

Assessment of Parents' Awareness regarding their Children Mental Health Status in Eastern Region- KSA

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Abstract: Childhood mental disorders are the most widespread problem in our society. The consequences of not addressing the mental health and psychological development of children and adolescents extend into adulthood limiting their opportunities for a fulfilling life.

Aim: This study aimed to assess parents' awareness of their children's mental health status in the eastern region of Saudi Arabia.

Method: A quantitative research design was used for this study and a descriptive cross-sectional survey with simple random sampling was conducted among 368 parents in Eastern Region-Saudi Arabia.

Results: The results of this study show that most of the 282 parents were female (76.6%), had a university degree (48.1%), and were not employed (73.4%). Most of the children were female (54.6%) and lived with both parents (97.8%). 90.8% of parents had never been gone to a mental health clinic to assess their children's mental health.

CONCLUSION: This study shows that most parents did not visit a mental health clinic when they noticed abnormal physical and emotional signs in their children, and they never visited a mental health clinic to assess their child's mental health.

Keywords: children, mental health status, parents' awareness.

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I. Introduction

According to the World Health Organization (WHO), 10-20% of children and adolescents worldwide have mental health problems, considering only the most severe cases, and these are 4-6%.⁽¹⁾ Half of the mental health problems begin in childhood.⁽²⁾ Having mental health in childhood means achieving developmentally and emotionally.⁽³⁾ The diagnosis is often not made until the school years or before, and sometimes it is not made early at all.⁽⁴⁾ Parenting programs are the most effective interventions to improve children's mental health⁽⁵⁾, especially when the father is involved.⁽⁶⁾

Although Australia has been at the forefront of research into the treatment of mental disorders in adolescents and adults, childhood mental health has been largely ignored.^(7,8) Children who lack adequate emotional support and are constantly in stressful situations caused by poverty, poor nutrition, parental stress, or inadequate parenting are at higher risk of experiencing toxic stress.⁽⁹⁾

Mental health problems in children include different types of physical and emotional symptoms.⁽¹⁰⁾ However, physical symptoms and living with pain for a long period can negatively affect a child's self-esteem. Frustration due to physical limitations can also occur. Both physical and psychological factors are often interrelated.⁽¹¹⁾ Pediatric patients with chronic daily headaches are more likely to develop psychiatric disorders. When muscles are tense and contracted over a long period, it can trigger other responses in the body and even promote stress-related disorders. Muscle tension in the neck, head, and shoulder can also have chronic effects on mood.⁽¹²⁾ Most children complain of abdominal pain and bowel problems that are related to their mood.⁽¹³⁾

Changes in eating habits may be associated with other symptoms of mental disorders such as fatigue and lack of satisfaction with activities.⁽¹⁴⁾ In addition, there are physical symptoms such as headaches, migraines, muscle tension, diarrhea, stomach pain, appetite changes, and sleep disturbances.⁽¹⁴⁾

For emotional symptoms such as lethargy, sadness or frustration, muddled thinking, excessive anxiety, extreme mood swings, withdrawal from friends and activities, low energy, or sleep disturbances, a parent may notice these symptoms when spending time with the child, or the child may constantly complain or urge a parent to stay around.⁽¹⁵⁾

Emotional disturbance is usually associated with poor academic, occupational, and psychosocial performance.⁽¹⁶⁾ Problems in school, usually either emotional or behavioral, often begin at school age, and these problems include frequent absences from school and lack of concentration in school.⁽¹⁷⁾ From time to time, children may have fears and anxiety; however, the persistence of these feelings for a prolonged period can be psychologically damaging to the child.⁽¹⁸⁾ Usually, the main trigger for children's anger is frustration and not getting what they want.⁽¹⁹⁾ Daydreaming by a child who cannot distinguish between reality and fantasy can be considered a symptom of mental illness.⁽²⁰⁾ All children can have problems with concentration and hyperactivity, but if these problems are persistent and/or severe, children may need additional support to increase their chances of learning and developing effectively.⁽²¹⁾ Insomnia can exacerbate the effects of mental disorders and vice versa.⁽²²⁾ The child's ability to establish a good relationship with his friends provides a good psychological and health condition.⁽²³⁾

It is important to remember that many disorders such as anxiety, attention deficit hyperactivity disorder, and depression occur in childhood.⁽²⁴⁾ Therefore, children's mental disorders must be treated early because most mental disorders that are not treated in early childhood lead to permanent consequences.^(25.1)

