-control people). Some classified depression as sort of contagion with a hereditary nature. 70% respondents will not accept a PWMI for the role of a 'teacher', 54% as a family member, 33% as a friend and 25% as a neighbor.	Moderate risk (5)
Eapen and Ghubash (2004)	UAE	PUB (parents) (325)	Qty-semi-structured interview (not mentioned)	36.9% of parents would seek help from a psychiatrist if a member of their family exhibited any mental health symptoms. 33.5% would consult their primary health physician, while 24.3% would turn to a friend for help due to stigma and reluctance to acknowledge that a member of their family has an MI.	Moderate risk (5)
El-Islam (1994)	Qatar	MH Pts (64)	Qly-clinical interviews (Ar)	Qataris attribute MI to the devil. Social phobias were centered around fear of scrutiny by other Qataris versus non-Qataris in social encounters at everyday life activities.	High risk (4)

(Continued)

Table 1. (Continued)

Authors and publication year	Country	Population (N)	Study type (language of tool)/instrument	Results	Quality
Fakhr El-Islam and Abu-Dagga (1992)	Kuwait	Gen public (208)	Qty-structured interview (Ar) Adapted GHQ[b] and the Langner[e]	Males attributed significantly more symptoms of MI to physical causes (bodily disease) compared to females. Females explained MI by supernatural explanations more than males.	Moderate risk (6)
Flink, Beirens, Butte and Raat (2013)	Holland	PUB (Dutch/ Moroccan/ Turkish) (41)	Qly-focus gr and Q (Dutch, Turkish) with an interpreter	Although the GP was identified as an important gatekeeper to mental health services by all participants, some participants expressed that the GP did not take them seriously Psychiatrists and psychologists were named as the last option because they thought that it was too big of a step for an adolescent girl Most Moroccan and Turkish participants expressed that they feared negative judgments/gossiping when telling anyone outside of the immediate family (e.g. neighbors).	Low risk (8)
Gearing, Brewer, Schwalbe, MacKenzie and Ibrahim (2013)	Jordan	PUB (104)	Qty-interviews using experimental vignettes with psychosis (Ar)	Respondents were more likely to accept distant relationships (i.e child's school) than closer relationships (i.e marriage partner) with MI. Male adolescents with psychosis were viewed more favorably as potential friends for the participants' children than were females.	Moderate risk (7)
Gearing, MacKenzie, Ibrahim, Brewer, Batayneh and Schwalbe (2015)	Jordan	PUB (108)	Qty-interviews using experimental vignettes with depression (Ar)	Males with depression were viewed as more likely to be stigmatized if they were taking treatment. Participants were more willing to accept a male over a female adolescent with depression in their child's school and as someone they might hire as an adult.	Low risk (8)
Ghubash and Eapen (2009)	UAE	PUB (females), care providers (31)	Qly-focus gr interviews (not mentioned)	Participants believed that traditional ways to help in postpartum MI should include reciting Quran, traditional healer, avoiding stress, support from husband and family, and only two of the participants recognized the need for P-Meds for those with severe MI. Majority of women, grandmother in particular, considered postnatal depression as a result of 'evil eye' or 'Jinn'.	Moderate risk (6)
Hamdan-Mansour and Wardam (2009)	Jordan	Care providers (nurses) (92)	Qty-two Q (Ar) adapted[f,g]	Most nurses agree that MI are genetic in origin and is a result of adverse social circumstances. 60% of mental health nurses perceived Pts with MI as being dangerous, immature, cold-hearted, harmful, and pessimistic.	Moderate risk (7)
Henning-Smith, Shippee, McAlpine, Hardeman and Farah (2013)	USA	PUB (whites/blacks, Somalian blacks) (938)	Qty-mail survey (E, Spanish, Hmong, or Somali) Adapted from the National Comorbidity Surveys[h]	Somalia-born respondents reported more embarrassment than US-born Black and White respondents about seeing an MH provider. Nearly a quarter of Somalia-born respondents compared to <5% of US-born Black reported higher stigma and embarrassment from friends if they were seeking mental healthcare.	Moderate risk (5)
Al-Jumah and Ahmad Hassali (2014)	Saudi	MH Pts (depression) (403)	Qty-Q (Ar) adapted MMAS and BMQ[i]	Pts with high adherence to P-Meds had significantly lower levels of concern toward them and less harmful beliefs.	Low risk (8)
Kadri, Manoudi, Berrada and Moussaoui (2004)	Morocco	Families of MH Pt (100)	Qty-Q (not mentioned)	64% of the families do not give PWMI difficult or important tasks because they lack trust in them and consider them to be handicapped. However, 64.8% said the Pts are able to work if he or she is given an easy and stable task. Families of PWMI described the main causes of MI to be mainly stressful life events (e.g. conflict or bereavement), sorcery, drug use, … Families reported feeling neglect, especially from neighbors and relatives, and reported feeling that people were afraid of them.	Moderate risk (7)
Knipscheer and Kleber (2005)	Holland	PUB (465)	Qty-semi-structured interview (Ar, Berber, Turkish or Dutch depending on respondent) Adapted GHQ[j,k]	Only 15% stated that they would consult a mental healthcare agency when confronted with distress. The main reasons for their reluctance were unfamiliarity, distrust regarding the helpfulness of the services, or the intention to solve the problems on their own. Being Moroccan, lower educated and more recently arrived to the Netherlands all corresponded with a more negative attitude. The consultation of culturally based or 'spiritual' healers was relatively low (9.4%).	Moderate risk (7)

