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Jordanian University Student's Attitudes and Perceptions on Mental Health

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Jordanian University Student's Attitudes and Perceptions on Mental Health

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Submitted in partial fulfillment of the requirements for Health and Community Development,

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I. Abstract

The present study examines the attitudes and perceptions of students at a private, Jordanian University to examine, through surveys, interviews and a focus group whether the stigma commonly associated with mental health in the Middle East and North African region persists for students and the reasons behind this stigma. It was also investigated what kind of disorders came to mind when asked to name specifics to see if students focused on the illness of psychological disorders when weighing mental health. It was found that the stigma does not necessarily exist for students, though it is perpetuated throughout the community and thus leads to mental health resources being underutilized not only in Jordan, but also within the greater region. When discussing the issues that come to mind, students were fairly evenly split between identifying initially psychological disorders or other mental health illnesses.

Key Words: Regional Studies: Middle East, Social Psychology, Cultural Anthropology

II. Introduction

Jordan is in a unique position in regard to health care, it is a major medical tourism destination for many Middle Eastern and North African countries, not to mention several European countries which take advantage of the affordable and yet quality healthcare that they can receive in Jordan. The lack of required visas for most countries in order to visit Jordan makes it easy to be able to travel to, additionally, the continued stability of Jordan in a region of perpetual turmoil is also another factor that allows Jordan to attract tourists for medical purposes. Due to the conflict in the region many people whose countries have been involved in civil wars seek refuge from fighting and medical treatment in Jordan including Iraq, Egypt, Libya, and Tunisia while Jordan is currently providing much medical care to Syrian refugees who have left the camps run by the United Nations Human High Commissioner for Refugees (UNHCR), or are otherwise being reimbursed by the Jordanian Ministry of Health or the UNHCR.

Mental Health in the Middle East and North Africa region is understudied and thus under utilized. Jordan, in particular has been identified internationally, as a country that needs to improve its mental health system. It was one of the first countries in the world to implement the World Health Organization's (WHO) mental health action programme (mhGAP). In Jordan a bio-psychosocial method of community based mental health care has been implemented in primary health care centers in order to encourage citizens to seek mental health help, especially when referred from the general practitioners. The WHO aims to integrate mental health care into primary care in order to effectively reach the greatest population within Jordan though the only cities the program has been instated in are, Amman, Irbid and Zarqa (WHO website) which though serves a great population of Jordan, leaves a large population unattended. Though the World Health Organization and the Jordanian Ministry of Health are

making these extra efforts, nothing will change within Jordan until the perceptions of the people are changed in their regard toward mental health problems and those who seek treatment. Jordan and the majority of the Eastern Mediterranean Region are severely lacking according to WHO standards in regard to mental health due to the history of a stigma and shame associated with mental health illnesses. Those who admit to mental health illnesses and their families face isolation from the community at large while the individuals additionally may be isolated from family life. Mental illness is still regarded as shameful and debilitating in many circumstances thus leading the general population to not seek mental health help. Recently there have been more efforts of establishing mental health options for the population, though general practitioners who may hold the same traditional attitudes about mental health are unlikely to refer patients to psychiatrists or psychologists or use the newly established mental health clinics in primary health care centers.

As a country industrializes and attempts to reach a Western level of world proficiency and status of living for its citizens it goes through many economic and social changes. The Middle East as a region has been facing these issues as the process of industrialization has been happening since the end of colonization. Many people living in the area have attempted to retain their traditional beliefs and customs in light of an ever-changing world. It is a testament to the homogeneity of the Arab world that many of the traditions and customs have survived colonialism and the beginning of industrialization. Though it can also at times be pointed to this perpetuation of traditions and beliefs as the cause of the lack of support for mental health care. Traditional beliefs put a lot of emphasis on jinns, whose symptoms could also be interpreted as schizophrenia by some standards of psychiatry. It is viewed as shameful to have a member of a family suffering from a mental illness and in many cases can make an

individual unmarriageable and jeopardize the situation for others within the family. Because mental illnesses are largely misunderstood mentally ill are often times put away within the homes and not allowed access to the outside world. Family members prefer to not acknowledge the mentally ill than to talk to others about the condition for fear of being socially stigmatized. For a culture entirely built upon a theme of shame and pride the concept of avoiding shame especially for the family is important in order to maintain social status and avoid excess pressure on familial relationships.

The nature of relationships and personal interactions in the Middle East foster a mix between an independent culture and an interdependent culture. Typically Western nations are found to be more independent where the in group and out group lines are blurred whereas Eastern countries are more interdependent with the in group and out group lines clearly established, most often with family inside the in group and sometimes close friends but all others in the out group. This can make it shameful in interdependent cultures to seek help outside of the immediate in-group with issues that sometimes have to pertain to the in-group. Due to the industrializing nature of the Middle East they can be seen as caught between these two cultural identities. It is still considered shameful to seek outside help for personal problems but it is much easier to blur the lines and bring in strangers to the in-group. This has to do with mental health in that for Eastern countries and many cases in the MENA region, seeking outside help for personal problems will bring shame to the family in addition to airing familial problems to the public, which is not only unacceptable but also hinders the ability to bring new people into the in group. For many Western cultures this is not necessarily a problem since the line can so easily be blurred and taking care of personal problems, privately and not sharing them, even with members of the in-group is much more highly valued. The cases of independent versus

interdependent may stem from the tribal nature of the MENA regions origins. In many places throughout MENA tribes are still prominent and the mentality of one tribe working together, and not necessarily with anyone else may still be seen.

From this the present study will examine the stigma among university students. Though it is hypothesized that students will be aware of the stigma they will not necessarily support it. The purpose of the study is to understand why the stigma is still being perpetuated throughout the region if there is evidence among the student responses that it continues.

