Saudi National Mental Health Survey
Technical Report
Partners & Collaborators

Patron Institution
King Salman Center for Disability Research

Strategic Partners
SABIC
King Abdulaziz City for Science & Technology

Supporting Partners
Ministry of Health
King Saud University
King Faisal Specialist Hospital & Research Center
Ministry of Economy and Planning, General Authority for Statistics

International Collaborators
World Health Organization
Harvard University, Harvard Medical School (USA)
University of Michigan, Institute of Social Research, Ann Arbor (USA)

Abbreviations

WHO: World Health Organization
WMH: World Mental Health
KSA: Kingdom of Saudi Arabia
SNMHS: Saudi National Mental Health Survey
KFSH&RC: King Faisal Specialist Hospital and Research Centre
MOH: Ministry of Health
KSU: King Saud University
CIDI: Composite International Diagnostic Interview
OLAP: On-Line Analytical Processing
DSM-IV: Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition
SAMHA: Saudi Mental & Social Health Atlas
TRAPD: Translation, Review, Adjudication, Pretesting and Documentation
CAPI: Computer Assisted Personal Interview
ACASI: Audio Computer Assisted Self Interview
CTS: Call Ticketing System
A Message From His Royal Highness, Chairman of the Board of Trustees

Taking care of one’s health follows immediately after basic human needs such as eating, drinking and breathing. Mental disorders are one of the major health problems facing the community worldwide, thus, affecting all ages, both genders, and all social and income levels.

It is estimated that 450 million people worldwide suffer from mental disorders. Yet, there is a great concern regarding the large gap between the magnitude of the problem of mental disorders and the services available; this led to the launch of the World Mental Health Survey by the World Health Organization.

The Saudi National Mental Health Survey is an extension of this initiative, led by a group of competent Saudi researchers, with the support and cooperation of several governmental and private organizations, and local and international scientific institutions.

The research took eight years, during which the research team visited various regions of the Kingdom to interview more than 4,000 men and women, from more than 2000 families. The interviews were carried out using the highest quality standards of scientific and ethical conduct.

Given this, the King Salman Center for Disability Research is pleased to be the incubator for this outstanding national project, and presents it as a gift to this honourable country and its devoted people.

Prince Sultan bin Salman bin Abdulaziz, Chairman of the Board of Trustees
King Salman Center for Disability Research

Foreword from Principal Investigators

In the name of Allah, the Most Compassionate, the Most Merciful

Professionals and those interested in mental health have for a very long time envisaged the idea of conducting a National Mental Health Survey and hoped that they would be presented with the right circumstances to embark on this mission.

Since the launch of the National Mental Health Survey (Health and Stress), we knew that this task was by no means going to be easy and that the effort needed to accomplish it would be enormous. However, we remained determined to complete and achieve this task according to the best professional and scientific standards.

It was a path laden with enthusiasm, challenges and obstacles. Every time we felt dismayed, we gathered our strength and honed our abilities as we remembered the noble purpose, great value and substantial need of this project in our beloved homeland and society.

Today as we are on the final threshold of this honorable project, we proudly look back upon the past years and know that our efforts, by God’s grace, were not in vain. This project was a school, where many young men and women sharpened their experiences, broadened their capacities and learned abundantly. We thank the great and wonderful team for all that they have done. We thank the supporters and the sponsors from the government, private sectors and civil society organizations for their constant support for this national project.

Finally, we ask Allah, the Exalted, the Majestic, to preserve our country and our leaders. May the peace, mercy and blessings of Allah be with you.

Dr. Yasmin Al Twaijri, King Faisal Specialist Hospital and Research Centre
Professor Abdullah Al Subaie, King Saud University (Ret.)/Edrak Medical Center
Dr. Abdulhamid Al Habeeb, Ministry of Health
The happiness and fulfillment of citizens and residents can only be achieved through promoting physical, psychological and social well-being. At the heart of our Vision is a society in which all enjoy a good quality of life, a healthy lifestyle and an attractive living environment.
Executive Summary
Executive Summary

World Mental Health Survey Initiative

Mental health disorders are a major public health problem worldwide. This led the World Health Organization (WHO) to start the World Mental Health (WMH) Survey Initiative in collaboration with Harvard University. In 2010, Kingdom of Saudi Arabia (KSA) launched the Saudi National Mental Health Survey (SNMHS), as part of the WMH Survey Initiative which has been conducted in more than 33 countries so far.

