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Understanding Cultural Barriers to Psychotherapy: The Case of Saudi Arabia

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Abstract--*This study seeks to explore the gap between mental health services and getting people into therapy. Therefore, this study has analyzed the barriers to psychotherapy in Saudi Arabia. This study has focused on identifying the causes and obstacles that prevents people from considering psychotherapy for mental health. Barriers to Mental Health Services Scale (BMHSS) was used and questionnaire was developed to measure barriers to mental health services. 128 participants residing in KSA were surveyed to explore possible barriers to psychotherapy within the Saudi context. The study concludes that stigma was the least barrier to psychotherapy, while Help-seeking and Insurance/payment concerns are the biggest obstacles for utilizing mental health services. Transportation was considered greater obstacle to therapy for women than men, whereas men perceived confidence in therapist's qualification to be a greater barrier than women. Participants who had never been in therapy before perceived help seeking to be a greater barrier compared to those who sought therapy in the past.CCS Concepts• Information systems*

Keywords--*Psychotherapy; mental health; treatment; barriers; Saudi Arabia;*

I. INTRODUCTION

Psychotherapy, or talk treatment, is an approach to help individuals with a wide assortment of psychological maladjustments and enthusiastic challenges [1]. Psychotherapy can help dispense with or control disturbing indications so an individual can work better and can expand prosperity and recuperating. Issues helped by psychotherapy incorporate challenges in adapting to everyday life; the effect of injury, therapeutic sickness or misfortune, similar to the passing of a friend or family member; and explicit mental clutters, similar to despondency or nervousness [2]. There are a few unique sorts of psychotherapy and a few kinds may work better with specific issues or issues.

Psychotherapy might be utilized in blend with drug or different handlings [3]. Treatment might be led in an individual, family, couple, or gathering setting, and can support both adults and kids. Both patient and specialist should be effectively associated with psychotherapy. The trust and connection between an individual and his/her specialist is basic to cooperating adequately and profiting by psychotherapy [4].

Psychotherapy can be present moment (a couple of sessions), managing quick issues, or long haul (months or years), managing longstanding and complex issues. The objectives of treatment and courses of action for how regularly and to what extent to meet are arranged together by the patient and advisor [5]. Privacy is a fundamental

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necessity of psychotherapy. Additionally, in spite of the fact that patients share individual sentiments and contemplations, private physical contact with a specialist is never suitable, adequate, or valuable.

Psychotherapy is regularly utilized in blend with medication to treat psychological wellness conditions. In certain conditions drug might be plainly helpful and in others psychotherapy might be the best alternative [6]. Specialists and other psychological wellness experts utilize a few sorts of treatment. The decision of treatment type relies upon the patient's specific disease and conditions and his/her inclination. Advisors may consolidate components from various ways to deal with best address the issues of the individual accepting treatment [7]. The treatment options include interpersonal therapy (IPT), Cognitive behavioral therapy (CBT), psychodynamic therapy, psychoanalysis and supportive therapy to mention a few [8].

Psychological are progressively alluring according to patients as they would incline toward psychological therapy to pharmacotherapy. In any case, regardless of the attractive quality of such administrations, just around 20% of patients alluded for psychological therapy undergoes the treatment [9]. Such expansive irregularities between expressed intrigue and real follow-up recommend that considerable boundaries both to starting and to clinging to psychological mediations exist [10]. Boundaries to accepting psychological well-being and conduct care have been distinguished as a noteworthy issue in the conveyance of such administrations, and the requirement for research has been voiced.

A couple of studies have analyzed the boundaries to psychological wellness usage in general. Mohr et al.[11] investigated apparent hindrances to mental medicines and their relationship to melancholy and found that discouragement was related with more noteworthy underwriting of boundaries. Brown et al.[12]examined whether therapists would utilize religion and otherworldliness in psychotherapy and found that patients stated explicit empowering influences and boundaries to consolidating religion and otherworldliness in psychotherapy. Brenes et al.[13] inspected the boundaries to looking for psychological wellness treatment experienced by provincial grown-ups and found that the most generally announced obstruction to treatment was the individual conviction. Stein et al.[14] analyzed the key topics related with the execution of psychotherapyin community health centers and found authoritative help for psychotherapy usage as key topic. Tascaet al.[15] analyzed the hindrances experienced by clinicians in utilizing psychotherapy research and found that clinician mentalities toward psychotherapy work was significantly associated with the intention to practice and use psychotherapy.von Wolff et al.[16] explored the recurrence of different stressors affecting proficient psychologists and the boundaries they experience and found that finding a psychotherapist and an absence of time were distinguished as the best obstructions. Titzler et al.[17] recognized boundaries for actualizing a mixed treatment for despondency and found that restricted adaptability and self-governance of choices concerning mixing the treatment as the hindrance. Carmel et al.[18] distinguished the boundaries and arrangements inside a Dialectical behavior therapy (DBT) and found that an absence of authoritative help or hierarchical interest in DBT as boundary. Garcia et al.[19] analyzed veteran frames of mind and convictions about psychological wellness treatment and treatment pursuing and found that veterans were altogether bound to support negative treatment demeanors as conceivable obstructions to mind.

