Exploring the Connection Between Underdiagnosed Mental Health Issues and Societal Stigma in the UAE

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Abstract:- This study examines the impact of cultural, social, and religious factors on underdiagnosed mental health concerns in the United Arab Emirates. A historical synopsis shows how cultural ideas have shaped conceptions of mental health from prehistoric times to the present. Along with diseases like eating disorders, disruptive behavior disorders, bipolar disorder, anxiety disorders, depression, PTSD, schizophrenia, and neurodevelopmental disorders, the role that stigma plays in impeding diagnosis and treatment is also examined. The study uses research questions to gain insight into ethnic group experiences in the UAE and the impact of stigma, with the goal of eliminating stigma around mental health and enhancing access to care.

I. INTRODUCTION

In fact, since the science behind mental illness was limited. People strived to find a cause for the symptoms they were experiencing and for the strange behavior others were exhibiting. They concluded that the cause for these feelings had to be because of "possession by demon" or were "being punished by God for their sins" (King, n.d.). A lot of the adverse speculation surrounding the prejudice against mental health was caused by media portrayal, lack of understanding, and cultural stigma. In primeval times, however, mental health was viewed as something caused by a "deity or a supernatural being" (King, n.d). Mental health issues were also believed to be tied to witchcraft and sorcery. In Ancient Egypt, those experiencing emotional turmoil were sent to "a sanatorium" to help those suffering recuperate. Dreams were perceived as supernatural phenomena, with the belief that gods played a role in crafting dream experiences and safeguarding individuals from negative or unsettling dreams (Pike, 2022). In medieval Europe, mental illnesses were believed to have been caused by "possession by the devil or the curses of witches and wizards" (Kemp, 1985). In present times, prejudice against mental health is not so extreme, but it is just as damaging. In the Arab world, more specifically the UAE, the negative social pressure and the damaging results that would arise would prevent an individual from reaching out for help for fear of the repercussions that would follow. In the UAE, like much of the Arab world, mental health is demonized, which causes a considerable number of youths to remain undiagnosed for fear of discrimination within their community. Even in the medical community, Arab countries like Kuwait, Qatar, and the UAE have a "lower number of psychiatrists and psychologists per 100,000 people than the global average" (Chowdhury, 2015).

A. Statement of the Problem

A study conducted on the African American community stated that "one in three" African American's will never receive treatment for mental health illnesses due to the stigma normalized in the community even though they are "20-percent more likely" to suffer from a psychological setback then their white counterparts ("Why Mental Health Care is Stigmatized in Black Communities," 2019). A research study conducted shows that "25% of the world is known to have some mental illness" and the Arab region has the "highest rates of mental disorders than any other region" due to societal pressures ("Why is Mental Health Care Stigmatized," 2023). However, in many Arab countries, the ratio between psychiatrists and the population is Average on a global scale when compared to other mostly developed regions (Chowdbury, 2015). According to many research studies, the leading reason for mental health being undiagnosed is due to stigma. Studies on this topic have been done in many communities but limited research has been conducted in the UAE.

B. Objectives of the Study

The objective of this study is to investigate the prevalence of underdiagnosed mental health issues in the UAE. The study attempts to examine the specific types of mental health conditions that are frequently underdiagnosed in the UAE. The study also explores the impact of cultural, religious, and social factors on underdiagnosis of mental health conditions in the UAE.

C. Research Questions

The researchers attempt to answer the following questions:

- In what way do religious, social, and cultural influences play in the UAE's underdiagnosis of mental health issues?
- The UAE is a country with 80% of its population being foreigners. How does Stigma differ from each ethnic group?

D. Significance of the Study

This research study hopes to highlight the damaging effects of untreated mental illnesses and to raise awareness of the damaging characteristics stigma can have on an individual's ability to function. Untreated mental illnesses are a rising global concern. Some people refuse to get diagnosed for fear of discrimination in the workplace, in the education system, and at home. Mental Health illnesses do not treat themselves over a course of time. They require some type of treatment. Untreated mental health issues lead to negative long-term effects on the mind, body, and life. These include being unable to feel joy as mental health can "disturb the brain's functioning", this leads to uncontrollable negative thoughts. It weakens one's immune system and prevents the body from fighting off infections properly. It also causes a disruption in the daily life of an individual causing problems within relationships, issues with finance and leads to substance abuse which is a common outlet for those suffering from a mental illness (Casali, 2022). This research study will help administrators start taking mental health seriously in the education environment. It will also help those in the UAE, burdened by cultural customs, to understand that mental health is not a "myth," and that treatment will get those issues resolved.

E. Structure of the Study

The problem statement and the study's topic are introduced in the first chapter. Additionally, it conveys the study's significance, objectives, and research questions. The second chapter provides background information on the history of mental health and how it has evolved since ancient times. It provides complex and in-depth information on how mental health differs through the ancient times, medieval era, and the modern period. The other section of the chapter prioritizes stigma and gives in-depth definition of the many categories' stigma falls into. It discusses the relationship between stigma and the many different mental disorders.

II. LITERATURE REVIEW

This chapter provides a background literature review on the relationship between underdiagnosed mental health conditions and stigma in the UAE. It explores the impact of cultural factors, lack of awareness, and societal attitudes on the underdiagnosis of mental health conditions.

A. Mental Health

Mental health according to (Manderscheid et al., 2010) encompasses conditions affecting cognition, emotion, psychology, and behavior, with formal clinical definitions shifting from a partial to holistic perspective, focusing on health rather than disease. Furthermore, the World Health Organization, defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (Mental health 2004). Mental illness, also called mental health disorders, refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behavior (Mental Illness - Symptoms and Causes - Mayo Clinic, 2022).

➢ *History*

Though there is no record of a specific date of the discovery of mental health. (Daily Life in Ancient Mesopotamia, Nemet-Nejat, 1998), believes that the concept of mental health dates all the way back to ancient civilization. During the 19th century (History of Mental Health: Timeline, Stigma & Treatment, n.d.), the understanding of mental health has greatly evolved, and research has been conducted to fully grasp the concept of mental health. The presence of mental illnesses has been first made aware of during the Greek civilization (Farreras, n.d.). Research on mental illnesses started to be conducted during 1883 when German psychiatrist Emil Krapelin conducted a study on psychological disorders (Farreras, n.d.).

- **Timeline.** The present-day definition of mental health "is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well, and work well, and contribute to their community" (Mental Health, 2022). The revelation of mental health has been around since historic periods. However, the concept of mental health itself was understood and widely shared when Clifford Beers shared his experiences across three different mental health facilities in 1908 (Bertolote, 2008). On the contrary, although there is no written record of the first definition of mental health, multiple sources show that the existence of mental illness has been widely documented throughout ancient history. Even though ancient civilizations were made aware of the existence of mental illnesses, they did not have the necessary equipment to further their understanding (Farreras, n.d.). The development of hospitals and asylums starting in the 16th century is associated with the development of modern treatments for mental illness (Farreras, n.d.).

- *Ancient China.* The first recorded date of mental illness dates to 1100 B.C. in ancient China (Liu, 1989) with traditional Chinese medicine treating disorders using herbs, acupuncture, and emotional therapy (AungSteven et al., 2013). The Inner Canon of the Yellow Emperor emphasized the connection between bodily organs and emotions, and the belief that demonic possession played a role in mental illness (Liu et al., 2011). Trauma, which caused prominent levels of emotion, was considered a catalyst for mental illness (Ma et al., 2011). Mental illness was considered an imbalance of the yin and yang, as optimum health comes from balance with nature (Lam et al., 2010). Over the past 50 years, China has incorporated Western psychiatry ideas into mental health services (Kring, 2021).

- *Ancient Mesopotamia.* Ancient Mesopotamia was known for mental illnesses, believed to be caused by specific deities (Black & Green, 1992). These illnesses were called "hands" of certain deities, with some being named "Hand of Ishtar," "Hand of Shamash," "Hand of the Ghost," and "Hand of the God" (Black & Green, 1992). Doctors recorded patients' hallucinations and assigned spiritual meanings, with the royal family of Elam being notorious for their insane members (Nemet-Nejat, 1998).

- *Ancient India.* Ancient Hindu scriptures, including Ramayana and Mahabharata (Rosmarin & Koenig, 1998), depict depression and anxiety as mental disorders influenced by metaphysical entities, supernatural agents, sorcery, and witchcraft. The Charaka Samhita, part of the Hindu Ayurveda, suggests ill health due to Tri-Dosha imbalances and personality types. Treatments include herbs, ointments, charms, prayers, and emotional persuasion (Bhugra, 1992).

- *Ancient Egypt.* The Ebers papyrus, an ancient Egyptian document, describes mental states like concentration, attention, and emotional distress (Yuhas, 2013), later renamed hysteria and melancholy. Somatic treatments included bodily fluids, magical spells, hallucinogens, and religious temples as therapeutic retreats (Nasser, 1987).