Methods

In December 2016, the SNMHS successfully completed interviews with a sample of 4,004 male and female Saudis, between the ages of 15 to 65, who represented the Saudi population. The questionnaire used for the interviews was the Saudi version of the Composite International Diagnostic Interview (CIDI 3.0). The interviews were conducted in the homes of the respondents using laptops for excellent accuracy and quality. The SNMHS also collected over 2000 saliva samples from its respondents after obtaining additional consent from them. All saliva samples were sent to genetics labs at King Faisal Specialist Hospital & Research Center (Riyadh) for further analyses. The DNA specimens from these samples will be used to study genetic risk factors for mental health conditions prevalent in the Saudi population.

Saudi National Mental Health Survey

The SNMHS is a state-of-the-art national survey that aims to understand all aspects of mental health in KSA. The study aims to understand:

(i) the prevalence of mental health problems and its burden in the Saudi community;
(ii) the individuals who are most at-risk in KSA;
(iii) the best ways of offering mental health services in KSA.

This project is important in providing a vision for clinicians and health policy makers to establish relevant preventive, therapeutic, and rehabilitation services in the Kingdom.

Findings

34% of Saudis meet the criteria for a mental health condition sometime in their life

80% of Saudis with severe mental health disorders do not seek any treatment

8.9% of Saudis with severe mental health disorders seek treatment from a religious or non-medical healer

2 in 5 Saudi Youth meet the criteria for a mental health condition sometime in their life

Mental Health conditions affect more educated Saudis

Only 13.6% of Saudis seek treatment for their mental health condition in a given year.

The most prevalent mental health conditions in the Kingdom are: Separation Anxiety Disorder, Attention Deficit Hyperactivity Disorder, Major Depressive Disorder, Social Phobia and Obsessive Compulsive Disorder

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The Project: Background & Findings
Mental health disorders are a major public health problem worldwide, affecting people of all ages, cultures and socio-economic status. They cause serious impairments in personal, social and occupational functioning, which lead to substantial societal costs related to productivity and use of health care services. In 2010, the Kingdom of Saudi Arabia (KSA) became the first country from the Gulf Cooperation Council states to join the World Mental Health (WMH) Survey Initiative, which is led in collaboration with Harvard University, and has been undertaken by over 33 countries so far. This initiative was launched to bridge the gap between mental health service demand and supply.

The Saudi National Mental Health Survey (SNMHS) is conducted by the King Salman Center for Disability Research. Its supporting partners include the King Faisal Specialist Hospital and Research Centre, the Ministry of Health (MOH), the General Authority for Statistics at the Ministry of Economy and Planning, and King Saud University (KSU) in collaboration with the World Health Organization, Harvard University, and the University of Michigan, Ann Arbor. The survey is funded by SABIC, the King Abdulaziz City for Science and Technology, the MOH and KSU.

Mental health disorders are a public health issue in Saudi Arabia, similar to the rest of the world. Previous research studies on mental disorders in KSA have focused on specific populations (e.g. hospital patients, primary healthcare centers or students), region-specific community samples and specific disorders (e.g. depression). Given the known impact and cost of various mental disorders on the individual and society, there was a great need for a national community study of mental health in Saudi Arabia, to clarify the current status of mental health in the population as a whole, and to guide national mental health policy, treatment and research.
The SNMHS is a state-of-the-art health survey, which aims to estimate the burden of mental health disorders in the KSA. Its objectives include understanding (i) the prevalence of mental health problems, (ii) the individuals who are most at-risk in KSA, and (iii) the best ways of offering mental health services in KSA. The survey used a nationally representative sample of 4,004 male and female Saudis between the ages of 15 and 65, who were selected randomly. Face-to-face interviews using the survey instrument, i.e. the Saudi version of the Composite International Diagnostic Interview (CIDI 3.0), were conducted in the homes of the participants via laptops to ensure excellent accuracy and quality of data collected.