III. Literature Review

When examining the literature of mental health, and mental health stigma in the Middle East it can easily be broken down in to several categories of research. Research so far into mental health within the Middle East and North Africa region has focused on violence and conflict, thus post-traumatic stress disorder (PTSD), as well as help-seeking attitudes and patterns which directly relate to the stigma associated with mental health in the region. Each will be evaluated in turn in order to give a clear understanding of how hypotheses were arrived at and why certain methods were used over others in the current study.

Help-Seeking Attitudes and Stigma

There is much in the psychological literature about help-seeking in general, though recently there has been a general social psychology push to differentiate help seeking by region in order to be able to generalize across cultures, as is not possible when only focusing in one region. Research on help seeking attitudes and Arabs has been done on multiple populations throughout the region, particularly Muslim populations in Israel, United Arab Emirates and a Muslim-only population in Sydney, Australia (Al-Krenawi, 2011; Aloud, 2009; Youssef, 2006;

Al-Darmaki, 2003). These studies have found that there is a stigma perpetuating within the region that does not allow people to feel comfortable to seek mental health help when it is needed. When examining Arab students in Israel, it was found that “age and number of years in post-secondary education are positively associated with Arab respondents’ positive attitudes toward mental health services” (Al-Krenawai, 2011). This positive association was also found to be perpetuated across religion, in that Christian respondents were more likely to feel positively and use the mental health systems, this is hypothesized to be the reason as a result of ‘more common reference points between Christians in the Middle East and Western society’. Other researchers have found that many university students do not utilize the services available to them, “number of factors may inhibit students’ access to psychological care, including fear of emotions, perceptions of stigma, fear of treatment, or reluctance to self-disclose” (Al-Darmaki, 2003). Al-Krenawi also found in 2011, that Muslim and Druze students, more than Christians, believe in supernatural explanations of mental health, and believe in the usefulness of treating mental health issues by traditional or religious beliefs. Religion is a driving force for many decisions in most people’s lives and especially in the Arab region may be interpreted as some people’s reason for not seeking help, “it is common for Arab Muslims to believe that mental illness is caused by Allah, either as punishment for sins or as a test. This belief leads individuals to tolerate the disease, subjecting themselves to Allah’s will, which may inhibit their use of treatment” (Aloud & Rathur, 2009). Though religion may not play a direct role in creating the stigma associated with mental health in the Arab world, it may be one of the main factors leading the stigma to be continually perpetuated; “the reliance upon religious and traditional healers may also constitute another barrier to the attitudes and use of formal mental health services (Aloud & Rathur, 2009). An unconscious reason for Arabs to continue to rely upon traditional and

religious healing methods rather than Western based psychological treatments would be that many Western techniques can at times, be considered a form of perpetuating colonialism. “For Muslims and Druze, as with other post-colonial peoples, there may be politically embedded ambivalence towards modern mental health services: on the one hand certain care might improve their lives, but on the other hand mental health services are identified as part of the colonial process and have a limited cultural sensitivity towards the minority people” (Al-Krenawi & Grahm, 2005). With this knowledge, it may be that attitudes will begin to change as more ‘Western’ ideals are beginning to be accepted within the Arab region, especially given the 2011 beginnings of the Arab spring which began in most countries as a call for government reform, in favor of a democracy, a ‘Western’ ideal. Researchers can only hope this acceptance of something very much ‘Western’ based will continue to expand into other areas of life. Though the recommendations of Erickson and Al-Timini, 2002 should be taken very seriously in how to alter mental health services within the Middle East to better suit the patients, rather than have the patients suit the treatment. These researchers recommend “in order to alter the resistance to seeking formal mental health services among the Arab population, mainstream mental health professionals need to utilize some traditional techniques and collaborate effectively with indigenous practitioners”.

There is another way to look at the stigma for mental health and it may be considered that many researchers come into the region with a ‘Western’ bias, whereas there may not be an actual problem where some see it. “What may be considered a mental health problem requiring professional treatment in one society may be seen simply as a routine hassle of daily life in another” (Green, 1995). An entire body of research has concluded that ‘traditional Arab beliefs tend to regard the seeking of mental health services and consumption of psychiatric

medications as shameful' (Abu-Ras, 2002; Al-Adawi, et. al, 2002; Abudabbeh & Aseel, 1999; Haque Khan, 1997). Cultural beliefs and in-group, out-group relationships may play heavily on one's ability and willingness to seek formal mental health care. Independent societies place an emphasis on fixing one's own problems with a more cohesive barrier between in-group and out-group, whereas interdependent cultures place more emphasis on the boundaries between groups and outside help is not sought unless absolutely necessary. The Middle East and North Africa has been difficult to define in regard to cultural dependence and in many times is seen as more inter-dependent than independent, "among Arab students, reluctance to seek psychological help may be partially attributed to the fear that self-disclosure by the individual client may indicate betrayal of one's own family, or more troubling, self-disclosure might be seen as an unequivocal declaration of weakness" (Sayed, 2002). Al-Darmaki also found in 2003 that "self-disclosure to outsiders is considered unacceptable behavior in this culture. People are encouraged to share personal and emotional issues and discuss problems within their family only." For these reasons some researchers have been lead to classify the Middle East as an inter-dependent culture and thus more likely to face a stigma associated with bringing outsiders, even doctors, into personal matters and sharing family secrets with anyone outside of the family. The trend of shame especially may classify an inter-dependent culture in that independent cultures place a lot more emphasis on guilt, which identifies with the persons locus of control. For Arabs it has been found that for the majority there is an outside locus of control, in regard to believing that outside forces cause the events of one's life "Arab people commonly believe that mental illness is caused by external, malevolent forces" compounded with the knowledge that, "people with an internal locus of control believe that events are contingent on their own actions, thus might be more prone to actively seek consultation and help when under stress" (Gianakos, 2002) and it is clear

that this location of locus of control is a determining factor of help seeking behavior. This external locus of control, which is so closely tied to religious and cultural norms, may be a large part of the reason seeking mental health help is so shameful.

