The Saudi National Health and Stress Survey (SNHSS) is a state-of-the-art health survey that aims to estimate the burden of mental health disorders in the Kingdom of Saudi Arabia (KSA). It relies on a nationally representative sample of 5,000 male and female Saudis between the ages of 15 and 65, who are selected randomly. Face-to-face interviews using the survey instrument, (the Saudi version of the Composite International Diagnostic Interview CIDI) are conducted in the homes of the participants via laptops to ensure excellent accuracy and quality of data collected.

This study is important in providing a vision for clinicians and health policy makers to establish relevant preventive, therapeutic, and rehabilitation services in the Kingdom. It will present an opportunity to improve the treatment and status of mental health conditions through establishing national intervention programs for the Saudi population. Its findings will thus be utilized for health promotion and to contribute in the efforts of removing the stigma associated with mental health problems.

The SNHSS has successfully completed its planning, preparation and testing phases. The implementation phase resumed with fieldwork in January 2014, along with the training of supervisors, interviewers and surveyors (in Riyadh, Qassim, and Eastern province of KSA), which has been followed by further data collection and quality control.

We are glad to announce that we have achieved 50% of our target, which is over 2500 interviews completed in total in KSA. The SNHSS plans to complete fieldwork in designated areas of KSA by mid-2016. Subsequently, data will be cleaned and prepared for analysis, and finally, reports will be sent to our partners and health policy makers.

The project has officially completed fieldwork in the following areas:

- Riyadh and Qassim in November, 2014 (1152 interviews)
- The Eastern Province in January, 2015 (520 interviews)
- Makkah & Madinah areas are ongoing: Expected target is 1290 interviews.
The SNHSS administration is committed to setting high standards for all employees working on the project.

We were glad to encounter remarkably high cooperation rates in different areas of the Kingdom. Given all the traditional, cultural and social restrictions in the Saudi population, we were expecting not to be welcomed in areas known for their conservative culture. Unexpectedly, we found the people to be very cooperative. For example, when we followed up with the interviewers, we learned that the people of Qassim were very welcoming to guests. They were hospitable and showed a great aspect of the genuine Arab generosity in welcoming their visitors.

The interviewer training course includes advanced techniques developed in collaboration with the Institute of Survey Research, at the University of Michigan, Ann Arbor. These techniques were instrumental in increasing the cooperation of the participants.

This reflected how important our survey was to the people and, to the higher authorities. We believe that people are in fact open to discussing mental health concerns.

So far, we have encountered highest levels of cooperation in the Eastern Province of the Kingdom (see figure below).

All field and central team members undergo a CIDI 3.0 certification course, which is an extensive 2-week course, & refresher courses, in order to obtain high-quality data using standardized protocols.

To prepare new batches of interviewers before launching them in the Central Region (Riyadh and Qassim), two training courses took place.

The first in King Faisal Specialist Hospital and Research Center (KFSHRC) in January 2014, and the second training took place at the Ministry of Health in April, 2014.

Other courses conducted were as follows:
- Refresher 4-days training course for the Central region field staff in August, 2014
- Extensive 2 week courses in the Eastern Region, in November, 2014 conducted at Al Amal Hospital, Dammam.
- Extensive 2 week courses in Makkah Region, in January, 2015 conducted at Al Amal Hospital Jeddah.
Other workshops conducted include:

- **SAS Course** at King Faisal Specialist Hospital (Riyadh), Biostatistics Epidemiology and Scientific Computing Department.
- **Survey Methodology workshops**, given by Dr. Zeina Mneimneh, University of Michigan, Ann Arbor, USA at the Biostatistics Epidemiology and Scientific Computing Department, King Faisal Specialist Hospital (Riyadh).
- **Remote Data Management Workshops**, given by the University of Michigan, Ann Arbor, USA.

**World Mental Health Conferences**
Another significant SNHSS achievement is the participation of the principal investigator, Dr. Yasmin Altwajri and the project manager in the Annual Scientific Meeting of the WHO Mental Health Consortium, every year since 2010 where they present the latest updates about the project.

**WAPOR Regional Conference**
The principal investigator also delivered 'Updates on the SNMHS' at the 2015 World Association of Public Opinion Research Conference, on March 7-9th, 2015 in Doha, Qatar.
Interview with a SNHSS Team Member: Fatmah Abdulkader, ITA-Agent

Would you give us a background about yourself?
I'm a Bachelor of Information Technology graduate with Masters in Management. My previous position was a technical support agent at Nokia MEA. Currently, I'm part of The Saudi National Health and Stress Survey (SNHSS) as an Information Technology Affairs Agent (ITAA).

What is your role in SNHSS?
* Handling in/out bound calls
* Technical support & incident solving and following up, handling backups, software upgrading & maintenance
* Enforce project protocols throughout the field work
* Administrative support: Assisting in all the aspects related to the project, e.g., training sessions, transport, logistics, recruitment, & legal issues.
* Handling all the internal communication between our team and other parties.