The SNMHS also collected saliva samples from its respondents, to determine genetic factors for mental health conditions in the Saudi population. Findings from the SNMHS will also provide estimates on family caregiving burden, dementia, religiosity, polygamy, suicidality and the societal infrastructure in mental health, emphasizing mental health needs specific to the Saudi population.

This project 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 be utilized for health promotion and will contribute in the efforts to remove the stigma associated with mental health problems.
Survey Interviews

The map shows the total number of completed interviews and response rates in various areas across Saudi Arabia.

Total sample is 4,004 completed interviews
Response rate is 61%
Cooperation rate 76%

Findings

The occurrence of mental health conditions across lifetime in Saudi Arabia is comparable to:

- 61% in Saudi Arabia
- 60% in Australia
- 66% of Saudis are diagnosed with a mental health condition sometime in their life

The occurrence of mental health conditions across lifetime in various countries is as follows:

- United States: 66%
- South Africa: 39.3%
- France: 37.9%
- Saudi Arabia: 34.2%
- Netherlands: 31.7%
Findings

Mental health conditions and education
Mental Health conditions are more prevalent among more educated Saudis.

These rates are similar to prevalence estimates of the European mental health study (Belgium, France, Germany, Italy, the Netherlands and Spain).

Mental health conditions and age
Mental Health conditions are more prevalent among Saudi youth.

The prevalence of mental health conditions among Saudi youth is comparable to:

2 in 5 Saudi youth (age 24-15) are diagnosed with a mental health condition sometime in their life.
Findings

The most common mental health conditions in KSA across lifetime

<table>
<thead>
<tr>
<th>Mental Health Condition</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separation anxiety disorder</td>
<td>11.9 %</td>
</tr>
<tr>
<td>Attention-deficit/hyperactivity disorder</td>
<td>8.0 %</td>
</tr>
<tr>
<td>Major depressive disorder</td>
<td>6.0 %</td>
</tr>
<tr>
<td>Social phobia</td>
<td>5.6 %</td>
</tr>
<tr>
<td>Obsessive-compulsive disorder</td>
<td>4.1 %</td>
</tr>
<tr>
<td>Post-traumatic stress disorder</td>
<td>3.4 %</td>
</tr>
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<tr>
<td>Bipolar I/II</td>
<td>2.9 %</td>
</tr>
<tr>
<td>Drug abuse</td>
<td>2.7 %</td>
</tr>
<tr>
<td>Agoraphobia without panic</td>
<td>2.3 %</td>
</tr>
<tr>
<td>Generalized anxiety disorder</td>
<td>1.9 %</td>
</tr>
<tr>
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</table>

Prevalence of treatments received for mental health conditions

Table below shows the percentage of Saudis who sought any type of treatment for their mental health condition

<table>
<thead>
<tr>
<th>Severity Levels of Mental Health Conditions</th>
<th>Serious %</th>
<th>Moderate %</th>
<th>Mild %</th>
<th>Any %</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medical</td>
<td>8.9</td>
<td>4.1</td>
<td>8.8</td>
<td>7.2</td>
</tr>
<tr>
<td>Mental Health Specialty</td>
<td>6.8</td>
<td>3.7</td>
<td>2.1</td>
<td>4.5</td>
</tr>
<tr>
<td>Non-Healthcare*</td>
<td>8.9</td>
<td>2.6</td>
<td>1.0</td>
<td>4.8</td>
</tr>
<tr>
<td>Any Treatment**</td>
<td>20.2</td>
<td>8.4</td>
<td>10.7</td>
<td>13.6</td>
</tr>
</tbody>
</table>

General medical includes general medical doctor or other health professional not in a mental-health setting

Mental Health includes specialists such as psychiatrist, psychologist, and counselors