Table 1. (Continued)

Authors and publication year	Country	Population (N)	Study type (language of tool)/instrument	Results	Quality
May, Rapee, Coello, Momartin, and Aroche (2013)	Australia	PUB (Australian/ Iraqi/Sudanese communities) (97)	Qty-semi-structured interview (E, Ar, Assyrian, Juba (Sudanese) Ar, and Dinka) vignette adapted[l,m]	Post hoc analyses revealed that Iraqis indicated significantly more stigmatizing attitudes regarding people with depression than the Australians. Whereas the Sudanese participants indicated significantly more stigmatizing attitudes regarding people with posttraumatic stress than the Australians.	Low risk (8)
Ponizovsky, Geraisy, Shoshan, Kremer and Smetannikov (2007)	Israel	MH Pts (251)	Qty-Q (Ar and Russian)	Arab-Israeli Pts showed a two-fold delay in their initial treatment contact compared to Jewish- Israeli as they believed that their problem is not attributed to psychiatry or will resolve by itself. In addition, negative attitudes toward the treatment of mental disorders were higher in Arab-Israeli compared to Jewish-Israeli.	Moderate risk (7)
Sadik, Bradley, Al-Hasoon, and Jenkins (2010)	Iraq	PUB (418)	Qty-Q (Ar)	Significant number of respondents agreed that MI is caused by genetics, substance abuse and less likely caused by God's punishment. Just over half did not think that someone with a MI was capable of true friendships, marriage, or having children. Over half agreed that they would feel ashamed if a family member had an MI.	Low risk (8)
Salem, Saleh, Yousef, and Sabri (2009)	UAE	MH Pts (106)	Qty-Q through face-to-face interview (not mentioned)	45% of MI Pts consulted faith healers before presenting to the psychiatric service and 33% continued seeing them along with the psychiatrist. Nearly two thirds of the psychotic Pts believed that paranormal phenomena (e.g. Jinn, black magic, evil eye) caused their disorders, while only (27.0%) of the non-psychotic Pts had the same beliefs.	Moderate risk (5)
Scull, Khullar, Al-Awadhi, and Erheim (2014)	Kuwait	MH Pts, PUB (10)	Qly-semi structured interviews (Ar and E)	Participants strongly believe that seeking mental health treatment is highly stigmatizing to the individual and family Cultural factors (e.g. reputation, social standing) pose barriers to seeking treatment. Poor understanding and awareness of MH within families, results in reliance on negative secondhand information.	Low risk (9)
Shahrour and Rehmani (2009)	Saudi	Care providers (860)	Qty-Q (not mentioned) adapted the Corrigan's Attributional Q[n]	Female staff had significantly higher pity, sympathy and sorry toward psychiatric Pts compared to males. Staff showed more fear and anger toward PWMI. However, the more experienced the staff the less fearful and angry they were.	Low risk (8)
Shurka (1983)	Palestine	PUB (91)	Qty-Q (Ar)	Almost 60% of Arabs agree to work or to hire a PWMI, while 26% disagreed. Half of Arabs agreed to have a real friend who was a former mental pt, while 26.4% disagreed. 79% of Arabs disagree of keeping mental Pts permanently in an institution when their condition improves.	Moderate risk (7)
Slewa-Younan, et al. (2014)	Australia	PUB (Iraqi immigrants) (225)	Qty-Q (Ar and E) Used vignette Adapted HTQ IV[o] and K10[p]	Reading the Koran or Bible was the treatment most frequently indicated as being helpful by 80% of participants, next is 'finding new hobbies' indicated by 76% of participants, followed by 73.3% citing 'psychotherapy focusing on relationships with others'. Participants who had been living in Australia for longer believed that general, psychologists, community mental health teams and telephone counseling were perceived as more helpful compared to those recently arrived.	Low risk (8)
El-Ghamry, Alaa El-Din, Amen, Mahmoud, and Kandel (2016)	Egypt	Medical Students (300)	Qty-two Q (not mentioned) Adapted the Social Classification Scale and MICA-2[q,r]	Students who chose psychiatry as their preferred specialty and who had a relative with MI had better attitude toward PWMI and psychiatry disorders than did other medical students' specialties. Students with both positive and negative attitude before the psychiatric round showed neutral attitude range after the round.	Low risk (8)