- *Ancient Greece and Rome.* In ancient Greece and Rome, madness was often associated with aimless wandering and violence (Kleisiaris, Sfakianakis, & Papathanasiou, 2014). However, Socrates, the founder of philosophy, considered positive aspects such as prophesying, mystical initiations, poetic inspiration, and madness of lovers (Maijer et al., 2019). Hippocrates classified mental disorders like paranoia, epilepsy, mania, and melancholia (Hinshaw, 2007). The Romans absorbed Greek ideas on medicine, but the humoral theory fell out of favor (von Staden, 1996). Physicians like Asclepiades advocated for humane treatments, while Galen revived humoral theory with a single symptom approach (Pilgrim, 2007). Playwrights like Homer, Sophocles, and Euripides described madmen driven insane by gods, imbalanced humors, and various terms for delusion, eccentricity, frenzy, and lunacy. (Sarithanand, n.d.-b). Celsus argued that insanity was present when continuous dementia began due to the mind's imagination and suggested healing through philosophy and personal strength (Stewart, 2019, p. 59).

- **AD Period.** The awareness of mental disorders has had light shed on them since the Middle Ages. The Middle Age Period stretches all the way from the fifth century. to the fifteenth century (Kemp, 1985). During the Anno Domini period, the Muslim world was in the process of expanding and with expanding comes newfound knowledge. As the Arab Empire expanded into Europe, their thinking adapted and took on a similar tone as their European counterparts. For example, Greek ideas on mental disorders were reconstructed into Arabic writings and an improved concept has emerged (Youssef & Youssef, 1996). As the Greek's perspective of Mental Health was adapted from a religious perspective, famous Islamic scholars and writers took inspiration from the Greek textbooks and writings they have studied, analyzed, and wrote their own versions and proposals on future treatment plans (Haque, 2004). The Muslim public believed that mental disorders were caused by djinn or devil possessions. Like Christianity, the people tried to exorcize the djinn by beating the djinn out of them (Health | Religion tackles mental illness 1999).

- *1100s-1500s* During the Middle Ages, many physicians of this period were trying to fully grasp and understand the causes of mental health and mental illnesses. But as Christianity played a significant part in the daily lives of each European people, the scientific aspect of mental disorders was ignored and the religious causes were the prominent reason (Cataliotti, n.d). This resulted in those of the European public to be regarded as witches and burnt at a stake (Kemp, 1985). Limited information was recorded on mental disorders during the Middle Ages compared to ancient times and the modern period.

➤ *17th Century*

Throughout the 1600s Europeans began to isolate those suffering from mental illnesses, where they were frequently mistreated (Tracy. N 2019). Up until the late 1600s, certain religious institutions had a strongly believed that some individuals formed agreements with the devil and carried out heinous deeds, like consuming infants (Blumberg, 2007). Those individuals were tried by courts and found guilty because they were allegedly witches. Tens of thousands of people with mental disorders are thought to have died all over the world after being suspected of connections to witchcraft. (Hemphill, 1966)

- **18th Century.** During the beginning of the 18th century, asylums were established to house people who suffered from psychological problems. However, the emphasis of asylums was focused more on isolating individuals from society rather than curing their conditions. Towards the late 1700s Philippe Pinel, a French doctor, advocated empathetic care for those with mental illnesses (Lumen Learning, n.d.). As concern on how to care for mentally ill people grew, certain positive measures were implemented, like making it illegal in certain locations to shackle the mentally ill, now they were permitted to "sunny rooms" and were urged to exercise within the property. Although these helpful changes were made, the severe abuse against the mentally ill still took place (Tracy. N, 2019)

- *19th Century.* In the 19th century detainees suffering from mental illnesses were often caged alongside criminals in the United States, kept unclothed without heat or running water, and frequently beaten and chained. Dorothea Dix, a U.S. reformer, was advocating at this time to build state facilities for the mentally sick (Tracy. N, 2019). When she investigated the care given to the mentally ill and struggling, she found an unregulated, underfunded system that allowed neglect of this population to continue. The first mental asylums in the United States were established because of her efforts. (Tiffany, 1891). Sadly, overcrowding and a focus on custodial care rather than humane treatment of the mentally ill failing to cure them as was once thought. In the 1880s, Emil Kraepelin, a German psychiatrist who began studying mental diseases, she distinguished between manic-depressive psychosis and schizophrenia in a method that is still used today. (Tracy. N, 2019).

- ***20th Century.*** In the beginning of the 20th century Clifford Beers published an autobiography that describes the cruel and demeaning treatment he endured in a mental institution in Connecticut. He then went on to establish the National Mental Health Association, which was renamed Mental Health America. This organization currently serves as the largest umbrella for mental health and mental illness in the United States. Among the therapies for mentally ill individuals were lobotomies. From the 1930s through the 1940s, lobotomies were frequently used to treat depression, severe anxiety, and schizophrenia. The first antipsychotic medication, Chlorpromazine, was discovered and introduced to the market in 1952, followed by several other antipsychotics. While these medications could not treat psychosis, they did manage its symptoms, and 70% of schizophrenia patients showed significant recovery while using them (Tracy. N, 2019). Public institutions institutionalized 558,239 severely mentally ill individuals in 1955. Hospitalizations as a percentage of the population decreased by 92% by 1994 (Torrey, 1997).

- ***21st Century.*** Most patients with mental illness are successfully treated by the several new psychiatric drugs that have been launched in the modern era. Due to a lack of money and the fact that many patients may receive effective treatment in the community, very few people are admitted to mental institutions for extended periods of time (Tracy. N,2019).

B. Stigma and Mental Health

The psychological definition of Stigma is referred to as an individual (or a group of individuals) perceiving you in an unfavorable light due to your mental illness (Department of Health & Human Services, 2015). For example, a person with a mental disorder should be referred to as "unwell," however, stigma makes society view people with mental illnesses as "dangerous" and "incompetent" (Mental illness stigma, n.d). There are many diverse types of stigmas. These include self-stigma, public stigma, and institutional stigma. Self-stigma refers to "the negative attitudes, including internalized shame, that people with mental illness have about their own condition" (Jeffrey Borenstein, n.d). Stigma is a complex trait that differs with the type of mental disorder, the stigma it is and the environment. This section will highlight and explain the types of mental disorders and the stigma associated with them.

➢ *Anxiety disorders*

Anxiety disorders affected 301 million people in 2019—58 million of whom were children and adolescents. (GBD Results, n.d.). These disorders, characterized by excessive fear and worry, can cause significant distress or impairment in functioning. There are several types, including generalized, panic, social, and separation anxiety disorders. Effective psychological treatment and medication may be considered (World Health Organization: WHO, 2022).

- **Depression.** 280 million people, including 23 million children and teenagers, suffered from depression in 2019. (GBD Results, n.d.). Depression is characterized by a persistent, long-lasting mood, loss of interest in activities, and symptoms such as poor concentration, guilt, hopelessness, and sleep disturbances. It increases the risk of suicide, but effective psychological treatment and medication may be available (World Health Organization: WHO, 2022).

- ***Bipolar Disorder.*** 40 million people experienced bipolar disorder in 2019. (GBD Results, n.d.), characterized by alternating depressive episodes and periods of manic symptoms. These episodes can lead to an increased risk of suicide, but effective treatment options include psychoeducation, stress reduction, social functioning strengthening, and medication. (World Health Organization: WHO, 2022).

- ***Post-Traumatic Stress Disorder (PTSD).*** PTSD, a mental disorder, is prevalent in conflict-affected settings and can develop after exposure to a traumatic event. (Charlson et al., 2019) It involves re-experiencing the event, avoiding thoughts or memories, and persistent perceptions of heightened threat. These symptoms persist for at least several weeks and cause significant impairment in functioning. Effective psychological treatment exists, but it is crucial to address the issue to prevent further damage. (World Health Organization: WHO, 2022).

- ***Schizophrenia.*** One in 300 people worldwide suffer from schizophrenia (GBD Results, n.d.), and their life expectancy is 10–20 years lower than that of the general population (Laursen, Nordentoft, & Mortensen, 2014). It is typified by abnormalities in perception and behavior, such as extreme agitation, persistent delusions, hallucinations, and disorganized thought patterns. Medication, psychoeducation, family interventions, and psychosocial rehabilitation are among the treatment options available, but the persistent cognitive difficulties do not go away (World Health Organization: WHO, 2022).

- **Eating Disorders.** Eating disorders, such as bulimia nervosa and anorexia nervosa, affected 14 million people in 2019—3 million of whom were children and adolescents (GBD Results, n.d.). Disordered eating, obsession with food, and worries about one's physical appearance are all features of these disorders. Distress, functional impairment, and health risks are outcomes. Suicide and early death are linked to anorexia nervosa, which typically manifests in adolescence or early adulthood. Substance abuse, suicidality, and health issues are among the risks associated with bulimia nervosa (World Health Organization: WHO, 2022).

- ***Disruptive Behavior and Dissocial Disorders.*** In 2019, 40 million people, including children and teenagers, experienced conduct-dissocial disorder, a condition causing persistent behavioral issues. These disorders often begin in childhood and can be treated with cognitive problem-solving, social skills training, and parental involvement (World Health Organization: WHO, 2022). Disruptive behavior disorders (DBD) are illnesses characterized by difficulty controlling aggressive behaviors and self-control, often onset in childhood. Advancements in therapeutic care and research focus on identifying risk factors, predictors, and early indicators to help clinicians identify and subtype different forms of

DBD. Thus, the main objectives of this Special Issue were to address three fundamental aspects of the clinical management of DBD: the multidimensional assessment of callous–unemotional traits, empathic faults, executive dysfunctions, and emotional dysregulation; the available treatment options, which include pharmacological and rehabilitative interventions; and the clinical presentations and epidemiologic correlates, including predictors of aggressiveness, gender-specific manifestations, and the role of familiar factors.