*Non-Healthcare treatment includes spiritual and non-medical treatments

**Any treatment is a combination of General Medical, Mental Health and Non-Healthcare treatments

**Some people seek more than one type of treatment
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## Findings

The occurrence of depression conditions across lifetime

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>97%</td>
</tr>
<tr>
<td>Anxious disorders</td>
<td>3%</td>
</tr>
<tr>
<td>Major depressive disorder</td>
<td>91%</td>
</tr>
<tr>
<td>Minor depressive disorder</td>
<td>9%</td>
</tr>
</tbody>
</table>

9% of Saudi females are diagnosed with depression sometime in their life.

1% of Saudi males are diagnosed with a generalized anxiety disorder sometime in their life.

25% of Saudi males are diagnosed with a generalized anxiety disorder sometime in their life.

The occurrence of generalized anxiety disorder across lifetime

<table>
<thead>
<tr>
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<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalized anxiety disorder</td>
<td>91%</td>
</tr>
<tr>
<td>Hypochondria</td>
<td>97%</td>
</tr>
</tbody>
</table>

## Mental Health Disorders Description

### Generalized Anxiety Disorder

People with generalized anxiety disorder display excessive anxiety or worry for at least 6 months, about a number of things such as personal health, work, social interactions, and everyday routine life circumstances.

### Panic Disorder

People with panic disorder have recurrent unexpected panic attacks. Panic attacks are sudden periods of intense fear that come on quickly and reach their peak within minutes.

### Social Phobia

People with social phobia have a general intense fear of, or anxiety toward, social or performance situations.

### Agoraphobia

People with agoraphobia have an intense fear of two or more of the following situations: (i) Being in open spaces, (ii) Being in enclosed spaces, (iii) Standing in line or being in a crowd, (iv) Being outside of the home alone.

### Obsessive-Compulsive Disorder

Obsessive-Compulsive Disorder is a chronic disorder in which a person has uncontrollable, recurrence thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over.

### Bipolar Disorder

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to think or behave normally.

### Major Depressive Disorder

Major Depressive Disorder is a mental illness that causes such a feeling of hopelessness and sadness that it affects one’s ability to carry out day-to-day activities.

### Drug Dependence

People with drug dependence continue to use drugs (legal and/or illegal), despite significant physical or psychological problems caused by it. This pattern of repeated use usually results in tolerance (requiring more of a drug to achieve the same effect), withdrawal (negative symptoms as result of discontinuing the drug), and compulsive drug-taking behavior.
The General Authority for Statistics (KSA) worked with the SNMHS on the sample design, preparing the proposal, and securing funds and resources.

The WHO Composite International Diagnostic Interview (CIDI 3.0) is a diagnostic interview designed to be used by trained lay interviewers for the assessment of mental disorders. The original instrument was adapted and modified to suit the Saudi population with the help of the University of Michigan, Ann Arbor to ensure the Arabic formatting was accurate and clear for use with CAPI.

A pilot study was conducted to test all aspects of the survey & its results indicated its readiness to be implemented on a national scale. Cognitive interviews were designed to pretest the adapted CIDI 3.0; they investigated feedback differences in cognitive probes designed to pretest for question sensitivity.

The adapted CIDI 3.0 was programmed with the help of University of Michigan, Ann Arbor to ensure the Arabic formatting was accurate and clear for use with CAPI.

A survey statistician ensured that the sample was nationally representative of the Saudi population. Eligibility Criteria: male and female Saudis between the ages of 15 and 65 from rural and urban regions of KSA.

The SNMHS carried out 649 telephone interviews, 229 face-to-face interviews and 3 recruitment seminars across Kingdom; and employed 94 interviewers during its data collection phase.

Using Survey Measures: Saudi version of CIDI 3.0 and DNA saliva samples. Additional interviews over the phone were conducted for clinical validation, with a random sub-sample of the survey respondents using a gold standard interview known as SCID (Structured Clinical Interview for DSM-5).