For many Arabs not only is there an outside stigma in the community associated with seeking mental health help there is what researchers are now calling an internal self-stigma. “Common expressions of self-stigma include feelings of shame, limiting one’s social interactions, and reluctance to seek employment and other rightful life opportunities” (Kranke, et. al, 2010). This particular body of research has found that “help-seeking is perceived as a ‘collaborative family effort’ and individual illness is considered a family matter” (Al- Krenawi, 1999, p. 58) due to this family effort to solve mental health problems if someone does seek outside help it can be seen as bringing shame to the family as all family matters will be out in the open, as well it is admitting weakness within a family which can bring into question family pride, and for a region that is so solidly based in tribal communities, weakness within a family can be detrimental to social standing and thus familial survival.

Violence and Conflict

In a region that has been fraught with violence and conflict for the majority of its history, researchers have found ample material to study the effect of conflict and violence on people. Post traumatic stress disorder has become a fashionable disorder to diagnose to veterans in Western countries and much data has been collected based on their persisting mental health issues. Some of these issues include “self-stigma, where the individual internalizes public stereotypes of people with mental illness (Corrigan & Watson, 2002). Mittal et. al also found in 2013 that taken together, public and self-stigma can discourage adequate treatment and create

barriers to work, housing and health care opportunities. The common definition for trauma being “feeling of helplessness to change the outcome” (van der Kolk, 2002) this can be very common given the conflict in the region of the Middle East and North Africa. Not only before the Arab Spring began with revolutions in 2011, the region was fraught with authoritarian regimes that oppressed the people to the extent of potentially being traumatized, additionally many of these government systems relied on methods of fear and trauma to keep their power. It would be naive to believe that this would not have lasting effects on the region. Youth exposed to this type of trauma early on carry those effects throughout their lifetime “children and adolescents living in these conflict zones are exposed to high levels of traumatic experiences” (Dimitry, 2011) additionally found in the same study by Dimitry in 2011, the “main determining factors (of mental health issues) identified were level and type of exposure, age, gender, socio-economic adversity, social support and religiosity”. Though the literature in this type of research is small the opportunity for it to grow has presented itself. The conflicts in Tunisia, Libya, Egypt, Palestine, Iraq and Syria allow longitudinal effects to be seen from the events of trauma. Not only can these effects be seen in country, in refugees but also in neighboring countries who bear the burden of supporting these refugees and others exposed to the conflict. The self-stigma and traumatic stress disorders over the course of the coming decades could overwhelm the mental health systems established within the region, or it could overwhelm the social support that is already not readily available to most who have been through a conflict.

IV. Methodology

There were three tools utilized during this research in order to measure the attitudes and perceptions of mental health by University students in Jordan. Surveys were created in order to gauge student's attitudes about the difference between mental disorders and mental illness in addition to their reactions to different situations. These questions directly involved placing themselves in situations where they or a family member potentially had a mental health problem. In order to delve deeper into the 'why' of the stigma, having been previously established within many Middle Eastern cultures, not just Jordan, the researcher conducted interviews and a focus group with Petra University students in order to talk about why they held their current opinions, in addition to why they thought others would hold certain opinions on the topic.

Students surveyed were members of the faculty of Pharmacy at Petra University, 100 of which were asked to participate. Students were conveniently chosen from a random pharmacy class not chosen by the researcher. This University offered the unique ability of having students from multiple nationalities due to it being a private institution. Additionally students in the faculty of Pharmacy have some background in medical terms but not much experience with formally learning about mental health problems.

The five of the seven survey questions were asked in a closed ended manner, in that students were given a specific situation or direct question about their opinions and were able to choose from three options given or choose a fourth, 'other', option and write in their opinion. The other two questions asked pertained to mental health problems that students were aware of in addition to gauging their knowledge of the difference between mental disorders and mental illnesses. Upon collection of the surveys it was apparent that the directions given to students

should have been more clear, in that students were able to choose more than one option if they so desired. All surveys were distributed in Arabic, having been translated by a native speaker who was also fluent in English and then back translated into English by another native Arabic speaker, before analysis of any of the responses. The surveys were distributed in Arabic to ensure that even those students who were not proficient enough to speak about the topic in English would be able to answer, additionally the phrasing in Arabic taps into specified emotions rather than speaking about the topic scientifically in English.

In order to get further into the ‘why’ of attitudes of the University students, individual interviews were held in addition to one focus group. The chosen interviewees were volunteers from the faculty of Pharmacy within Petra University. The interviews were held individually with Jordanian students whom were not surveyed in order to look deeper into their own perceived stigma associated with mental health and why they think the culture as a whole reacts in a particular way. The focus group was among a group on international students and was set up to be a focus group due to the nature of their studies in order to best utilize the student’s time whom were working on a time sensitive chemical reaction. The focus group used the same questions as the individual interviews, additionally great effort was taken to ensure that each individual student was participating in the discussion, the students came from 3 different nationalities and none were additionally surveyed. All interviews and the focus group were conducted in English, students studying pharmacy are taught in English and at least proficient enough to speak about the topic, though many questions had to be rephrased by the researcher in order to make the intent clear to the interviewees.

V. Results

Quantitative

The present study surveyed a total of 56 participants, 22 males and 34 females from Petra University. Participants ranged in age from 19-45 years old with mixed nationalities of 35 Jordanians, 7 Syrians, 4 Palestinians, 7 Iraqi, 1 Lebanese, 1 Australian and 1 who chose not to answer this demographic question. The breakdown of participant demographics can be found in Table 1.