- *Neurodevelopmental Disorders.* Neurodevelopmental disorders are a group of conditions that begin to manifest during childhood, impacting a person's functioning in various domains of life. These disorders, classified into six groups by the American Psychiatric Association, can persist into adulthood (Diagnostic and Statistical Manual of Mental Disorders: DSM-5, 2013) and can be categorized into six overarching groups: intellectual disability, communication disorders, autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), neurodevelopmental motor disorders, and specific learning disorders. The DSM-5 categorizes these disorders into six groups, with affected individuals experiencing varying degrees of symptoms and deficits despite having the same diagnosis (Diagnostic and Statistical Manual of Mental Disorders: DSM-5, 2013). These disorders are often comorbid, meaning a person affected by one will meet criteria for a second disorder (Morris-Rosendahl & Crocq, 2020).

III. METHODOLOGY

This chapter explains and illustrates the methodology used to examine the complex interaction between stigma and underdiagnosed mental health problems in the context of the United Arab Emirates. The researchers attempted to focus particularly on cultural and socioeconomic dynamics specific to the United Arab Emirates. The research aims to identify the underlying causes that contribute to the underdiagnosis of mental health issues and the maintenance of stigma.

A. Description of Data

The data that was collected was mainly done through one method, which is simply sending a digital survey to a diverse sample of residents living in the UAE, including citizens, expatriates, individuals from various socioeconomic backgrounds, and students from various educational institutions such as schools, colleges, and universities, with a particular emphasis on reaching out to UAE medical schools. Most of the analysis was quantitative, involving statistical techniques to analyze the numerical data obtained from the survey responses. This quantitative analysis allowed for the identification of trends, patterns, and correlations within the dataset, providing numerical insights into participants perceptions, experiences, and attitudes towards mental health stigma and underdiagnosis in the UAE. But the analysis also included some qualitative techniques. Open-ended answers and extra remarks from participants were examined as part of the qualitative analysis process. By providing a more in-depth understanding of the underlying causes, convictions, and experiences behind the observed trends, these qualitative data

were utilized to supplement and contextualize the quantitative findings.

B. Methodology

To satisfy the objectives of the research, a digital survey was sent to a diverse sample of residents living in the UAE. Before starting the experiment, the researchers made sure that the digital survey was appropriately designed to gather relevant data that aligned with the objectives of the research. This involved ensuring that the survey questions were clear, concise, unbiased, and covered all the necessary aspects related to the research objectives. Additionally, the researchers verified that the survey platform used for data collection was user-friendly and accessible to all participants. This study explores the relationship between the stigma associated with mental health disorders and their underdiagnosis among young individuals in the United Arab Emirates who are 16 to 20 years of age. We used a survey to contact people in this age group. We separated the respondents into four age groups—16–17–18–19 years old, and adults aged twenty and above—to better comprehend the subtleties. Our research sheds light on the prevalence of underdiagnosed mental health issues in the UAE and the differences in the stigma associated with them among age groups.

C. Rationale of the Study

According to the survey, a considerable number of participants, especially those in the younger age ranges (16–20+), had never had a mental health diagnosis. This implies that young people in the UAE may have a higher-than-average frequency of undiagnosed mental health conditions. Most respondents believe that mental health issues are stigmatized in UAE society. There are reports that this stigma impedes one's ability to flourish personally and professionally, demonstrating its widespread influence on a variety of facets of people's lives. Many of the respondents think that in the United Arab Emirates, getting professional assistance for mental health problems is stigmatized. Underdiagnosis may result from people being discouraged from obtaining prompt and adequate medical attention. The negative consequences of underdiagnosis, such as impeding one's ability to grow personally and professionally and resulting in untreated mental health difficulties, are concerns raised by respondents. This emphasizes the possible drawbacks of mental health issues being untreated in the United Arab Emirates. A lack of knowledge about mental health and cultural or religious views are recognized as major causes of underdiagnosis. The significance of tackling societal and cultural obstacles to mental health acceptance and understanding is highlighted by these findings. Respondents recommend a range of actions, such as establishing educational initiatives in businesses and schools and promoting candid conversations about mental health in communities, to lessen the stigma associated with mental health in the United Arab Emirates. These suggestions stress how critical it is to advance knowledge and comprehension of mental health concerns. There are differing opinions about the government's attempts to combat stigma and mental health issues. While some respondents think the government is doing enough, others think more needs to be done to raise

the standard of care for people from underrepresented groups. This demonstrates the necessity of continued work and advancements in mental health services and policy in the United Arab Emirates. Given the circumstances, the survey's findings offer insightful information on the intricate relationship between stigma and undiagnosed mental health issues in the United Arab Emirates. A holistic strategy is needed to address these problems, one that includes increasing mental health awareness, lowering stigma, and improving access to mental health treatments for everyone in the United Arab Emirates.

D. Procedure of the Analysis

Four main categories were identified from the analysis: socioeconomic status, psychological issues, health habits, and demographic characteristics. The influence of these characteristics on general well-being was the decision made by the researchers. Age, gender, and mental health conditions are a few examples of this. Based on survey data gathered from a broad sample population, each respondent's attributes were selected for examination within each category. As a result, individuals from a range of age ranges were represented in each category. The distribution of variables within each category was analyzed quantitatively using pie charts. To ensure accuracy and consistency, the survey data had to be cleaned up in the first place. This procedure involved standardizing formats, getting rid of duplication, and figuring out any missing or incorrect responses. The study goals guided the categorization of the survey results into pertinent themes or subjects. Numerical data from the survey responses was examined using techniques from quantitative analysis. Relationships, trends, and connections within the dataset were found using statistical techniques such as inferential analysis and descriptive statistics. The study utilized qualitative analytical methodologies to investigate participants' supplementary remarks and open-ended replies. Deeper context and comprehension of the attitudes, perspectives, and experiences of the participants about mental health stigma and underdiagnosis in the United Arab Emirates were made possible by these qualitative insights. The survey data was thoroughly understood by integrating the quantitative and qualitative findings. The research aims and body of current literature were taken into consideration while interpreting and discussing the data analysis. Peer debriefing and member checking are two validation approaches used to guarantee the correctness and reliability of the analysis. To ensure the accuracy and interpretation of the results were validated, feedback from participants or coworkers was requested. In the end, the analysis's findings were compiled and presented in an understandable way. To successfully explain the research outputs, key findings that were backed by proof from both quantitative and qualitative analyses were given.

E. Conclusion

This chapter addressed the corpus description, methodology, rationale of the study, and analysis procedure. The study delved into the stigma and underdiagnosed mental health issues prevalent in the United Arab Emirates. Based on the assigned objectives, the research data and results were analyzed.

IV. RESULTS AND DISCUSSION

A. Introduction

This chapter discusses the findings of the research and presents the data results. The research conducted in the United Arab Emirates aimed to explore the intricate interplay between stigma and underdiagnosed mental health issues. Utilizing digital surveys distributed among a diverse sample, including citizens, expatriates, and students, the study delved into demographic characteristics and perceptions regarding mental health. A notable finding was the prevalence of undiagnosed mental health conditions among young individuals, coupled with widespread acknowledgment of societal stigma surrounding mental health care. Underdiagnosis was attributed to numerous factors, including cultural beliefs and lack of awareness. Recommendations from respondents emphasized the importance of educational initiatives and open conversations to mitigate stigma. While some believed the government's efforts were sufficient, others called for more inclusive policies. The integration of quantitative data analysis and qualitative insights provided a comprehensive understanding of participants' attitudes and experiences. The study highlights the urgent need for holistic approaches to address stigma and underdiagnosis, emphasizing the importance of increased awareness, reduced stigma, and improved access to mental health services to foster well-being in the UAE. The data was gathered over a period of three weeks. Additionally, several factors were considered while analysing the survey results. To guarantee a thorough knowledge, this required going over earlier research and contrasting the findings. Pie charts were used to analyse the distribution of each age group and other pertinent characteristics in an efficient manner. Pie charts show percentages.

B. Data Representation and Discussion

The findings are presented through various means including statistics and graphs.

➢ Section A: Demographic Characteristics of Respondents
Section A outlines the demographics of the respondents, including their age group, along with questions regarding mental health diagnosis, societal perception, stigma, and seeking professional help. The results will be presented consecutively in the order mentioned.