The following diagram illustrates the steps undertaken to implement the national survey.
I. Screening & lifetime review

II. Disorders
- Mood: Major depression, mania
- Anxiety: Panic disorder, social phobia, agoraphobia, generalized anxiety disorder, post-traumatic stress disorder, obsessive-compulsive disorder
- Substance abuse: Alcohol dependence, illegal substance use
- Childhood: Attention-deficit/hyperactivity disorder, conduct disorder, separation anxiety disorder
- Other: Intermittent explosive disorder, premenstrual disorder, psychosis screen, eating disorder

III. Functioning & Suicidality, 30-day functioning, 30-day symptoms, physical comorbidity, physical disorders

IV. Treatment Services

V. Risk factors Personality, social satisfaction, childhood experiences, family burden

VI. Sociodemographics Employment, finances, marriage, children, demographics

VII. Country-specific Attitude towards alcohol use, religiosity, polygamy, disability, dementia, sections disability burden
Fieldwork Protocol

IWER visits the selected HH

HH member agrees to do the screener

IWER conducts screener with HH member

No eligible members selected for main IW

1 (male or female) or 2 (male and female) eligible HH members selected for main IW

If in the final attempt, still no contact = final no contact

3 attempts* made to contact HH; no answer; letter is left

No contact for other reasons e.g. HH vacant, HH could not be found, HH is non-residential, etc.

After another 2 days, IWER visits the HH to request to do a screener

HH member refuses again = final refusal

HH member is busy; an appointment is scheduled

IWER leaves a resistance letter after 2 days at the HH

No contact made with any HH members

IWER meets with HH member for appointment to conduct screener

Respondent is busy; an appointment is scheduled

IWER meets with respondent for appointment and conducts IW

Respondent is busy; appointment is rescheduled

IWER tries to convince respondent on second attempt*

Three consecutive attempts made but still no contact = final no contact

IWER leaves a resistance letter after 2 days at the HH

If in the final attempts, still no contact = final refusal

Respondent refuses again

After selection, respondent is imprisoned, suffers from permanent condition which prevents him from doing the IW, deceases, etc.

Respondent could not be reached

Abbreviations
HH: household
IWER: interviewer
IW: interview

Note: * Maximum number of attempts made was 10, only if contact was made in one of these attempts e.g. if the respondent was busy, an appointment was scheduled
Quality Control

The SNMHS was one of the first surveys in the WMH consortium to use a dynamic sophisticated quality control dashboard employing the On-Line Analytical Processing (OLAP) technology developed by the University of Michigan, Ann Arbor. The use of these new and state-of-the-art quality control tools led to a high level of quality of the data collected, following which the SNMHS received recognition from the University of Michigan, Ann Arbor for exceptionally implementing its quality control procedures.

Ethical Considerations

The survey interviewers explained the study's purpose, provided information on risks and benefits, and answered all questions before obtaining written informed consent. They also collected saliva samples from respondents after obtaining additional consent from them. Each interview was encrypted and transferred wirelessly from the survey laptop to an online secure server. The SNMHS also addressed all the privacy concerns of respondents by ensuring that the data provided by them was kept anonymous and confidential. All the study protocols were approved by the Institutional Review Board committee at the KFSH&RC, Riyadh.

How did the project ensure the quality of the interviewers’ performance?

Interventions

When the quality control team observed inconsistencies in the interviewer’s performance, they coordinated with fieldwork supervisors to intervene in the interviewers’ performance. These interventions comprised of recommended corrective actions (e.g. extended evaluation, retraining, suspension) or preventative actions (e.g. routine reminders of fieldwork protocols).

Evaluations

Interviewers were regularly evaluated to determine if they were employing their interviewing skills effectively and if they required any support. Fieldwork supervisors accompanied all the interviewers into the field and filled out individual evaluation forms on WebTrak. These evaluations allowed the survey team to track the interviewers’ progress, compare their performance with that of their peers, identify where they were making errors and advise them accordingly. This in turn also helped to improve interviewers' ability, morale and productivity.