(Continued)

Table 1. (Continued)

Authors and publication year	Country	Population (N)	Study type (language of tool)/instrument	Results	Quality
Tobin (2000)	Australia	MH Pts, Families of MH Pts, Care providers (108)	Qly-semi structured interviews (E and Ar)	Arabic-speaking clients refused referral to mental health rehabilitation services due to Lack of knowledge of the service, high levels of denial of MI, mistrust of government services or due to cultural sensitivity (i.e. mixed gender) while their families do not support attendance due to stigma and shame.	Moderate risk (5)
Wahass and Kent (1997)	Britain, Saudi	PUB (281)	Qty-Q (Ar)	Saudi unlike UK respondents said that religious assistance compared to P-Meds and psychological therapy were the best treatment. UK respondents were more likely to consider hallucinations to be due to stress, brain or ear damage or negative childhood experiences while Saudi respondents were more likely to consider the hallucinations to be due to demons' voices, curse or magic. UK public attitudes indicated less social rejection toward PWMI than the Saudi sample.	Low risk (8)
Younis (1978)	Sudan	PUB (200)	Qty-Q (Ar) Adapted vignette[s]	More than half of urban and rural population preferred psychiatric treatment for schizophrenic and depressive Pts. While fewer percentages of participants preferred religious or traditional healing. Almost 30% of urban and rural populations show acceptance of having a schizophrenic/depressive Pts without a treatment living next door to their homes, this percentage increased to 50% for both populations if the Pts received treatment.	Moderate risk (5)

N: total number of study participants; Pts: patients; PUB: general public; MH: mental health; Qty: quantitative; Ar: Arabic; ATMIQ: Attitude Toward Mental Illness Questionnaire; ATSPPH: Attitudes Toward Seeking Professional Psychological Help Scale; BMQ: The Beliefs about Medicines Questionnaire; E: English; GHQ-28: The General Health Questionnaire; GP: general practitioner; gr: group(s); HTQ IV: Harvard Trauma Questionnaire Part IV; K10: Kessler Psychological Distress Scale; MI: mental illness; MICA-2; The Mental Illness Clinicians' Attitudes scale; MMAS: The Morisky Medication Adherence Scale; OSPH: Orientation For Seeking Professional Help; P-Meds: psychotropic medications; PHCC: primary healthcare clinic; PWMI: people with mental illness; Q: questionnaire; Qly: qualitative; UAE: United Arab Emirates; UK: United Kingdom; USA: United States of America.
[a]Weller and Grunes (1988)
[b]Fischer and Turner (1970)
[c]Stuart and Arboleda-Flórez (2001)
[d]Golderberg and Williams (1988)
[e]Langner (1962)
[f]Cleary, Walter, and Hunt (2005)
[g]Baker, Richards, and Campbell (2005)
[h]Mojtabai (2007)
[i]Alhalaiqa, Deane, Nawafleh, Clark, and Gray (2012)
[j]Goldberg and Hillier (1979)
[k]Koeter and Ormel (1991)
[l]Jorm et al. (1997)
[m]Suhail (2005)
[n]Corrigan et al. (2002)
[o]Kessler et al. (2002)
[p]Mollica et al. (1992)
[q]Fahmy (1983)
[r]Kassam, Glozier, Leese, Henderson, and Thornicroft (2010)
[s]Malhotra and Wig (1975).