- **Age Groups of Respondents** The respondents that the researchers chose were divided into three different age groups to facilitate the examination of their perspectives and experiences regarding mental health and stigma. The selected age groups were 15 to 16-year-olds, 17 to 18-year-olds, and 19 to 20-year-olds.
- **Number of Respondents in Each Age Group** The respondents' ages in the analysis varied from 15 to 20 years old. From the survey that was done, 102 people responded in total. Just 6(6.3%) of the respondents were at the age of 15; 10 (10.4%) were 16; 19 (19.8%) were 17; 14 (14.6%) were 18; just 24 (25%), or only 25 percent, were under the age of twenty.
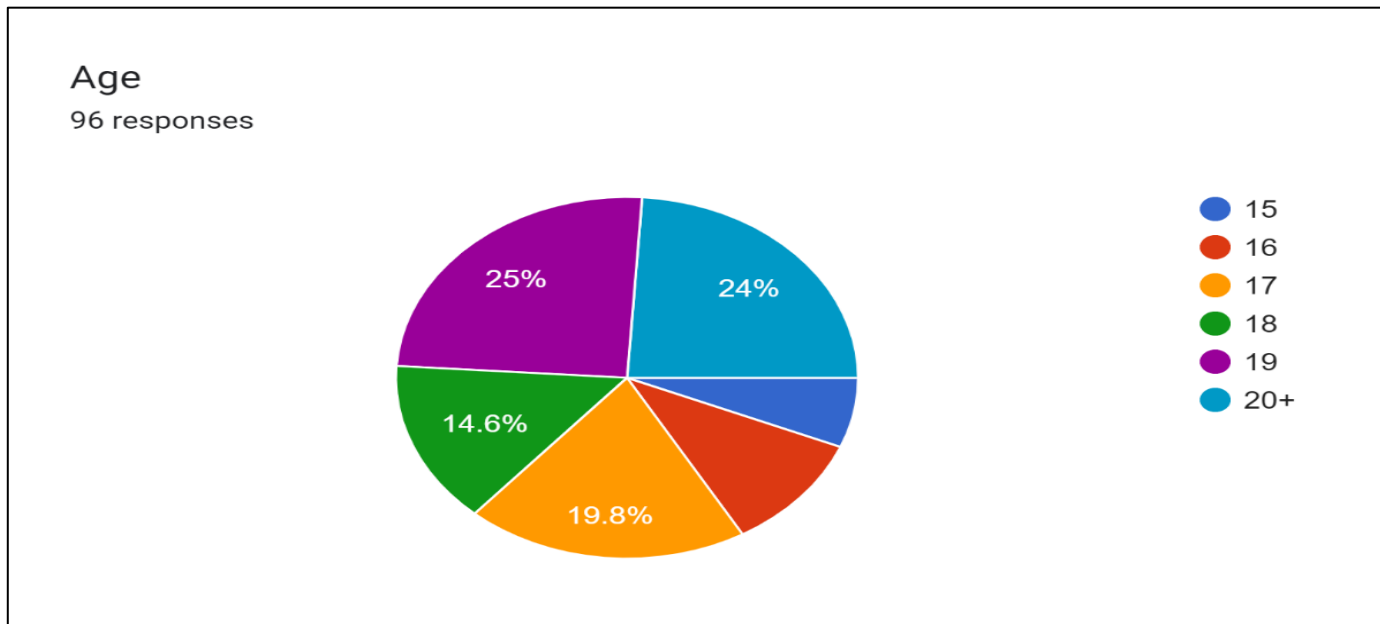
Fig 1: Age

- *Questions Regarding Mental Health Diagnosis.* The majority, 61(59.8%), stated that they have had a mental illness diagnosis in the past, and 41(40.2%) reported on the poll that they haven't had a mental illness diagnosis. However, when asked the question "Do you or a loved one suffer from any type of mental illness?" 56(56.6%) of the participants answered yes, 36(36.4%) answered no, the rest of the participants were unsure of any diagnosis of their family members mental states. Participants were then asked if they had noticed any shifts in societal perceptions following their diagnosis. 42 responded to the question and only 6 of them replied that society hasn't perceived them differently based on their diagnosis. Anxiety disorder was the most often reported ailment among participants in a review of mental health diagnoses, with 84 (33.6%) reporting having it. Depression followed, with 67 (26.8%) reporting having it. 25 (10%) reported having schizophrenia, 20 (8%), 18 (7.2%) reported having bipolar illness, and 17 (6.8%) reported having obsessive-compulsive disorder (OCD). Furthermore, 25 (10%) disclosed other mental health issues. These figures are based on responses to a survey given to a sample of people with mental health disorders.
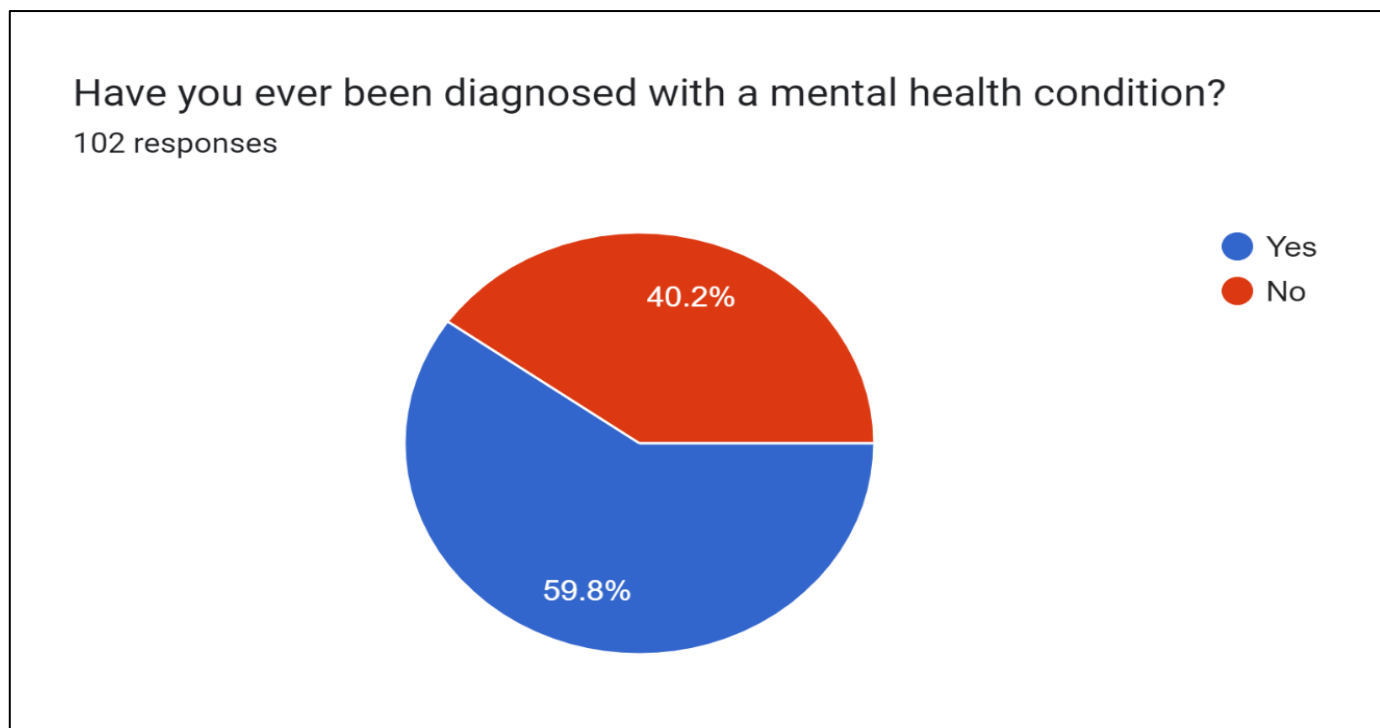
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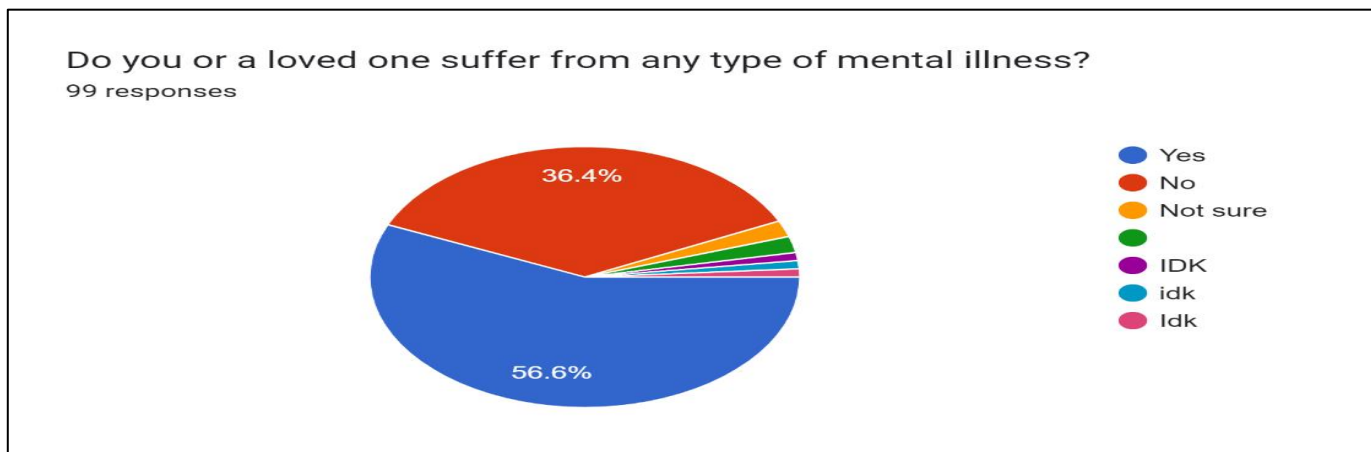
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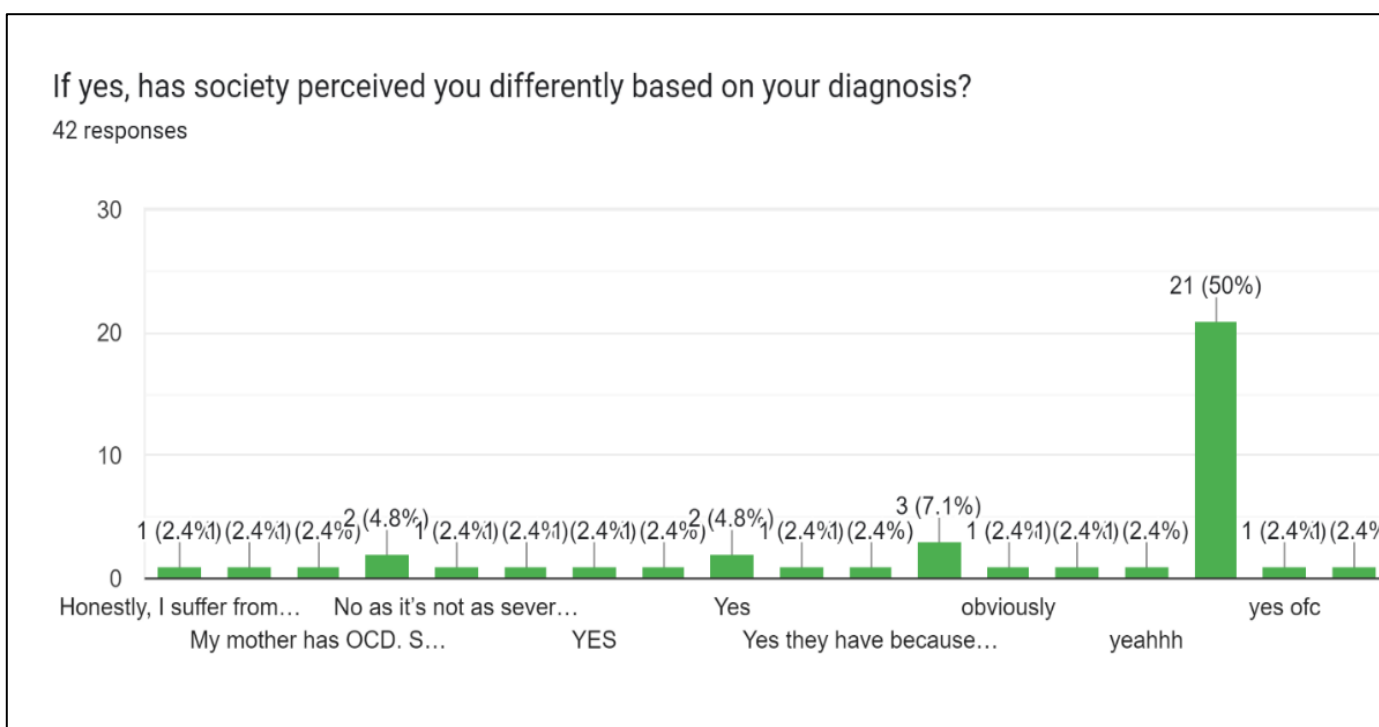
Fig 4: Diagnosis
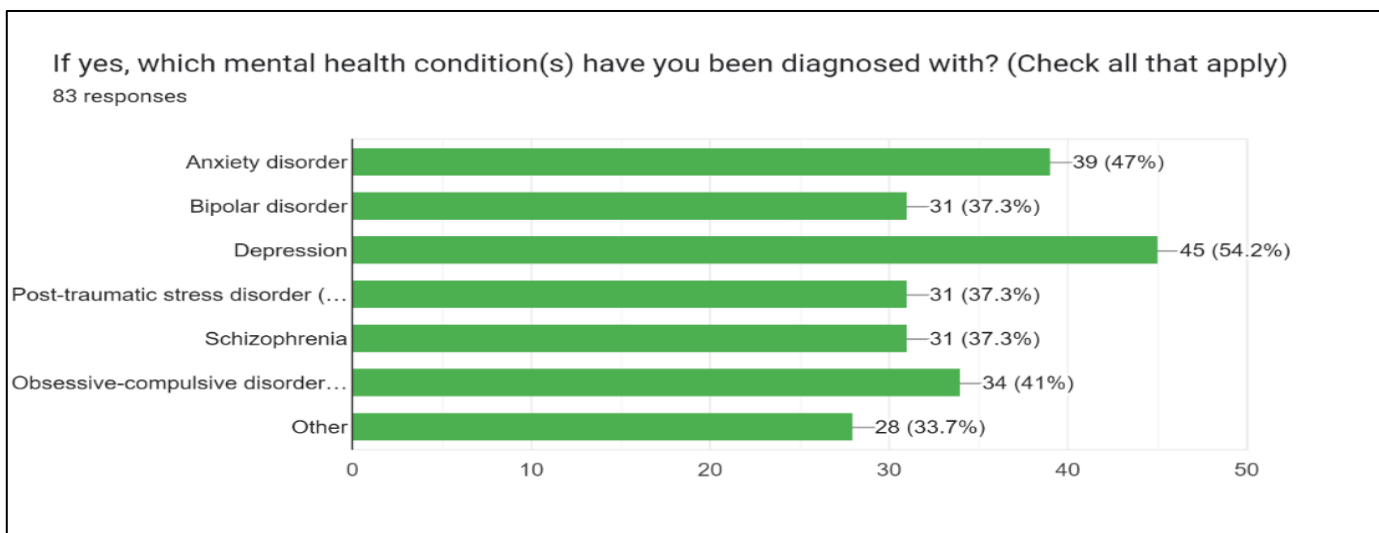
Fig 5: Diagnosis