Verifications

Additionally, verifications were routinely conducted to detect if interviewers’ were following fieldwork protocols. The verification team carried out either phone or face-to-face verifications, where a verifier used a specified script to identify themselves and the project, and asked a small percentage of questions from the main interview to verify if the respondents’ answers matched. The SNMHS verified more than 20% of completed interviews, which was more than the average amount specified by University of Michigan, Ann Arbor and thereby passed all international standards of implementing quality procedures.
**Key Technologies**

**CAPI**

*Computer Assisted Personal Interview* The SNMHS used the computerized version of the survey instrument, CIDI 3.0. The CAPI version reduced errors, eliminated the data entry step, and allowed for close monitoring and quality control of the fieldwork.

**ACASI**

*Audio Computer Assisted Self Interview* The CIDI 3.0 also incorporated an ACASI component with a recorded voice that matched the gender of the respondent and allowed respondents to answer sensitive questions privately (e.g., on topics like marriage, religiosity, substance abuse and suicidality). With ACASI, respondents could put on headphones connected to the survey laptop, have questions read by a digital voice, and enter responses directly into the computer from the keypad without other people in the room knowing the nature of the questions or their answers.

**Blaise**

Blaise is a computer assisted interviewing system and survey processing tool for the Windows operating system. It is a powerful and flexible software package used worldwide for statistical and scientific research. It provided a wide variety of solutions, tools, and utilities including the ability to effectively conduct CAPI and ACASI.

**TeamViewer**

*TeamViewer*, a remote support software, was licensed and implemented by the SNMHS as it focuses on cloud-based technologies to enable online support and collaborate in real time across the globe. The SNMHS made use of this software whenever there was a need to remotely log in to interviewers’ laptop for IT support.

**SurveyTrak**

*SurveyTrak*, a Sample Management System was proprietary developed and tailored to the needs of the SNMHS at the Survey Research Center, Institute for Social Research, the University of Michigan, Ann Arbor. This program supported the interviewing efforts of the fieldwork and the survey management team by transferring completed screener and questionnaire data to a consolidate database.

**OLAP**

The University of Michigan, Ann Arbor survey team designed an *On-Line Analytical Processing* technology which the SNMHS referred to as the Quality Control Cube. This paradata Excel spreadsheet included questionnaire data and sample management data (SurveyTrak and WebTrak), which could be manipulated and explored using the Excel pivot functionality.

**CTS**

*A Call Ticketing System* was used for managing, recording, tracking, categorizing and prioritizing all survey related issues depending on their severity. This system was a management software that maintained incidents queue. When an incident was reported either via a phone call or email, the helpdesk agent logged in the event and the system automatically generated a unique tracking number, allowing other agents to easily locate, add to or communicate the status of reported issue or request.

**Webtrak**

Information collected through SurveyTrak, was displayed in a user-friendly web interface called *WebTrak*, another proprietary tool developed at the Survey Research Center, Institute for Social Research, the University of Michigan, Ann Arbor. This tool was used by interviewers, supervisors, field managers, field coordinator, and the quality control team to monitor the status of selected cases. It primarily gave a holistic account of the fieldwork, especially in terms of paradata.
Future Directions
Future Directions

1. More interventions and research should be conducted in settings like schools and colleges where the youth spend the majority of their time. Based on the results of the SNMHS, it is apparent that mental health conditions are most prevalent among the Saudi youth. The SNMHS highly encourages future research to target this finding in particular and to build upon it, as the youth are a vital resource of every country.

2. National studies in the KSA should consider giving more attention to populations not covered by the present survey: the children and the elderly (above 65 years old). The SNMHS focused on Saudi respondents in the age range of 65-15; therefore, more tailored research is needed for these sensitive age groups.

3. More emphasis needs to be given to Saudi women’s mental health and on creating facilities tailored to this major fragment of vulnerable population in the Kingdom.

4. More accessible services that cater to mental health needs of the Saudi population should be a primary objective on the policy agenda. A practical solution for research consideration could be e-treatments that can be safely and effectively delivered by professionals online to patients at home.