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Psychotherapy in the Eastern Province does not speak to a formal arrangement of restorative techniques and exercises. The Saudi Arabians are maybe the best case of an Islamic people endeavoring to make an acclimation to quickly evolving conditions. A noteworthy worry of psychotherapy in the Eastern Province includes those circumstances in which the way of life is a piece of the issue, that is, the issues of an assortment of individuals expelled from their social moorings and the wonder of culture stun. Therefore, a crucial step towards providing good services for those in need is to know the barriers preventing them from seeking such an essential psychotherapeutic help.Thus, this work has evaluated the barriers to psychotherapy in Saudi Arabia. This work has focused on identifying different causes and obstacles making people avoid psychotherapy as an option to solve their problems in emotions, thoughts, or behaviors.

II. METHODOLOGY

For this work, an online survey was sent to people residing in Saudi Arabia to question their perception about psychotherapy and barriers they face when seeking therapy. The questionnaire contains 10-subscales for people to show an extent of agreement or disagreement to each item. The majority of participants were university students; which was not intended. The purpose was to include all participants who were living most of their lives in Saudi Arabia and exclude those who were outside the kingdom due to cultural representation.

Participants were asked to complete the Barriers to Mental Health Services Scale (BMHSS) developed by Pepin, Segal, and Coolidge [20]. The BMHSS is a self-reporting questionnaire consisting of 56 items designed to measure the barriers preventing people to seek psychotherapeutic services. The updated version of the BMHSS was used in this study which consisted of 43 items for participants to agree and disagree to each item on a 4-point Likert scale.The scale ranged from 1 (strongly disagree) to 4 (strongly agree). Within the BMHSS, there are 10 different subscales that represent several obstacles to reach psychotherapy help. This measure is thought to be suitable by the authors as to explore an extensive range of barriers preventing people to seek psychotherapeutic help and it is also relevantly understandable to the context of Saudi Arabia.

Using this scale helps in addressing variables, which are relevant to the Saudi context. It also captures many factors, which seem to form major barriers to psychotherapy in meantime. It is also helpful in covering a wider community of different demographic factors. The questionnaire was translated into Arabic to ensure its full accessibility to participants who do not understand English language. The reliability (Cronbach's alpha) of both the English standardized test and the translated Arabic test is reported in Table 1 for the 43 items of BMHSS.

Table 1: Cronbach's Alpha

English scale	α=0.91
Arabic scale	α=0.89
Total reliability of both	α =0.89

Using snowballing sampling technique, participants were asked to complete the survey online through social networking channels. They were assured for the anonymity and confidentiality of their answers. Mostly the

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questionnaire took about 10 to 15 minutes to be completed. The data were analyzed quantitatively using IBM SPSS statistics (software package for statistical analysis). The descriptive analyses included mean, percentages, and frequencies.

III. RESULT AND DISCUSSION

Demographic Characteristics

Table 2 shows the demographic characteristics of the participants. Based on Table 2, the majority of the respondents were female with 53%. Age groups ranged from 18 to 62-years with majority in age group between 18-26 years old with 78.9%. In addition the respondents were residing in different regions around the kingdom. Participants comprised of different nationalities: Americans, Egyptians, Indians, Jordanians, Lebanese, Pakistanis, Syrians, and Yemenis with a majority of Saudis. Educational background of participants varied from Middle School to Post-Graduate level.