- **Societal Perception**. In response to the question about societal perceptions of mental health stigma in the UAE, opinions vary among respondents. 28 (35%) said they thought the stigma was neutral, which is a large majority of participants. Furthermore, 15 (18.75%) reported having extremely bad impressions, compared to 22 (27.5%) who reported having negative perceptions. On the other hand, 5 (6.25%) reported having extremely positive impressions, while 10 (12.5%) expressed good perceptions. The replies from the surveyed sample demonstrate the wide spectrum of social views concerning mental health disorders in the UAE, which are illustrated in these findings.
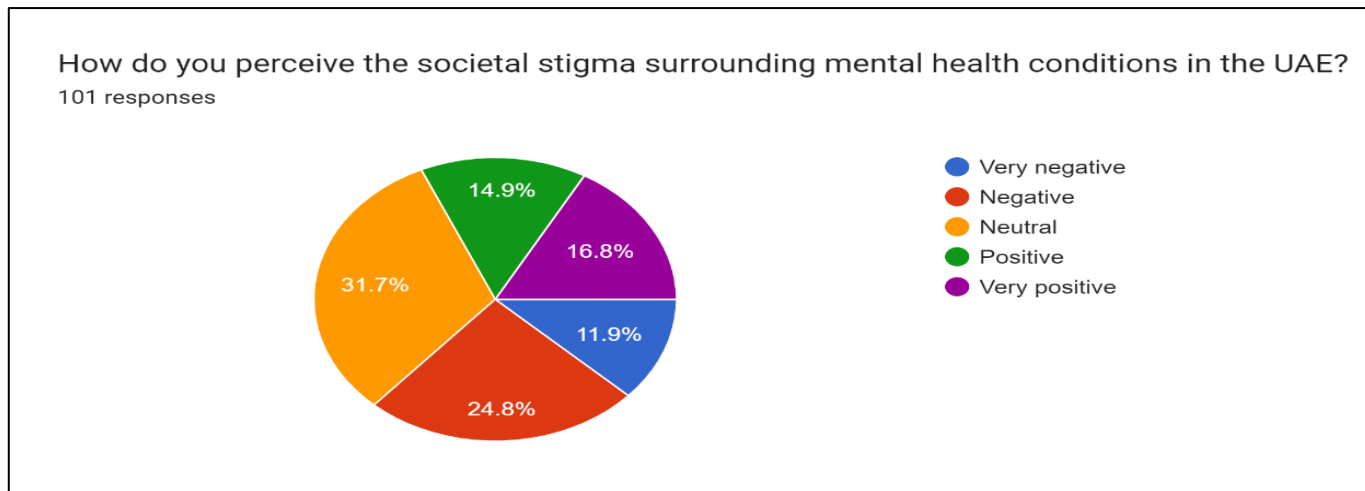
Fig 6: Mental Health Condition