Table 1.
Demographic Characteristics of the Sample

	N=56	%	Mean
Age			
19-25	40	71.42%	23.98 years
26-31	8	14.29%	
32 and older	6	10.71%	
Unspecified	2	3.57%	
Gender			
Male	22	39.29%	
Female	34	60.71%	
Nationality			
Jordanian	35	62.50%	
Syrian	7	12.50%	
Palestinian	4	7.14%	
Iraqi	7	12.50%	

Other	2	3.57%
Unspecified	1	1.79%
Major		
Pharmacy	55	98.21%
Nutrition	1	1.79%
Religion		
Muslim	55	98.21%
Other	1	1.79%

When surveyed about mental health disorders they knew of, students responded most commonly with depression (24 out of the total 135 responses; 17.78%) followed by worrying/anxiety (19 out of 135; 14.07%) and the same frequency for both insomnia and other (12 out of 135; 8.89%). The breakdown of frequency of mental disorder appearances can be found in Table 2. When participants were asked to discuss the difference between mental disorder and mental illnesses, eight out of fifty-six participants noted that there were no differences between the two phrases though the majority (48 out of 56; 85.71%) noted there was a difference and out of those who noted a difference the majority of participants (34 out of 48; 70.83%) indicated that a mental illness is permanent or continuous while a mental disorder is brought on by circumstances and is merely temporary. A full description of participant attitudes can be found in Table 3. Surveys asked participants about their knowledge and then attitudes on mental health disorders and illnesses. Questions included in the survey varied from reactions to news of mental disorders within the family to assessing help seeking behavior within the participants, additionally to

where their knowledge of mental health stems from, to the causes of mental health illnesses.

General trends were detected through the survey as far as help seeking behavior and students' nationalities are concerned the graphs in Figures 1 & 2 shed light onto the general attitudes of the differing student populations.

Table 2.
Disorder Distribution by Frequency mentioned

Disorder	N=168	% (out of 135 who responded)
Depression	24	17.78%
Multiple Personality Disorder	9	6.67%
Detached	1	0.74%
Stress	6	4.44%
Social Pressure	1	0.74%
Academic Pressure	1	0.74%
Anger problems	3	2.22%
Anxiety	6	4.44%
Isolation	4	2.96%
Worrying/anxiety	19	14.07%
Nervous	7	5.19%
Insomnia	12	8.89%
Epilepsy	1	0.74%
Phobia	9	6.67%
Loneliness	3	2.22%
Fatigue	1	0.74%
Obsessive Compulsive Disorder	2	1.48%

Autism	3	2.22%
Hysteria	2	1.48%
Low self-esteem	1	0.74%
Hallucination	2	1.48%
Bipolar Disorder	1	0.74%
ADD/ADHD	1	0.74%
Other	12	8.89%

* For this question there were 33 none responses

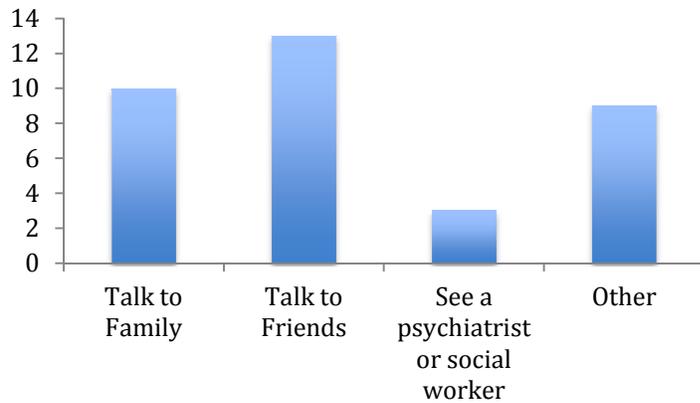
Table 3.

Difference between mental illness and mental disorder

Type of Difference	N=56	% (of 48 who noted difference)
Mental Illness is permanent and usually requires medication	2	4.17%
Mental Disorder is temporary and usually situational	3	6.25%
Mental Illness is permanent and requires medication AND mental disorders are temporary and usually situational	34	70.83%
There is difference, no indication what that difference is	7	14.58%
Other explanation	2	4.17%
No difference	8	

Figure 1.

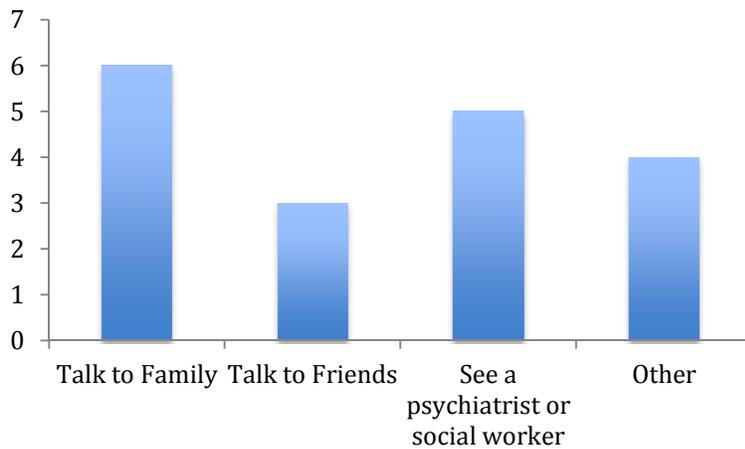
Help Seeking Behavior in Jordanian Students



*This graph compared nationality to question 6 of the survey (See Appendix for survey)

Figure 2.

Help Seeking Behavior in International Students



*This graph compared nationality question 6 of the survey (See Appendix for survey)

When comparing student’s attitudes to each other, it was hypothesized that certain attitudes might be linked to one another. Student’s who rated as ‘Being OK with a family member having a mental disorder’ as well as those who rated ‘they would not tell anyone about a family

members mental disorder’ were both more likely to want to be able to live their daily lives if found that they have a mental disorder (Figure 3 & Figure 4).

Figure 3.