Table 2: Participants' Demographics

Variable	Division	Frequency	Percentage
Gender	Male	60	47%
	Female	68	53%
Educational Level	Middle School	2	1.6%
	High School	10	7.8%
	University	110	85.9%
	Postgraduate	6	4.7%
Age	18-26	101	78.9%
	27-35	15	11.7%
	36-44	8	6.3%
	45-53	1	0.8%
	54-62	3	2.3%
Nationality	Saudis	74	57.8%
	Non-Saudis	54	42.2%
Home Town	Jeddah	101	78.9%
	Other regions of Saudi Arabia	27	21.1%

Questionnaire Outcome

The preliminary results showed that almost 86% of the participants didn't seek psychotherapy in the past. Only 14% been into therapy before. Based on Table 3, Ageism, stigma, and confidence in qualifications of therapist ranked least barriers to psychotherapy according to their means (1. 7), (1.9), and (1.98) respectively. In addition, the

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biggest barriers to mental health services were help-seeking behavior and payment concerns with both scoring (2.9) as their mean.

Table 3: Order of barriers from greatest to least

Rank	Mean	Barriers to Psychotherapy
1	2.9	Help seeking / Insurance/Payment Concerns
2	2.8	Belief that Depression is Normal
3	2.7	Finding a Therapist
4	2.5	Physician Referral
5	2.4	Knowledge and Fear of Therapy
6	2.2	Transportation concerns
7	1.98	Confidence in Therapist's Qualifications
8	1.9	Stigma
9	1.7	Ageism

Therefore, based on the responses, participants were divided into two main groups and transferred to answer different questions. The Table 4 shows participants' responses of the two main groups; upper section (group A)of the table shows those who been into therapy before and the lower section (group B) shows those who never sought therapy before. Based on Table 4, for group A, 66.7% stated that psychotherapy was beneficial. 44.4% of the respondents stated the therapist was recommended by friend/family. When asked about who advised to seek therapeutic help, 61.1% stated themselves as the source of advising. Based on Table 4, for group B, 46.4% stated that they will seek their friends when facing personal distress. 23.6% stated that they will their own enhance spiritual rituals. 20 % stated that they will seek family members and 6.4% stated that they would keep it to themselves.

Table 4: Group responses on psychotherapy

Group A		
Questions	**Answers**	**Percentage**
Was psychotherapy beneficial	Yes	66.7%
	No	33.3%
How did you know about the Therapist	Recommended by friend/relative	44.4%
	Online/newspaper ad	27.8%
	My Physician	22.2%
	Others	5.6%
Who advised you to	Only me	61.1%

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seek Therapeutic help ?	Myphysician (neurologist or general doctor)	16.7%
	Family member	11.1%
	Friend	11.1%
Group B		
When I face personal distress (either in my thoughts, feelings or behaviors), I seek the help of	Friend	46.4%
	Enhance my spiritual rituals	23.6%
	Family member	20%
	Keep it to myself	6.4%
	Relative	1.8%
	Other	1.8%

Table 5 shows the ranks of barriers of all participants were divided according to; group A: those who went into therapy, and group B: those who did not; to compare both groups and get a deeper understanding of perceptions of seeking therapy treatment. Based on Table 5, for group A, the rank order for insurance/payment concern was the highest at 3.2 followed by helping seeking at 2.7 and 2.6 for belief that depression is normal.

As for group B, based on Table 5, helping seeking was the highest ranked at 3.0, followed by insurance/payment concerns at 2.9 and belief that depression is normal at 2.8. For both group A and group B, stigma and ageism were the least ranked with 1.6 for both stigma and ageism in group A, and 1.9 stigma and 1.7 ageism for group B.

Table 5: Rank order of BMHSS subscales among group (A) and group (B)

Scale	**Group A**	**Scale**	**Group B**
Insurance/Payment concerns	3.2	Help Seeking	3.0
Help Seeking	2.7	Insurance/Payment concerns	2.9
Belief that Depression is Normal	2.6	Belief that Depression is Normal	2.8
Finding a therapist	2.5	Finding a therapist	2.7
Physician referral	2.4	Physician referral	2.5
Knowledge and fear of therapy	2.3	Knowledge and fear of therapy	2.3
Transportation	2.2	Transportation	2.2

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concerns		concerns	
Confidence in therapist's qualifications	1.9	Confidence in therapist's qualifications	2.0
Stigma	1.6	Stigma	1.9
Ageism	1.6	Ageism	1.7

In addition, Correlational analyses were used to explore the relation between the barriers and participants' demographics, and to also distinguish the barriers perceived by group A in comparison to group B. Results show that females tend to perceive transportation as a major obstacle to seek psychotherapy (r = 0.49). While male participants tend to perceive confidence in therapist's qualification as a major barrier (r = -0.18). Another correlation also shows that Help Seeking seems to be perceived as a barrier to those who did not seek therapeutic help in the past (r = ,0.19).