- **Stigma.** Another question that was asked was if the respondents think there is a stigma associated with seeking professional help for mental health issues in the UAE. Based on the provided responses, 45% of participants agreed, while 33% strongly agreed, indicating a combined total of 78% acknowledging the existence of stigma associated with seeking professional help for mental health issues in the UAE. Additionally, 10% disagreed, 6% were neutral, and 6% strongly disagreed. These statistics reflect the prevailing perception of stigma surrounding mental health help-seeking behavior among respondents in the surveyed sample.
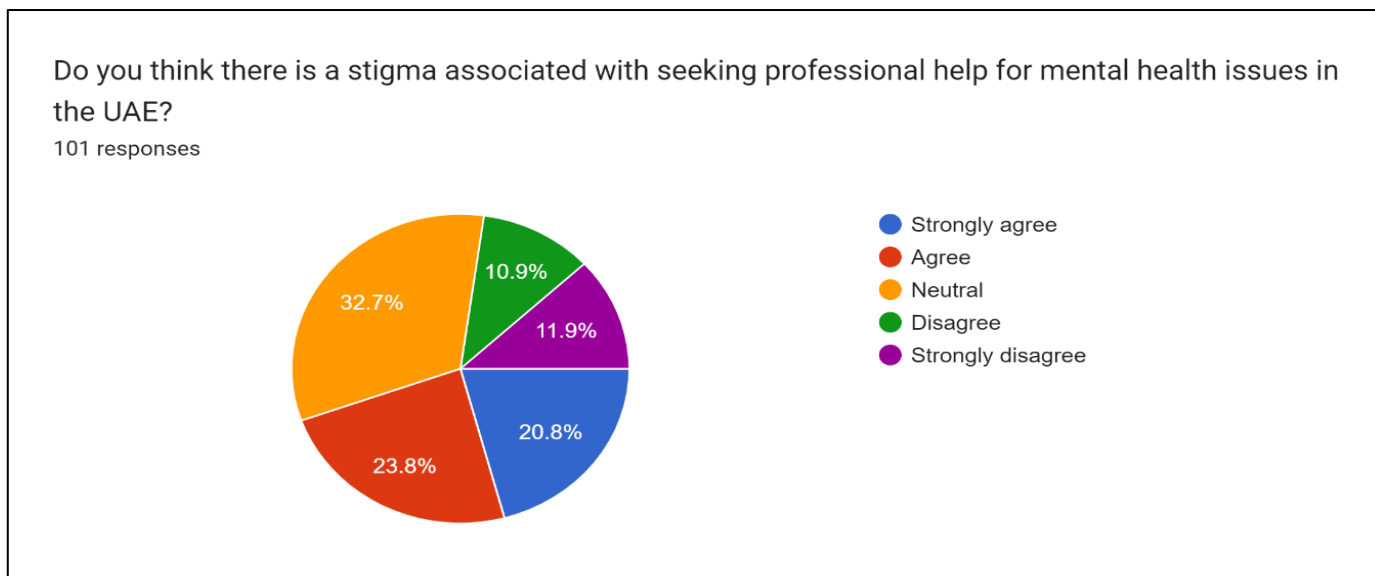
Fig 7: Mental Health Issues

- **Seeking Professional Help.** Participants in the study were asked if they have ever avoided seeking help for mental health issues due to fear of being stigmatized. Out of 101 responses, 55 (54.4%), which was the majority, replied yes. The rest of the respondents, 46 (45.6%), said no. These findings highlight the widespread influence of cultural attitudes and opinions around mental health, suggesting that a considerable proportion of people may be reluctant to seek critical mental health assistance because they fear being stigmatized.
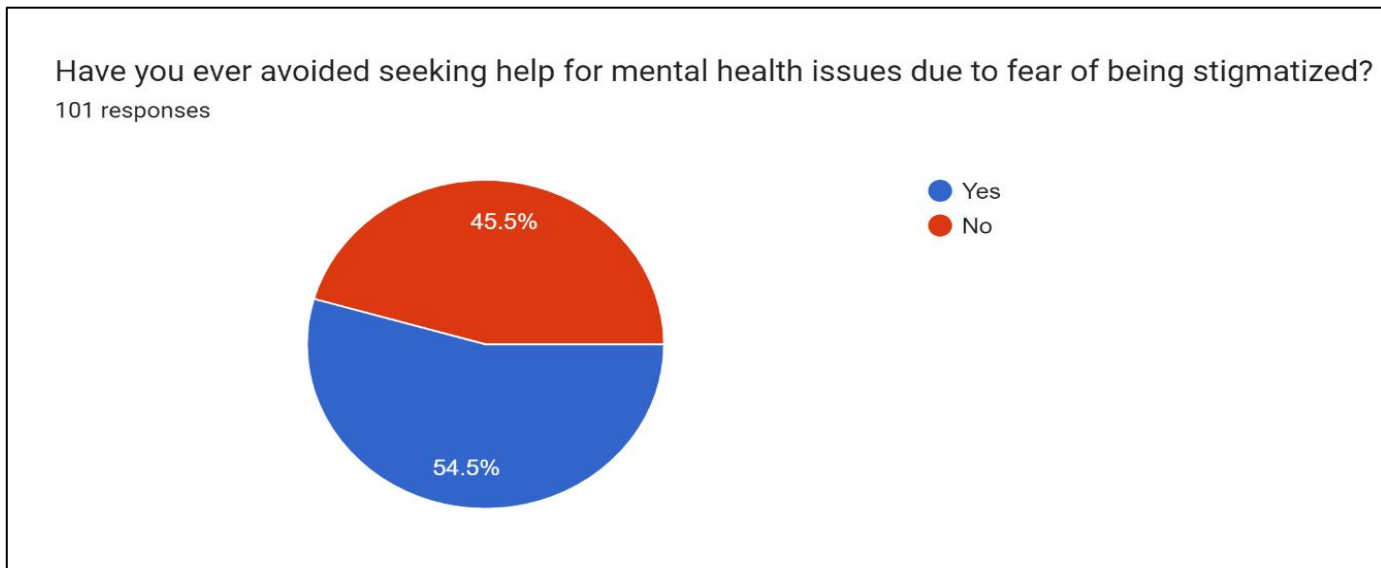
Fig 8: Mental Health Issues

- **Under Diagnosis of Mental Health in the UAE.** The survey asked respondents how they believe underdiagnosis of mental health conditions affects individuals in the UAE. The majority, 38 (37.6%), picked that it hinders personal and professional growth.

Moreover, 35 (34.7%) believe it increases social stigma. 19 (18.8%) think it leads to untreated mental health issues. Lastly, the minority, 9 (8.9%) selected other reasons without specification. These findings highlight various perceived impacts of underdiagnosis on individuals' well-being and societal dynamics in the UAE.
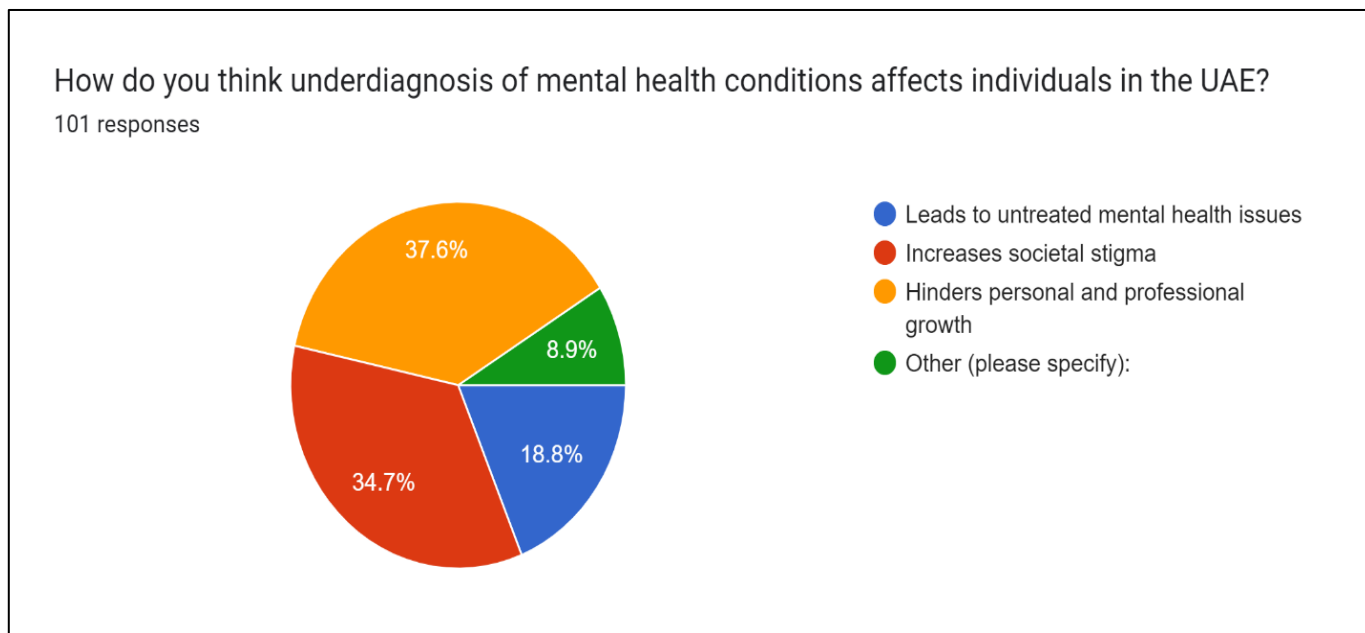
Fig 9: Mental Health Condition