5. There is a strong link between mental health and physical health. This indicates the need to conduct research to study the effect of mental illness among patients with certain diseases such as cancer, heart diseases, diabetes and other physical illnesses.

6. Future studies should consider focusing on specific mental health disorders, risk factors and associated health consequences in the Saudi population. As illustrated earlier in the report, there is an obvious overall scarcity of high-quality mental health research in the KSA.

7. It is recommended that future mental health research in the Kingdom implements rigorous quality control and state-of-the-art technology, so as to adequately capture and address various research issues, as these tools consequently yield more robust and reliable results.
Mental Health Services Status
Mental Health Services Status in KSA

Ministry of Health Total Budget

- 4% Towards Mental Health
- 96% Towards other healthcare sectors

Human Resources

- Human Resources in Mental Health facilities and private psychiatric practice (rate per 100,000 population)
  - Psychiatrists
  - Nurses
  - Psychologists
  - Social workers

Human Resources

Mental Health Services

- 99 Public Mental Health Clinics
- 27 Public Mental Health Hospitals
- 38 Rehabilitation Centers for patients with intellectual and physical disabilities, under the Ministry of Social Affairs
- 69 Day Care Units for people with mild & moderate intellectual disability having behavioral problems
- 5 Active Consumer Organizations & NGOs
- 5 Community-Based Psychiatric Inpatient Units for a total of 0.41 beds per 100,000 population

Community-Based Psychiatric Inpatient Units for a total of 0.41 beds per 100,000 population
Saudi legislations require employers to hire a certain percentage of employees with disabilities (e.g., mental disability), and give people with mental disorders priority in obtaining state housing and subsidized housing.
KSA Mental Health Resources

The National Center for Mental Health Promotion provides the following services and resources:

**Ministry of Health Call Center**
Call Center number: 937.

**Ajwad**
The center provides rehabilitation services to psychiatric patients and the displaced.

**Qareebon**
Qareebon is a smartphone application that provides mental health e-services and treatments and free psychological consultations.

Available on the Apple store:  
Available on Google play store:

**Psychological Consultation center**
The center comprises of mental health specialists and counselors that provide confidential and professional consultations by telephone.

For more information please visit the National Committee for Mental Health Promotion Office website: http://ncmh.org.sa/index.php/home

*Office website: 920 03 33 60*
Breaking stereotypes

The field staff was often surprised to learn that the people of the Kingdom— are very welcoming, despite being culturally conservative. Some respondents established friendships with the interviewers after their interaction with them during the interviews. Some even exchanged contact information on a personal level, and kept in touch, checking in on each other’s well-being. On other occasions, people thought the interviewers were professional doctors and described their health problems and life circumstances to them. When the interviewers tried correcting them, people admitted that they still enjoyed having someone to talk to. This aspect of the project was also able to break stereotypes: on one hand, even though media instills a fear in people about scams and not inviting strangers into their homes, when people personally learned about this project, they changed their perception about health surveys and their awareness about disorders/illnesses increased. On the other hand, the survey field staff learned that entering into a stranger’s home was not as intimidating as they thought it would be; they learned that respondents were just people, each with their own set of unique problems and emotions. Looking back, interviewers acknowledged that their work was quite rewarding, as they were able to help respondents by merely listening to their concerns.

Feeling Heard

An overwhelming number of participants expressed immense gratitude for this unprecedented nationwide Mental Health Survey, and went out of their way to remove obstacles to their participation, such as time constraints or constraints from other family members. One such case was a woman who was especially motivated to participate in the survey and share the hardships of being a caregiver for two family members suffering with a severe mental illness. Despite these family members’ fears and concerns towards her participation, she courageously and cheerfully managed to get their support. Her tenacious motivation stemmed from her hope and optimism for a better future for those with mental health problems and their families, especially in her home country. At the end of the interview, she expressed her gratitude for the chance to contribute in the survey and have her voice heard. Finally she applauded the interviewers’ efforts, friendliness and kindness.

References