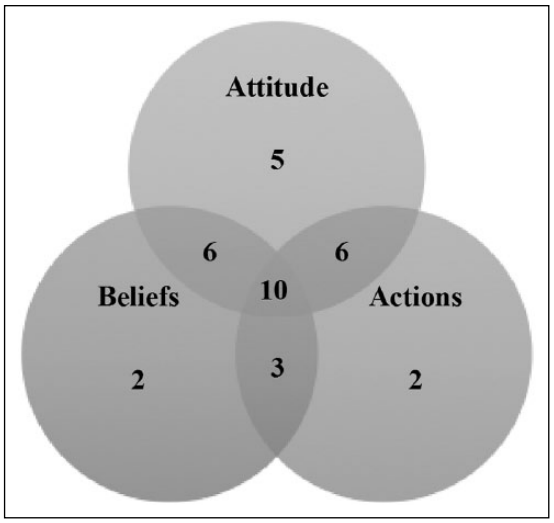

Figure 2. Studies reporting stigmatizing beliefs, actions and attitudes.

The majority of the articles retrieved from this literature review reported a negative portrayal of mental illness among a variety of Arab populations, across several countries in the Middle East, which was consistent among Arabs living in Western societies. Stigmatizing beliefs of God's punishment, God's will, evil eye, demons, spirits, paranormal phenomena, supernatural power, curse and magic about people with mental illness were commonly reported among the Arab populations included in these studies, supporting existing literature that in the Middle East, beliefs about the origins and nature of mental illness are heavily influenced by religious teachings, cultural stereotypes and family traditions.(Dardas & Simmons, 2015; Sewilam et al., 2015; Ciftci, 2013; Youssef, Okasha, Hussien & El Shafei, 2005) Several of the studies included in this review, which explored beliefs among Arabs living in Western societies, also confirm these findings (Henning-Smith et al., 2013; May et al., 2013; Ponizovsky et al., 2007; Slewa-Younan et al., 2014; Wahass & Kent, 1997). In contrast, stigmatizing beliefs of dangerousness, violence, criminality and perceptions of incompetency, in relation to mental illness were more prevalent in similar reviews investigating stigma in Western societies (Mascayano et al., 2016; Parcesepe & Cabassa, 2013; Rao, Feinglass & Corrigan, 2007).

In the articles included in this review, social distance from individuals with mental illness was the most prevalent stigmatizing action reported. Mental illness was reported as being shameful, an embarrassment, incompatible with true friendships, marriage or having children. This appears to be pervasive among students and even among healthcare professionals. Studies undertaken in Western societies appear to show more commonalities than differences when it comes to social distance associated with mental illness (Henderson et al., 2016; Rusch et al., 2005; Sewilam et al., 2015; Smith & Cashwell, 2011).

The majority of included studies in this review suggest that Arabs prefer seeking faith healers or referring to God as a first approach to treating mental illness. Some of the reasons for not seeking proper psychiatric services can be linked to some of the stigmatizing beliefs or social distance reported, such as mental illness harming the family's reputation or feelings of shame for having mental illness in the family (Ciftci, 2013; Dardas & Simmons, 2015; Okasha, Karam & Okasha, 2012). It has also been reported that traditionally strong family relationships in the Middle East influence the type of treatment that is being sought, as admission of a family member to a psychiatric hospital produces a stigmatizing label not only for the patient but for all members of the family. Some studies included in this review also suggest such an association, Scull and colleagues (2014) reported fear of being labeled as mentally ill as this would result in limiting marriage prospects or job opportunities.

In general, Arabs in the studies included in this review expressed stigmatizing attitudes toward the use of psychiatric medications. This stigmatizing attitude toward treatment can also be linked to stigmatizing beliefs that have been reported in these studies, such as the belief that medications can lead to addiction, or due to less involvement of a health professional in the treatment of mental illness. It is also noteworthy that in the study by Al-Jumah and colleagues (2014), patients with higher adherence to psychotropic medications had a more positive view and less stigmatizing beliefs associated with mental illness. These findings suggest that endorsing a neurobiological causal attribution of mental illness may be associated with increased support for biologically based treatments, something that is more likely to be reported in studies carried out in Western societies (Parcesepe & Cabassa, 2013; Pescosolido, Perry, Martin, McLeod & Jensen, 2007).