- **Factors Contributing to Under Diagnosis of Mental Health in the UAE.** When questioned about factors that contribute to the underdiagnosis of mental health in the UAE was asked, 35 (34.7%) respondents cited cultural or religious beliefs. Subsequently, 26 (25.7%) attributed it to the stigma surrounding mental health. Additionally, 19 (18.8%) identified lack of awareness about mental health as a contributing factor. Another 17 (16.8%) believed it

was due to the lack of access to mental health services. Finally, a minority mentioned other unspecified factors. Overall, the responses highlight the multifaceted nature of underdiagnosis of mental health issues in the UAE, influenced by cultural, societal, and systemic factors. Addressing these challenges requires comprehensive efforts aimed at raising awareness, reducing stigma, improving access to services, and addressing cultural and religious influences on attitudes towards mental health.
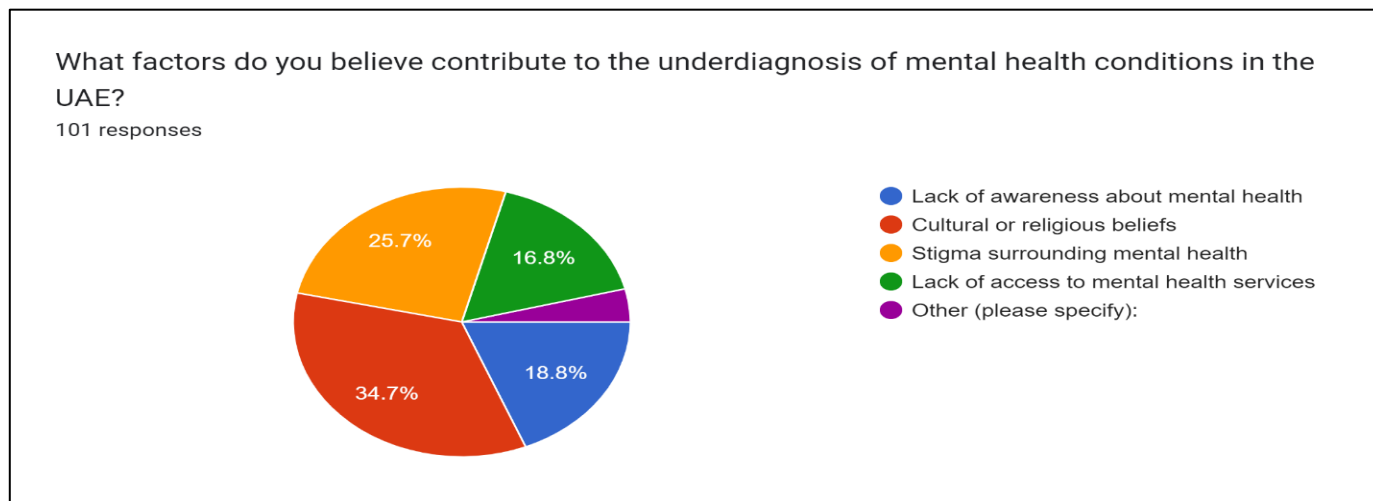
Fig 10: Mental Health Condition

- **Measures to Reduce Mental Health Stigma in the UAE.** In the participants' opinion, the most significant measures to reduce the stigma surrounding mental health in the UAE were providing easier access to mental health services and encouraging open discussions about mental health in communities, which equal support from 31 (30.7%) respondents for each measure. Additionally, 26 (25.7%) participants suggested implementing educational programs in schools and workplaces as an effective strategy. A smaller proportion, comprising 10 (9.9%) respondents, believed that increasing public awareness campaigns could help combat stigma. Lastly, 3 (3%) of the 101 respondents mentioned other unspecified measures as potential approaches to address mental health stigma in the UAE. The collective responses emphasize the necessity of adopting a holistic strategy to diminish mental health stigma in the UAE. This strategy should include expanded public awareness campaigns, community engagement, educational programs, and better access to services. Through a multifaceted approach to reducing stigma, stakeholders may successfully collaborate to foster a more sympathetic and inclusive environment surrounding mental health in the UAE.
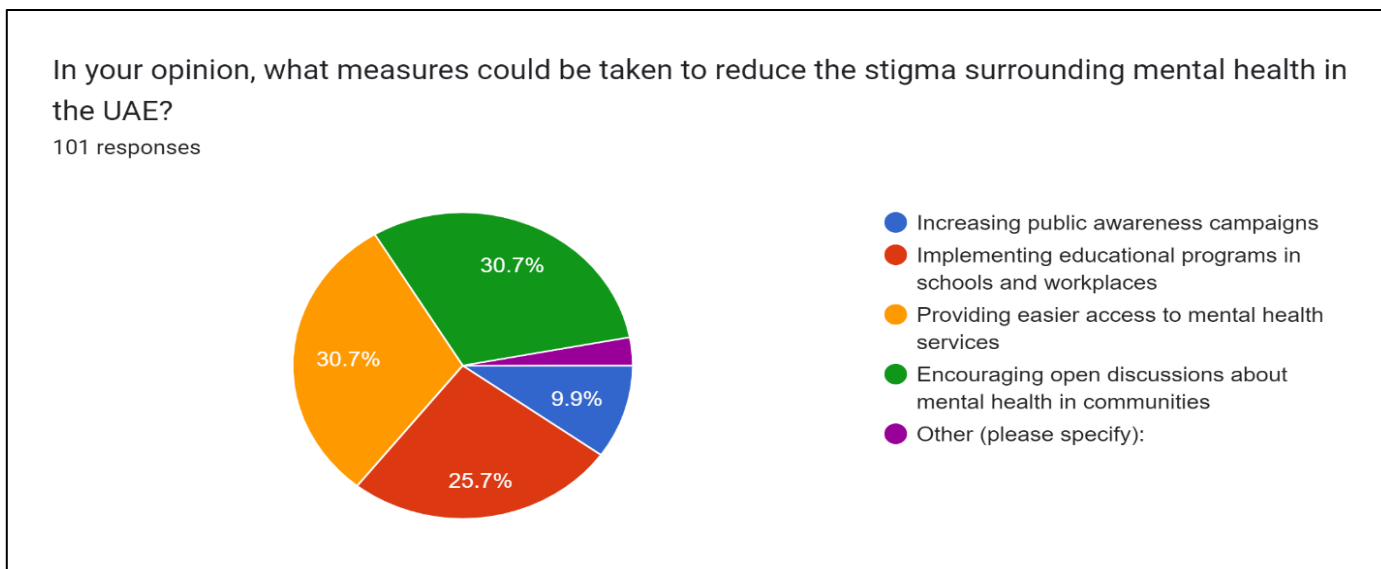

Fig 11: Mental Health

- **Government Efforts to Address Mental Health Issues and Stigma in the UAE.** A wide variety of responses were noted in a study on opinions of government initiatives to combat stigma and mental health concerns in the United Arab Emirates. Regarding the suitability of government activities in this area, 3 (3%) of the respondents indicated confusion or unsurety. On the other hand, 38 (37.4%) of participants disagreed with the statement that the government is not going far enough. 60 (59.4%) said they agreed that government initiatives to combat stigma and mental health concerns are beneficial. These figures show that the public has differing views on how much the government is doing to address mental health issues and lessen stigma in the UAE.

Do you think the government in the UAE is doing enough to address mental health issues and stigma?
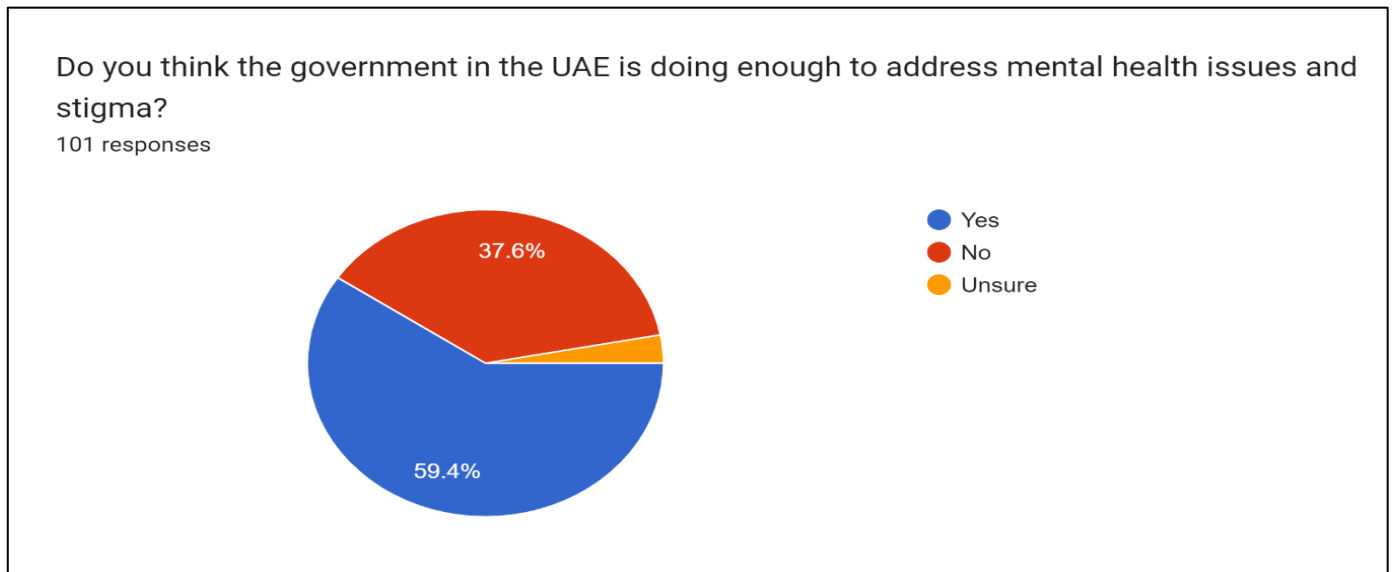
101 responses

Fig 12: Mental Health Issues

- Section B: Perceptions of Government Efforts to Address Mental Health Stigma in the UAE: In response to the question about whether the government in the UAE is doing enough to address mental health issues and stigma, several perspectives were offered. One respondent noted that the government has made notable strides by expanding mental health services and centers, alongside comprehensive awareness campaigns in schools, workplaces, and communities. Despite these efforts, barriers stemming from societal and familial attitudes still impede accessibility to these services. Another participant acknowledged the existence of mental health services in hospitals, universities, and schools but highlighted persistent challenges in accessing them due to social and familial barriers. Conversely, a local respondent expressed confidence in the government's efforts, attributing any lingering stigma to deep-seated cultural beliefs rather than governmental shortcomings. Furthermore, another respondent cited proactive measures taken by their school, enforced under the "no discrimination tolerance" policy mandated by the Ministry of Education in the UAE. These insights reflect a range of perspectives on governmental efforts to combat mental health stigma in the UAE, recognizing both progress made and ongoing challenges to address deeply ingrained cultural attitudes.