Reaction to personal mental disorder given, ‘Be OK’ with family member mental disorder

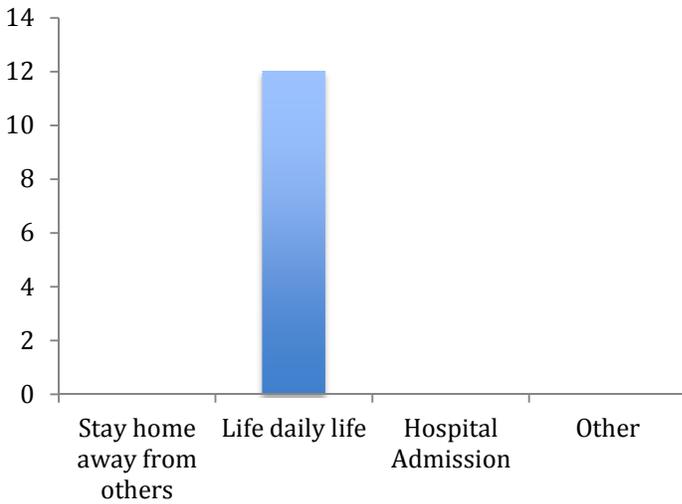
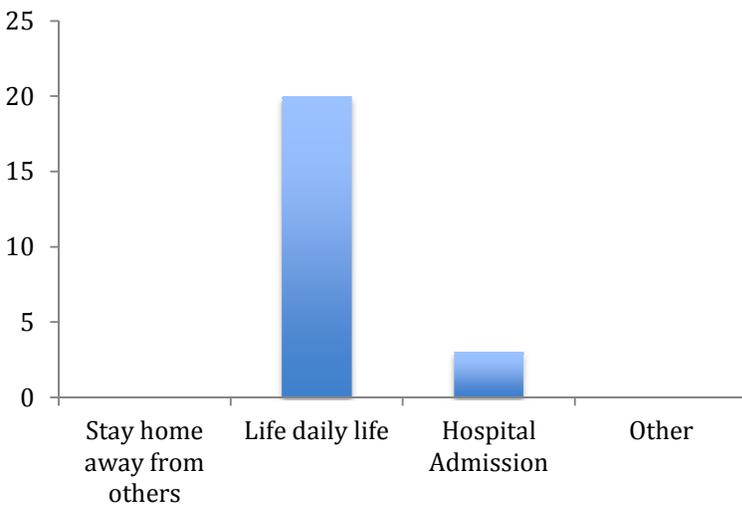


Figure 4.

Reaction to personal mental disorders given, ‘Not tell anyone’ about family member mental disorder



When Chi squared test and Fischer exact tests were run it was found that gender was statistically significant when comparing the question of what students would do if someone in their family had a mental disorder. More females (55.9%) answered they 'would not tell anyone' as compared to males (18.2%). Males would significantly be 'OK with it' (36.4%) as opposed to females (11.8%). Sex was not statistically significant for any other question. Nationality was not statistically significant for any question, though trends can be drawn. Significance was found when comparing the reason of mental disorder with reaction to family member disorder, in that those who thought the reason behind disorders were poor family life additionally would not tell anyone if someone in their family were found to have a mental disorder ($p=0.045$). Another significant comparison was in that all (100%) of participants who thought the reason for mental disorders were trauma wanted to 'be able to carry on their daily life' ($p=0.005$).

Qualitative

Interviews: In addition to surveys, interviews and a focus group were held with pharmaceutical students at the University of Petra. Interviews were held with five students from a Jordanian background. The average age of students was 22, and all were female. These interviews yielded results of a fairly homogeneous perception of mental health. Most students could identify that there was a difference between a psychiatrist and a psychologist but were unable to identify what it was, additionally they were able to recognize a difference between mental illness and mental disorder but unable to specify what that difference was. When asked about their attitudes about mental health, all of the interviewees indicated that they believed that there should not be a stigma associated with having mental health problems or seeking mental health help. They were able to recognize there was a stigma for others within the culture but

they were all agreed in that, there should not be one, and more should be done to change the opinions of the public at large. All interviewees were standardized in their opinions about the state of the mental health care system in Jordan, in that it was not up to par, though none could offer any indication at what should be done in order to improve the system, though they said it should be improved. When inquired if the changes to the mental health system should come from the government there was an overwhelming disagreement, in that even if the system were improved at this time, it would remain underutilized by the public due to the social stigma associated with mental health problems. There were no ideas in how to change the stigma other than greater awareness programs for the public in order to educate them on what it means to have a mental health illness. All interviewees indicated that they would be able to seek a mental health professional currently, and would if they thought they needed the extra support, though none admitted to needing it and one interviewee stated that when she was younger she would have wanted to see a psychologist but was not allowed to due to family restrictions, and now given the freedom does not feel that she needs the help anymore. A different student indicated that she believes every person should see a psychologist or psychiatrist as part of their yearly or bi-yearly check up, such as with a general practitioner. When asked about the source of the stigma associated with mental illness, all interviewees indicated that it might not be religious, as many people seek counseling from religious leaders, but that it was merely cultural. When probed further into what that meant, they were not able to give an explanation. When students were asked to give examples of mental health problems that they were aware of, most answered with epilepsy, stroke or autism, only a few responded with psychological disorders such as depression or anxiety. When asked about the side effects of living in a society where conflict is so prevalent all interviewees indicated that they knew about the symptoms of post-traumatic

stress disorder though they did not think it would become a problem for any people living in Jordan due to the resilience of the people, though everyone coming from a region of conflict should be able to seek mental health help without shame. The interviewees indicated that stigma and shame would not be so closely associated with mental health problems that resulted from trauma such as those who come from a place of conflict or have seen a conflict first hand.

