In 2010, KSA became a part of the World Mental Health Survey Consortium, which is a mental health initiative that has been undertaken by over 30 countries so far. 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 KSA. It relies on a nationally representative sample of 4,000 male and female Saudis between the ages of 15 and 65, who are selected randomly. Face-to-face interviews (IWs) using the survey instrument, i.e. 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 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.

Fieldwork Progress

The project has successfully collected a total of 3,470 completed interviews from 7 regions in KSA. The co-operation rates from respondents have continued to be high. So far, Al-Jouf has shown the highest level of co-operation in comparison to all other areas in the Kingdom.

Average Co-operation Rate (2013-2016)
Fieldwork, 2016
Fieldstaff eliciting the help of local authorities to assure respondents

Asir: Interviewer with Respondent and his family
The SNHSS team successfully conducted and concluded extensive two week CIDI interviewer’s training sessions to prepare new batches of interviewers before launching into various regions of fieldwork, i.e. in Eastern Province, Makkah, Madinah, Taif, Al-Jouf and Asir.

In January, August and November of 2015 respectively, extensive training courses were held for new cohorts of interviewers for fieldwork in the administrative areas of Makkah, Madinah, and Al-Jouf (conducted at Al Amal, Jeddah and KFSH&RC i.e. King Faisal Specialist Hospital & Research Center, Riyadh respectively).

A booster training session lasting 3 days was also conducted for the travel team (i.e. field staff that travels to remote/various regions within KSA) in Taif after the Ramadan break, in August, 2015. These sessions addressed how interviewers could best tackle problematic fieldwork issues, alongside refreshing their memory on topics already covered in the main training sessions.

In February 2016, another cohort of interviewers underwent extensive training for fieldwork in the administrative area of Asir. Overall, the project has trained over 150 field staff members to-date.

As for professional development, the SNHSS Data Manager, has continued (since 2015) to participate in regular Remote Data Management Workshops, given by the Survey Research Center at University of Michigan, Ann Arbor, USA.

The Project Manager, Lisa Bilal also attended the Workshop on Monitoring and Evaluation in Lebanon organized by the American University of Beirut from April 11-15th, 2016.

Since 2010, the SNHSS Principal Investigator, Dr. Yasmin Al Twaijri has participated and presented in the Annual Scientific Meeting of the World Mental Health Consortium held at Harvard University, Boston, USA. In July 2016, Dr. Twaijri participated in the 2016 Annual Meeting. Like every year, this
year too, the project updates were well received by participating scientists from different countries.

Interview with a SNHSS team member: Sanaa Hyder at Quality Control

Please give us a background about yourself?
I graduated with a MSc in Health Psychology from University of Nottingham (UK) in 2013. Before that, I spent three years in Bangalore (India) where I got my BA in Psychology. And it was in 2014, when I started working for the Saudi National Health and Stress Survey.

What is your role in the SNHSS?
I work as a Quality Control Research Assistant primarily, which allows me to use a number of specialized softwares developed by the University of Michigan (Ann Arbor) to nitpick on fieldwork interviewers’ for not following survey protocol. Under quality control, I also maintain documentation related to survey procedures, whether that be in the form of regional records for quality control investigations, or standard operating procedures for all the survey operations such as data management, IT support, and fieldwork. Additionally, I’m in charge of preparing annual progress reports and presentations for sponsors, and publications for peer-reviewed journals.

What personal skill or work habit have you gained from being part of Quality Control at the SNHSS?
When you work with a quality control software that shows you when an interview was done, at what time, by whom, where, how long it took for an interviewer to read a specific question or why an interviewer paused during the interview, it makes you really careful about the details, the specifics. I think it's safe to assume I've become more detail-oriented as a result. And it's definitely made me think more critically, not just when I encounter a protocol breach in an interviewer’s performance, but even when I consume information related to other research studies.

What is the most interesting thing you’ve done while working for the SNHSS?
I think it was when we were invited to participate in the 10KSA initiative, during which the World’s largest humanitarian ribbon was formed by thousands of women in Riyadh. The SNHSS hosted a booth at the event where we organized myth-busting mental health games for the public; and for me personally, it was fun just making those games - trying to figure out what is considered culturally appropriate while at the same time putting together facts about mental health disorders in an
What do you think about the quality of survey data so far?
Since 2014, the project has been continually acknowledged by the Survey Research Center at the Institute of Social Research, University of Michigan (Ann Arbor, USA) for maintaining excellent quality control standards amongst all the countries that have participated in the World Mental Health Consortium. I don't think I have anything to add to that - the experts already agree we're doing a great job!

SNHSS Events for Mental Health Awareness

The project hosted a mental health awareness booth for the initiative, 10KSA which was launched to raise awareness about holistic health issues, with a focus on breast cancer. This initiative was led by HRH Princess Reema bint Bandar bin Sultan Al Saud and Dr. Modia Batterjee, for an event that gathered around 10,000 women on 12 December 2015, in Riyadh, and combined education and activities, as well as the formation of the World's Largest Humanitarian Ribbon. Our booth attracted hundreds of visitors, who showed a keen interest in learning about mental health and the stigma surrounding the topic.
After its success at the 10KSA event, the project was invited by the Corporate Social Responsibility Department at KFSH&RC to co-organize the ‘Mind Full or Mindful? KFSHRC Employee Wellness Day’, an event aimed at reducing stress in the workplace and lifestyles, held on 7 January, 2016. The project hosted various games designed to address misconceptions about common mental health conditions such as stress, panic attacks and premenstrual syndrome.
OCD
OBSESSIVE-COMPULSIVE DISORDER

WHAT IS OCD?

OCD is an anxiety-related condition.

Sufferers experience:

(i) Obsessions - persistent in the form of uncontrollable thoughts, images, impulses, worries or fears.

(ii) Compulsions - repetitive actions or mental rituals performed as a result of obsessional thoughts.
TYPES OF OCD

Typically, a person's OCD can be categorized as follows:
(i) Checking,
(ii) Contamination (physical or mental),
(iii) Hoarding,
(iv) Ruminations/intrusive thoughts

WHY?

Doubt is a major sign of OCD. The French were known to call OCD 'la folie de doute' i.e. 'the doubting disease'.

People with OCD feel an overinflated sense of responsibility to prevent harm, they overestimate the perceived threat that comes with an intrusive thought.

Only way to relieve this kind of anxiety is to perform the compulsive behaviours.

DO I HAVE OCD?

The difference between the little quirks, that people often refer to as being 'a bit OCD', from the actual disorder is when the distressing and unwanted experience of obsessions and compulsions impacts a person's everyday functioning significantly.

SIGNS

Obsessions and compulsions:
(i) Consume excessive amounts of time (often an hour or more),
(ii) Cause significant distress and anguish, and
(iii) Impede daily functioning at home, school or work, including social activities and relationships

OCD can be a chameleon. For some, OCD symptoms remain unchanged, for others they may increase in severity during times of stress.

TREATMENT

OCD is chronic but a treatable medical condition.

Cognitive Behavioural Therapy (CBT), a form of therapy where a person is taught to explore alternative ways of thinking and challenge their beliefs through behavioural
exercises has shown to decrease compulsive rituals and intensity of obsessional thoughts.

For those that need to reduce their anxiety before they start therapy, a combination of medication and CBT has proved effective.

With the right support and treatment, a complete recovery from OCD can be achieved.

Reference:

Collaborators and Partners

Contact
King Faisal Specialist Hospital and Research Centre
Biostatistics, Epidemiology & Scientific Computing Department
MBC-03, Research Center
P.O.Box 3354
Riyadh 11211