The SNHSS has covered several areas in the Kingdom. How successful was our team in covering these areas?
Introducing the SNHSS to the public wasn’t an easy task, as it is a huge project. Each region had its unique attributes; the team in the field had to consider the local culture, the level of acceptance to new concepts such as our project, the city’s lifestyle and at other times, the weather!

For instance, we received a lot of calls on our toll free number from the public or officials inquiring about the project objectives and confirming the team identities. We also received calls from citizens who expressed their interest to be interviewed, and at times offered to join our team as interviewers! I believe that this reflects our success in delivering our message and drawing the attention of the society to the importance and significance of mental health.

What is the most challenging task that you’ve faced so far while working for the project?
The most challenging task would be hiring best-fitted candidates to work as interviewers in the field and soon after, handling their emotional work-related stress, concerns and complaints with empathy yet focusing on being objective.

Do you have any inspiring stories to present to our readers?
Once we received a call from a teacher who was a married lady and had children. They were all suffering from domestic abuse. She wanted to get a divorce and go back to living with her family, but her family refused to take in her children, and insisted on leaving them with their lunatic father.

When our interviewers approached her as a potential respondent, she reached out to us for help. She was totally devastated with no hope of getting out of her stressful situation. As soon we knew about her dilemma, we tried reaching relevant agencies for social/family support and child abuse that take care of affected families. We gathered the required information and had to wait patiently as her phone was monitored by the husband. The lady called few days later and we managed to explain to her the legal procedures to leave the house and take the kids, and whom to contact to report her case. The lady was relieved to get the help she needed.

This case might not be directly related to the study, yet it represents a solid image of stressful life accompanied with fear and hopelessness.

According to this respondent, “If it wasn’t for the project outreach, I would never have had the courage to take the kids and leave this abusive relationship, taking into consideration my conservative background.”

From the feedback, inquiries and cases we receive on daily base, somehow the project is giving the public some hope for possible change, which inspires us and the field team to be more committed to completing the project and help those in desperate need.
Everyone experiences anxiety, some more so than others. This brief article will help you understand anxiety, identify its symptoms and finally, guide you to some practical tips for overcoming it.

**How is anxiety different from fear?**

Anxiety is anticipatory, while fear is the result of threatening stimuli. But fear rests on the hope that one can cope with the situation, it is controllable. For instance, if you have Aerophobia (fear of flying), you may perhaps avoid travelling by planes. But if you’re perpetually concerned about for example, money - that’s an anxiety. Anxiety results when you’re unable to cope with a situation, it is perceived by you as uncertain or uncontrollable.

When this uncontrollability lasts longer than it normally should, and coping is perceived as futile, one’s anxiety is replaced by depression. Basically, it’s like this:

Anxiety falls between fear and depression on the controllability continuum.

<table>
<thead>
<tr>
<th>Controllable</th>
<th>Uncontrollable</th>
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<tbody>
<tr>
<td>NEAR</td>
<td>ANXIETY</td>
</tr>
<tr>
<td>ANXIETY</td>
<td>DEPRESSION</td>
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**What is Anxiety?**

Anxiety falls between fear and depression on the controllability continuum.
If you’d like practical tips on HOW TO OVERCOME ANXIETY, follow the link specified above!

Normal versus Clinical Anxiety:

Clinical anxiety is more intense, repetitive and enduring than normal anxiety, where the intensity of clinical anxiety is above what is considered reasonable.

Clinical anxiety tends to paralyze affected people and make them feel like their coping efforts are fruitless. Treatment and counselling is recommended to address this type of anxiety, as it impedes everyday psychological and physical functioning. Some forms of clinical anxiety include Panic Disorder, Generalized Anxiety Disorder (GAD), Post-traumatic Stress Disorder (PTSD) or Obsessive-Compulsive Disorder (OCD).

Trait versus State Anxiety:

Trait Anxiety: Certain people suffer from elevated anxiety levels habitually, without feeling completely free of apprehension or worry, where the anxiety may have become a characteristic of their personality.

State Anxiety: Momentary anxiety arising at a particular time (e.g. when experiencing a panic attack). This type of anxiety lasts only in that moment.

References


WHO ARE WE?

King Faisal Specialist Hospital and Research Centre
Biostatistics, Epidemiology & Scientific Computing Department
MBC-03 Research Centre
P.O.Box 3354
Riyadh 11211 Saudi Arabia
Phone 8001243999
Fax +966-11-4424542

http://www.healthandstress.org.sa/
“The SNMHS staff has done an exemplary job in implementing the re-design of the project and carrying it forward. The data collected so far stand testimony to the successful implementation of this groundbreaking survey, as well as the impact this project will have on the health of the Saudi population. The team at the University of Michigan strongly believes that the SNMHS is a tremendous asset, not only for its own country but also as a representative of the WMH Survey Initiative.”

We would like to thank our national and international collaborators on behalf of our co-investigators, consultants and support staff, who help in making this project possible. Without their constant support and perseverance, we as a team would not be here today working on this challenging yet rewarding project.