Focus Group: The focus group was conducted with pharmacy students of differing international backgrounds. The student demographic composition consisted of 3 Iraqi students (2 male, 1 female), 2 Palestinian students (both female), and 2 Syrian students (1 female, 1 male). The average age of students was 22 all were pharmacy students ranging from 4th year to Masters students. To all the students in the focus group there was a very distinct difference between the phrases mental illness and mental disorder. To these students, mental disorder is something that an individual is born with, and therefore, permanent and requires medical treatment while a mental illness is something that is developed over the lifetime. It was agreed that anxiety and depression were mental health disorders and that they should be dealt with medically, those suffering from such disorders should see a psychiatrist. This distinction brought to light that all students participating did not know the difference between a psychiatrist and a psychologist. They were able to identify that there should be a difference between the two but were not able to identify what that difference was. The students believed that it should be OK for individuals to see a psychiatrist or a psychologist but that many times due to the cultural stigma, those individuals who needed it most would not seek the help they need. One male student within the group revealed that he thought he might have a mental disorder but was discouraged from seeking mental health help by his family who feared social isolation if anyone found out about his condition. In this particular case he revealed that after long talks with his

friends and family, he was able to find some relief from his symptoms, but sometimes still wishes he could see a specialist and that maybe soon he will. This confession led to a discussion about the stigma of mental health in the Arab region, not just in Jordan. This discussion led to the conclusion that the general public's attitude about mental health needs to be changed, that policy will not affect the public until they learn to accept the illnesses and reduce their own stigma. When asked about the source of the stigma, many said that it is not based in religion but that it is based in culture. The students pointed to a large amount of pressure on families to appear to the outside world as if everything is fine. The shame of mental illness is not within the family it is with members of the outside. Student's most common responses on how to improve the mental health care system were to increase the number of people going into the field; there are not enough resources because the stigma crosses boundaries to discourage people from becoming psychiatrists or psychiatric nurses. These students also placed a heavy emphasis on the ability for people of a common background to feel welcome to make support groups and that might be the best way in which to change the common cultural stigma. When the discussion was turned to the topic of conflict and mental health, it was clear that the majority of students within the focus group had seen one of the conflicts in the region directly. All students said that those reacting to the conflict in negative ways were the minority and that it was very uncommon due to the resilience of people and the duration of the majority of conflicts.

VI. Discussion

The results from the survey indicate that Jordanian students and International students feel differently about mental health illnesses. It was apparent to the researcher during collection and analysis that being able to list different mental health disorders between the nationalities correlated to what students from each country might have seen and been exposed to in their lifetimes. Additionally, although the sample size was smaller, and not statistically significant, the international students trend was more willing to see a psychiatrist or social worker if the need arose than Jordanian students were. A surprising result from the study yielded that students who were 'OK' with a family member having a mental illness were guaranteed to want 'to live their daily lives' when told they had a mental illness; though students who would keep family members illnesses a secret also rated wanting to live their daily lives as the most common reaction to being told they had a mental disorder which begs a disconnect between the way the students view themselves having an illness and they way they view it in their family and community. This brings the researcher to wonder once more at the type of cultural society the Arab world is operating within, independent, inter-dependent or a combination of the two.

When discussing the types of disorders students recorded when prompted to list three in the survey, the hypothesis was partially supported in that depression and worrying/anxiety were the two most common listed ailments and both can be seen as psychological. Though it was hypothesized that illnesses would be more common than psychological disorders, the third most common listed ailments included insomnia, which may have both psychological and physical effects. In the case of the hypothesis being disproved, it allows the researcher to deduce that the students surveyed are more open and educated about mental health illnesses than the literature let on. Though this generalization about education level may not be extrapolated to the outside

community it is important to start at the level of the students in changing their opinions before moving to the community as a whole.

The results from the interviews and focus group indicate that Jordanian students are less aware of mental health problems and resources than the International students are. Though this may be due merely to the availability of mental health resources for international students rather than Jordanian students. It was also apparent that the international students had given more thought to mental health problems facing people in today's ever changing world than the Jordanian students and they were able to talk more openly and eloquently about the changes that would need to be implemented culturally before the field would prosper in Jordan. Again, with the interviews and focus group it was found that the initial hypothesis was partially correct. It was incorrect in thinking that the students themselves would have negative views of mental health or share the shame stigma as was indicated in the literature for the region, instead the students were merely aware of this stigma and wished to change it. This is encouraging to the researcher to be able to recognize a lack of stigma within the target sample size though the target sample agrees that there is still a polarizing stigma within the community as a whole, which debilitates the field of psychology for the region. Students were mostly unaware of the efforts of the WHO and their mhGAP program running within Jordan. Students' ideas to start at the grassroots level to change opinions on mental health seems to already be taking place within not only Jordan, but the entire Middle East region as a whole. A benefit of the Arab Spring, beginning in 2011, was that international attention was pivoted on the Middle East and the voices came from the common people, and a lot of times from students. Students today hold a lot more power than they may realize, they are able enact the changes within the system they wish to see as current leaders are phased out in order for the new generation to take over.

In terms of the next actions to be taken to decreasing the stigma of mental illness and in return increasing the resources available to people would be to follow the recommendations of the students. Awareness is a large part of being able to change attitudes and that means that the opinions of all students need to be changed in order to reach their families and friends who are not exposed to many of the same liberal ideas as many university students are. The ability to create organizations on campus, which allow awareness of mental disorders to grow, would be extremely beneficial. In addition potentially creating support groups in order to bring students who have been through similar life experiences together in order would be able to draw upon the in-group sharing only mentality, while also bringing in more outsiders to the in group.

VII. Study Limitations

Though this study was able to uncover some general attitudes and trends on the attitudes and perceptions of mental health and the system in Jordan it is a highly complex topic to discuss stigma and experiences with mental health. There were several limitations in being able to fully explore the topic at hand, one them in particular, was sample size for the survey. Out of the 100 surveys handed out, accounting for none responses, only 56 students gave usable answers. This is a flaw in being able to survey only one class at one University. It is an acceptable amount of surveys to distribute, code and analyze within the time frame, though given a longer timeframe it would be more conducive to have statistically significant data which would mean surveying a greater number of students, potentially from multiple disciplines in order to assess the feelings across all fields of study, rather than studying only pharmacy and nutrition students. It would also be significant to study whether there was a difference in the attitudes across disciplines, if

there was a difference between those who are studying a science and a social science. It is also impossible to generalize the results of student's attitudes to that of the general community or population, though it was a deliberate choice in only surveying students in order to look at the future generations opinions. As the current doctors and lawmakers are being phased out, these students will be their replacements and their attitudes and perceptions on the topic will affect more change than that, potentially, of the general community.