Overall Discussion

A general look at table 3 shows that the barriers are closely related and no significant differences were elicited between the ranks of both groups. However, looking closer into Table 3 remarkable results appear. Unexpectedly, stigma ranked relatively low compared to Belief that depression is normal, help-seeking, and payment concerns. The barriers that ranked, as top barriers to psychotherapy were help seeking and insurance concerns.

Participants of both groups A and B (as shown in table 5) showed that Help Seeking is at the top of all barriers. This could be related to the age of participants. The majority of participants were between 18-26-years old. People at this age tend to be responsible for solving their own problems as reported by Rickwood et al[21]. This explains why 61 % answered "only me" when they were asked "Who advised you to seek therapy help?". While when asking group B, whom do they seek in case of a personal distress(either in thought, feeling, or behavior) they showed big preference to seek the help of a friend(44%), than a professional help as shown in Table 4.

People who seek informal help/unprofessional help have their own reasons, and there are plenty of reasons. For example, some people have difficulties pointing out what they are feeling, or others may have little knowledge of the connection between their problems and how psychotherapy can be the best way to solve them as reported by Wilson et al.[22] and Chong et al.[23].Although Help Seeking was at the top of barriers for both groups, obviously, group Ahad the initiative to take the decision to seek help. However, by asking group A who they seek after taking the decision to approach professional help, the highest score goes to friend/relative(35%).

It goes without saying that lack of insurance coverage and high rates payment of psychotherapy treatment can create a big obstacle to those who need to seek professional help. Amaral et al. [24] stated it is important to include psychological consultation under health insurance for employees due to the deteriorative nature of psychological distress that cause employees to reach a level of physical symptoms, to take many sick leaves, and then to misuse medical drugs which are covered by health insurance.

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On the other hand, many of the participants had a problem approaching and accessing quality psychotherapy services. For example, 69% agree/strongly agree that they don't know how to find a psychotherapist. Also, 62% agree/strongly agree that they won't be confident in selecting the right therapist. These results highlight the fact that services of psychotherapy in Saudi Arabia lack accessibility to the public and also little awareness is spread about many of the available services. Even those who sought a physician showed little confidence in sharing their personal distresses with the physician and this was agreed by the work of Khazaie et al.[25] where it was reported that many people have faced problem in locating a psychotherapy services and self confidence level is a significant factor in sharing information with therapist.

It seems that people coming from Middle Eastern cultures have a higher tendency toward grieving and depressive moods. Awad et al. [26] mentioned that grieving seems to be different in Middle Eastern cultures compared to Western, especially in females. Majority showed confidence in therapist's qualifications but not in the outcomes of the therapy, while men were more suspicious about therapist's qualifications than women. This may be predictable when comparing such outcome with masculine role socialization. Men are most of the times socialized to stick to self-reliance, physical toughness, and emotional control as reported by Berger et al.[27].

Interestingly, stigma showed the least barrier to psychotherapy evenly with ageism. It was astonishing to see stigma as less of a barrier in Saudi context. This was pointed in the results, participants were sure that psychotherapy is not only for mentally ill people and they are not ashamed to seek therapy treatment or feel fragile to being judged. Most importantly is how participants disagreed to the belief that seeking psychotherapy is not a sign of weakness. This outcome was similar to the work done by Han et al. [28] where stigma was reported to be the least barrier for seeking mental health help. Possible explanation to these results is that educational level could reduce stigma, in addition to the fact that Jeddah is considered the most modem city compared to other regions around the kingdom and participants were (80%) residents of Jeddah.

IV. CONCLUSION

This study has examined the barriers to psychotherapy in Saudi Arabia. This work has focused on identifying different causes and obstacles making people to avoid psychotherapy as an option for mental health care. The key findings of this work have shown that help seeking is the first barrier to psychotherapy according to the majority of the participants. In addition, payment concerns and cost issues also stand as a big barrier to psychotherapy due to the fact that such services are never included within insurance services and never had the chance to be considered as important as physical treatments. Stigma is a least barrier to psychotherapy among participants of the majority of them has a university level of education. This is absolutely a reason for better awareness of the difference between major brain dysfunction and mild psychological disturbances. The authors would like to recommend the practice of awareness campaigns to educate people about the nature of psychological illness and importance of seeking help.

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