In this literature review, only a few studies reported less stigmatizing actions (e.g. friendship/marrying/hiring people with mental illness (Al-Adawi et al., 2002; Shurka, 1983; Younis, 1978) or reported more positive attitudes toward seeking appropriate treatment (e.g. use of spiritual healers was relatively low) (Knipscheer & Kleber, 2005; Younis, 1978). Higher education, being male and more familiarity with mental illness all contributed to a more positive attitude toward mental illness (Al-Krenawi et al., 2004; Ayazi et al., 2013). Further exploration into the articles reporting these positive findings suggest that mental health education and availability of increased accessibility of modern mental health services may be driving this change toward seeking traditional medicine and becoming more accepting of living among individuals with mental illness. Similar conclusions have been reported by other authors who conducted reviews of stigma associated with mental illness among Arab and non-Arab populations

(Ciftci, 2013; Dardas & Simmons, 2015; Parcesepe & Cabassa, 2013; Pescosolido et al., 2007; Sewilam et al., 2015).

The rates of low risk of bias or high degree of credibility were similar between the qualitative and quantitative data. For the quantitative data the results are likely overestimated, and the qualitative data may have missed important concepts, depending on the study design. However, the effect of the bias is minimized in our study as the objective was qualitative in nature, and thus may represent a relatively accurate description of the stigma in the Arab population. Further high-quality qualitative studies would help elucidate different sources or examples of stigma.

A recently published study highlighted the importance of developing culturally specific and sensitive public education campaigns to assure its effectiveness (Pawluk & Zolezzi, 2017). As such, the results of the studies in this review should be considered to guide the design and implementation of campaigns to increase awareness about mental illness and in the development of anti-stigma interventions in countries such as Qatar, which has a large proportion of Arab expatriate workers. Different interventions to reduce public stigma toward people with severe mental illness have been evaluated in a systematic review and meta analysis recently published in 2018 and found that both contact and educational interventions have small to medium effect on reducing stigma (Morgan, Reavley, Ross, Too & Jorm, 2018).

The World Psychiatric Association (WPA) had an anti-stigma initiative undertaken in both Egypt and Morocco (Sartorius & Schulze, 2006). The interventions were done after identifying, through surveys, significant public and healthcare providers' stigma toward people with mental illness and their families. The interventions provided consisted of educational brochures, seminars and meetings with hospitalized patients to explore the topic of stigma and how best to fight it (Sartorius & Schulze, 2006). These models should be taken into consideration in future iterations of anti-stigma campaigns in Qatar.

Although this review generated important findings, some limitations in the literature review process need to be highlighted. First, as the majority of studies found were quantitative, data derived from questionnaires does not allow further probing to achieve a better understanding of the participants' views to make causal inferences; however, the studies included still allow us to further understand the attitudes and beliefs of mental health stigmas. The majority of articles were of medium or high risk of bias, which likely overestimates the quantitative results and impacts the reliability of the qualitative data.

Second, as there may have been relevant studies that did not produce positive results, publication bias is a possibility. Twenty-five studies were conducted in the Middle East and North Africa region and thus may limit the generalizability of select or all stigmas to other nations.

Conclusion and recommendations

Results from the various studies examined in this review support the existing literature that mental illness is a concept deeply tied to culture. The studies discussed in this review suggest that among individuals of Arab heritage, stigmatizing beliefs, actions and attitudes toward treatment of mental illness are prevalent in patients, care providers and the general public.

The summary provided of the studies included in this review can be considered as a foundation for the development of mental health awareness or anti-stigma campaigns that reflect the unique characteristics of Arab culture and the first step toward elucidating culturally competent approaches to treatment. In line of what has been suggested in these studies, educational interventions should focus on:

- Improving the overall mental health literacy in the general public which address the nature, natural course and treatments available for mental illnesses, targeting misleading associations of shame, blame, punishment and supernatural powers, but without undermining the positive messages of religious teachings that instill hope regarding treatment and prognosis.
- Improving the social integration of people with mental illness, focusing on increasing positive personal contact with people living with mental illness and integrating families and religious figures as an important resource in the development of mental health literacy awareness campaigns and educational programs.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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