As far as limitations with interviews go, it would have been best to talk with all the students individually in an interview setting, though the setting with the international students ended up being a focus group due to the nature of their studies and the time restraints on the availability of balancing the research time frame with multiple students schedules to spend an extra 10-15 min talking with the researcher, during the finals period. The focus group took place during one of the student's laboratory times, which unfortunately could not be avoided.

All interviews and the focus group took place in English which is a hindrance in itself for some participants may have not been able to fully express their opinions in English, though the students were fluent, many times native fluency is needed to discuss such a complex topic that has to deal with scientific terms in addition to discussing cultural norms and obstacles for them, that the researcher, as a foreigner, would not be able to fully understand anyway. All the surveys were translated into Arabic and then back-translated to English once they were completed which leaves a lot to be desired in that many cultural and language barriers exist when so many people are interpreting the words. Many times there may be multiple translations, which were not intended by the researcher or the participant, though this seem unavoidable without the researcher achieving native fluency in Arabic.

Overall, every effort was taken to attempt to make this study valid and comprehensive, and with as little bias as possible, though given the time restraints, limited sample size and language barriers, it is acknowledged that there are limitations with the results which should be reflected upon in future research.

VIII. Future Research

Future research in this field should focus on the perceptions of a more common population rather than merely just students. It would also be beneficial to look at students from varying disciplines in order to ascertain how those from law faculties or other social sciences, with no medical background feel about the stigma associated with mental health in Jordan and potentially, surrounding Arab countries. It would also be worthwhile to look at the attitudes of people in regards to refugees, to see if as refugees become increasingly assimilated into Jordanian society if they will face a stigma for seeking mental health help given what they have been through.

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66.

X. Appendices

Survey (English)

This survey was constructed to gauge knowledge and attitudes of mental health by Jordanian University students. As students, you have been selected to participate based on your unique position as the leaders of tomorrow's world. Please answer all questions clearly and concisely. You do not have to participate in this study if you do not wish, please answer the following questions as clearly and concisely as possible. All answers will be anonymous, please do not put your name anywhere on this questionnaire.

1. Age:
2. Major:
3. Gender:
4. Religious Affiliation:
5. Nationality:
6. Please list 3 mental disorders you are aware of:
 - 1.
 - 2.
 - 3.

Do the phrases mental disorder and mental illness mean something different to you? If yes please explain:

Circle the answer that best represents your opinions. If Other please explain.

7. If you found out someone in your family had a mental disorder you would:
 - a. Be OK with it
 - b. Not tell anyone
 - c. Call them crazy and distance yourself
 - d. Other:
8. If you were diagnosed with a mental disorder you would want:
 - a. To be kept at home away from the public
 - b. Allowed to carry on your day to day business

- c. Admitted into a hospital
- d. Other :

9. Your thoughts on mental disorders are derived from:

- a. Television/ Movies
- b. Family/Peers
- c. Religion
- d. Other:

10. If I am feeling tired or anxious for longer than 3 weeks I will:

- a. Talk to my friends
- b. Talk to my family
- c. Seek a psychologist or counselor
- d. Other:

11. How do mental health illnesses arise?

- a. Genetics
- b. Trauma
- c. Poor family life
- d. Other:

Survey (Arabic)

دراسة مسحية لتقييم مدى معرفة طلبة الجامعات في الأردن و مواقفهم
بالنسبة للصحة النفسية

عزيزي الطالب/ عزيزتي الطالبة

يهدف هذا الإستبيان لتقييم مدى معرفة طلبة الجامعات في الأردن و مواقفهم بالنسبة للصحة النفسية بصفتهم قادة المستقبل و صانعي القرار. يرجى الإجابة على جميع الأسئلة بوضوح ودقة و التي لن تستغرق أكثر من 5 دقائق. نرجو التكرم بالعلم أن المشاركة في هذه الدراسة طوعية. إذا كنت لا ترغب في ذلك، الرجاء ذكر السبب في أعلى الصفحة و إعادة الاستبيان. كما نود التأكيد بأن جميع الإجابات ستكون مجهولة المصدر و لن يتم كشف أي من معلوماتك الشخصية أو اسمك على البحث. من فضلك لا تضع اسمك في أي مكان على هذا الاستبيان. نشكر لكم تعاونكم.

أولاً: معلومات عامة عن المشارك/ المشاركة بالدراسة

العمر.....	الجنس.....
التخصص.....	الديانة.....
الجنسية.....	

ثانياً: مدى معرفة المشارك / المشاركة بالصحة النفسية

1. الرجاء ذكر 3 من الإضطرابات النفسية التي تعرفها

- •
- •
- •

2. هل تعتقد أن هناك فرق بين المرض النفسي و الاضطراب النفسي؟

نعم

لا

إذا كانت اجابتك عن السؤال السابق بنعم, نرجو توضيح الفرق من وجهة نظرك:

.....

.....

ثالثاً: موقف المشارك/ المشاركة بالنسبة للصحة النفسية

3. إذا وجدت أن شخص ما في عائلتك لديه اضطراب نفسي، ماذا تفعل؟

أ. يكون شعورك عادي و طبيعي

ب. تتعامل مع الموضوع بمنتهى السرية و لا تخبر أحدا

ج. تعتبر المصاب مجنوناً و تتحاشاه تماماً

د. ليس أياً مما سبق (الرجاء الذكر).....

4. كيف تريد ممن حولك أن يتصرفوا فيما لو تم تشخيصك باضطراب نفسي؟

أ. أن يبقوك في المنزل بعيداً عن الآخرين

ب. أن تمارس حياتك اليومية بشكل طبيعي

ج. أن يتم ادخالك إلى المستشفى

د. ليس أياً مما سبق (الرجاء الذكر).....