If yes, explain your thoughts

6 responses

They have provided more mental health services and centers along with making sure to properly campaign and spread awareness in schools, workplaces, and going even further to make sure they reach most of the communities.

They have put in the effort however because of social and familial bridges, they are hard to acquire still.

.

There is access to mental health services in hospitals, some universities and schools

As a local, I do believe my country is doing their best to combat this stigma. However, it is not their fault that fear of the mentally ill is so deeply rooted in the emirati culture

Yes, my school implemented repreminded the girls very seriously based off of the "no discrimination tolerance" policy in the school handbook. this was done by the ministry of education in the UAE.

- Suggestions for Improving Government Support for the Underrepresented in the UAE. When asked if the UAE government could do a better job of providing for the underrepresented, several recommendations were made. Although the government is trying, one responder pointed out that they might do a better job of using technology and being creative in their marketing. "No" was the only response given by another responder, who did not elaborate. Another said that the government needs to try to act with less judgment and greater transparency. A further concern raised by a responder was the lack of awareness regarding organizations that are devoted to combating prejudice. These answers highlight the necessity of increased innovation, openness, technological integration, and the creation of specialized centers to better serve the underrepresented community in the UAE.

- ***Willingness to Participate in Further Research or Discussions on Mental Health in the UAE.*** When asked whether they would be open to participating in more study or talks about mental health in the UAE, 66 out of the 99 respondents (66.7%) said that they would be open to doing so. However, 33 respondents (33.3%) selected "no" to express their hesitation. These results imply that a considerable number of the respondents were interested in adding to the current body of knowledge and discussion on mental health concerns in the UAE.
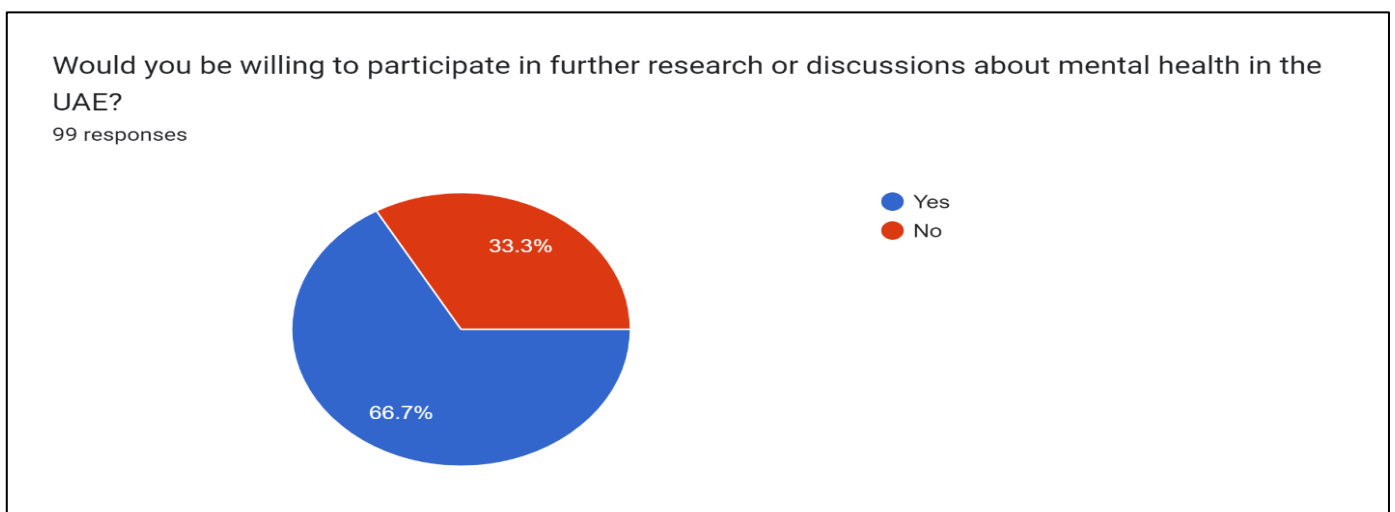

Fig 13: Mental Health

- *Additional Comments.* The comments that were made include a variety of viewpoints and experiences with relation to stigma around mental health in the UAE. Some people thank the study and point out good changes in how society views mental health, but others draw attention to persistent issues like the fear of being judged and the hesitation to seek professional assistance. The identification of cultural and religious beliefs as significant determinants of mental health perspectives highlights the need for culturally sensitive interventions. Furthermore, the contribution of social media to awareness campaigns is recognized, but with a recommendation for ongoing efforts. One respondent, a medical student, emphasizes the necessity of ongoing efforts to address stigma and ensure equitable access to mental health services.

Additional Comments:
(Please feel free to share any additional thoughts or experiences related to mental health and stigma in the UAE.)

7 responses

I've personally observed a gradual shift in societal attitudes towards mental health in the UAE, with more conversations taking place and increased awareness campaigns. However, there's still a long way to go in breaking down deep-seated stigmas and ensuring everyone feels comfortable seeking support.

As someone who has struggled with mental health issues in the UAE, I've often felt reluctant to seek professional help due to concerns about being judged by others. It's crucial for the government and society to create safe spaces where individuals can openly discuss their mental health without fear of stigma.

In my experience, cultural and religious beliefs play a significant role in shaping attitudes towards mental health in the UAE. It's essential for initiatives aimed at reducing stigma to be culturally sensitive and inclusive of diverse perspectives.

I've noticed a growing trend of mental health awareness campaigns in the UAE, especially on social media platforms. These initiatives have helped spark conversations and break down barriers, but sustained efforts are needed to ensure long-term change.

As a medical student in the UAE, I've had the opportunity to witness firsthand the impact of mental health stigma on individuals within our community. While strides have been made in recent years to raise

C. Conclusion

In this chapter, the researchers presented the data chronologically according to the results. The findings were divided into two different sections: the demographic characteristics and the perceptions of government efforts to address mental health stigma in the UAE. Descriptive statistics were used in terms of percentages. The researchers analyzed the findings.

V. CONCLUSION

This chapter presents the results and conclusions of the research. It starts with an overview of the findings that address the research question, followed by the study's implications, limitations, and recommendations for future research.

A. Summary of the Findings

The research aimed to examine the interaction between stigma and underdiagnosed mental health issues in the United Arab Emirates. According to survey results, a considerable proportion of participants, especially those in younger age groups, said they had never been given a mental health diagnosis. The study was carried out among a representative sample of inhabitants in the United Arab Emirates. This highlights the need for more awareness and help as it implies a prevalence of undetected mental health disorders. Furthermore, those surveyed stated that stigma related to mental health exists in UAE culture and that this might discourage people from getting professional assistance. Stigma, ignorance, and cultural or religious views were among the factors causing underdiagnosis. To lessen stigma and enhance mental health outcomes in the United Arab Emirates, respondents' recommendations stressed the need of facilitating better access to mental health services, having truthful conversations about mental health, and launching educational programs.

B. Implications of the Study

The UAE's efforts to raise awareness of mental health issues and provide help are significantly impacted by these findings. They highlight the critical need for comprehensive strategies to combat stigma and underdiagnosis, stressing the need of raising awareness, lowering stigma, and facilitating better access to mental health care. Comprehending the ways in which culture and society impact the way in which mental health is seen is essential to creating interventions that work well in the UAE. Policymakers, healthcare professionals, and

educators may collaborate to develop policies that support mental health and guarantee that people get the assistance they require by acknowledging and addressing these variables.

C. Delimitations of the Study

It is critical to recognize the study's limitations. It is possible that this narrow emphasis on views and experiences inside the UAE environment left out some of the diversity of viewpoints among various cultural and socioeconomic groups. Furthermore, it is possible that the survey approach missed certain subtle views and experiences of stigma and underdiagnosis around mental health. To provide researchers a more complete picture of mental health beliefs and practices in the United Arab Emirates, future studies could delve further into these topics using qualitative methodologies or include a larger variety of demographic attributes.

D. Further Research

Building on this work, future research might undertake longitudinal studies to monitor shifts in views over time about mental health and evaluate how well treatments work to lessen stigma and increase access to mental health care. Furthermore, qualitative research may offer more profound understandings of the cultural and religious elements impacting mental health views in the United Arab Emirates. Comparative studies might also look at how the UAE and other nations differ from one another in terms of stigma and underdiagnosis related to mental health, highlighting best practices and areas for development in mental health policy and practice.

E. Conclusion

This study reveals the intricate link between stigma and undiagnosed mental health conditions in the UAE, emphasizing the need for comprehensive strategies to improve mental health outcomes. High rates of undetected illnesses, especially among youth, highlight gaps in awareness and service access. De-stigmatizing mental illness is crucial to encourage help-seeking behavior. Policymakers, healthcare professionals, educators, and the community must adopt culturally responsive approaches. Future research should employ mixed methods to explore diverse perspectives. Prioritizing mental health and investing in holistic approaches can enhance quality of life and foster a supportive environment.

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