5. من أي المصادر تستمد أفكارك حول الصحة النفسية؟

أ. التلفاز و الأفلام

ب. العائلة و الأصدقاء

ج. الشريعة

د. ليس أياً مما سبق (الرجاء الذكر).....

6. إذا حدث و شعرت باضطراب أو قلق لمدة أكثر من 3 أسابيع فماذا تفعل؟

أ. تتحدث لأحد من أفراد عائلتك

ب. تتحدث لأحد من أصدقاءك

ج. تراجع طبيب نفسي أو مرشد اجتماعي

د. ليس أياً مما سبق (الرجاء الذكر).....

7. بنظرك، ما هو سبب الإضطرابات النفسية؟

أ. الجينات/ الوراثة

ب. الحوادث و ما ينجم عنها من اصابات

ج. التفكك الأسري/ الاجتماعي

د. ليس أياً مما سبق (الرجاء الذكر).....

Survey Questions (English)

Demographic:

- What is your major?
- What is your nationality?
- What is your age?

Knowledge:

- Do the phrases mental disorder and mental illness mean something different to you? How?
- Do you think anxiety or depression is a mental health disorder? How should it be dealt with?
- Is there a difference between a psychologist and a psychiatrist? What is it?

Attitudes/Perceptions:

- Do you believe it is OK for a person to see a psychologist? Or Psychiatrist? When should they see either?
- How would you feel if you were told you had a mental disorder?
- Do you think there are enough mental health resources in Jordan? Why? How can it be improved? Should it be improved?
- Do you think there is a stigma associated with mental health in Jordan? Why?

Experience/Recommendations/ Final Thoughts:

- Do you know anyone who has a mental disorder?
- Have you ever desired to see a mental health professional? Why? Why not?
- When you are feeling stressed, what action do you take?
- Do you ever take medication because you are feeling stressed, or sad?

Consent Form (English)

SIT Study Abroad

a program of World Learning



CONSENT FORM

1. Brief description of the purpose of this study

The purpose of this study is to assess the attitudes and perceptions of Jordanian University students in regard to mental health illnesses.

2. Rights Notice

In an endeavor to uphold the ethical standards of all SIT ISP proposals, this study has been reviewed and approved by a Local Review Board or SIT Institutional Review Board. If at any time, you feel that you are at risk or exposed to unreasonable harm, you may terminate and stop the interview. Please take some time to carefully read the statements provided below.

- a. **Privacy** - all information you present in this interview may be recorded and safeguarded. If you do not want the information recorded, you need to let the interviewer know.

- b. **Anonymity** - all names in this study will be kept anonymous unless the participant chooses otherwise.

- c. **Confidentiality** - all names will remain completely confidential and fully protected by the interviewer. By signing below, you give the interviewer full responsibility to uphold this contract and its contents. The interviewer will also sign a copy of this contract and give it to the participant.

Participant's name printed

Participant's signature and date

Interviewer's name printed

Interviewer's signature and date

SIT Study Abroad

a program of World Learning



Consent Form (Arabic)

استمارة الموافقة

وصف موجز للغرض من هذه الدراسة

الهدف من هذه الدراسة هو تقييم المواقف و التصورات لدى طلبة الجامعات الأردنية تجاه الأمراض النفسية.

2 . اشعار الحقوق

أ. فقد تم استعراض و الموافقة على هذه الدراسة من قبل ISP SIT في مسعى لدعم المعايير الأخلاقية في جميع مقترحات ، إذا شعرت في اي وقت بالمخاطرة أو اذا تعرضت SIT لجنة مراجعة محلية أو لجنة مراجعة تابعة لمؤسسة التعلم العالمية لضرر غير منطقي ، فيمكنك إنهاء ووقف المقابلة . الرجاء أن تأخذ بعض الوقت لتقرأ بعناية البيانات الواردة أدناه . الخصوصية - جميع المعلومات التي تقدم في هذه المقابلة سيتم تسجيلها و حمايتها . إذا كنت لا ترغب بتسجيل المعلومات صوتياً ، الرجاء اعلام الشخص الذي يقوم بالمقابلة بذلك.

ب . عدم الكشف عن الهوية - سيتم الاحتفاظ بجميع الأسماء في هذه الدراسة مجهولة إلا إذا اختار المشارك خلاف ذلك.

ج . السرية - ستبقى جميع الأسماء سرية تماماً ومحمية بالكامل من قبل الشخص الذي يجري المقابلة . من خلال التوقيع أدناه، أن تعطي الشخص الذي يقوم بالمقابلة المسؤولية الكاملة لاستخدام هذا العقد ومحتوياته. سوف يوقع الشخص الذي يقوم بالمقابلة أيضاً نسخة من هذا العقد وسيتم اعطائها إلى المشارك .

د . حق الرفض - إذا كان المشارك يشعر بعدم الارتياح اتجاه الدراسة في أي فترة في الوقت، فمن ضمن حقوقه بالكامل رفض الاستمرار في الدراسة و طلب عدم استخدام اي من المعلومات التي تم جمعها حتى النقطة التي تم التوقف فيها عن اكمال المقابلة. للمشاركين أيضا الحق في رفض الإجابة على أي سؤال لا يشعرون بالراحة بشأنه خلال المقابلة .

ه . التعويض - المشاركة في هذا البحث هو طوعي تماماً وليس هناك أي تعويض .

. الاستخدام في المستقبل – هذا البحث يمكن أن يستخدم في دراسات مستقبلية فقط اذا اتصل الباحث بأسماء المشاركين F الذين تمت مقابلتهم و يكون هذا بعد أخذ الموافقة منهم مرة أخرى مع نموذج موافقة ثان .

ع/ توقيع المشارك والتاريخ
توقيع الباحث والتاريخ

اسم المشارك
اسم الباحث