Untreated disorders are associated with the fact that these children do not know how to seek help, so it is the responsibility of parents not to recognize mental disorders in their children. In general, if a child's behavior persists for a few weeks or longer and causes distress to the child or his or her family, it is a serious problem for which help should be sought (Abera, Robbins, and Tesfaye, 2015).⁽²⁶⁾ The benefits of seeking help early have been demonstrated, as early help-seeking provides the opportunity for early intervention, better long-term mental health outcomes, and a higher quality of life for children and their parents.⁽²⁷⁾

Childhood mental disorders are the most prevalent problem in society. According to the World Health Organization, 10-20% of children and adolescents suffer from mental disorders, but most do not seek help or receive treatment. The consequences of not treating children and adolescents' mental health and psychological development extend into adulthood, limiting their opportunities to lead fulfilling lives.⁽²⁷⁾ According to King Salman Center for Disability Research, 34% of Saudis are diagnosed with a mental illness at some point in their lives. Mental disorders often occur in adulthood, and most of them had a cause related to their childhood.⁽²⁸⁾ This study will help determine parents' awareness of their children's mental health status, and the results of this study will directly benefit the community and parents.

II. Methods

STUDY DESIGN:

The research design used in this study is a quantitative and specifically a descriptive cross-sectional survey to collect information on parents' awareness of their children's mental health status in the Eastern Region - KSA.

Place of the study:

The study was conducted randomly through social media in the Eastern Region. Eastern Region is administratively located in Saudi Arabia and consists of 11 governorates (Dammam, Alahsa, Hafir albatin, Aljubail, Alqtif, Alkoubar, Alkhafiji, Ras tannrah, Buqayq, Annuayriah, Qaryah Alulya). The population of Eastern Region is (5,148,598), which is 15% of the Kingdom's population, of which 2,045,335 are women and 3,103,263 are men. According to the General Authority for Statistics (GAStat), the number of Family Registrations is (138490), which is 2.62%. The study was conducted for over 3 months, that is, February 2021 up to April 2021.

POPULATION & SAMPLE:

The target population for this study was all parents living and having children in Eastern Region which was 368. Probability sampling was used to select the study units. Simple random sampling was used.

Sample Size:

The sample size was calculated and drawn by using Steven K. Thompson equation, (2012).

$$n = \frac{N \times P(1 - P)}{N - 1 \left(\frac{d^2}{Z^2} \right) + P(1 - P)}$$

Where:

N = population size

P = Population proportion = 0.5

d = margin of error = (0.05)

Z= confidence level 95% =1.96

N (population size) is approximately 140000 driven from the General Authority for Statistics-KSA)

$$n = \frac{140000 \times 0.5(1 - 0.5)}{140000 - 1 \left(\frac{0.05^2}{1.96^2} \right) + 0.5(1 - 0.5)}$$

$$n = \frac{35000}{91.35722094960433}$$

$$n = 383.1114786132468$$

Sample size = 383 Families (368 in the main study, 15 in pilot study)

DATA MANAGEMENT

Data were collected by a structured questionnaire created by using "Google forms" after being modified based on the pilot study and the expert report. Data was collected by publishing a questionnaire that elicited the level of awareness of parents regarding physical and emotional problems and the importance of seeking pediatric mental health services.

DATA ANALYSIS

The data were categorized, coded, and analyzed according to an appropriate statistical method using the program Statistical Package for Social Sciences (SPSS) version 20. Descriptive statistics were used to describe the main variables of the sample.

ETHICAL CONSIDERATION

In the data collection form the information was made clear to the parents who participate in the study. A clear and simple explanation of the purpose of the study and its importance was presented. Participation was voluntary and participants had the right to withdraw. The researchers emphasized that the information obtained would be kept credential and used only for the sake of the study. Participants were reminded that their participation would not result in any harm or conflict.

PILOT STUDY

The pilot study conducted included 15 parents to assess the validity of the questionnaire used for data collection. Furthermore, necessary modifications were made. The design used for the pilot test was a descriptive one and the questionnaire was completed by the 15 parents. Cronbach's alpha was used (0.8).

III. Results

Table 3.1: Frequencies and percentages of demographic variables of the whole sample (No = 368).

Statement		Frequency	Percentage
Parents gender	Male	86	23.4
	Female	282	76.6
	Total	368	100.0
Father's level of education	Intermediate school	52	14.1
	Secondary school	111	30.2
	University	162	44.0
	Post-university	43	11.7
	Total	368	100.0
Mother's level of education	Intermediate	53	14.4
	Secondary	125	34.0
	University	177	48.1
	Post-university	13	3.5
	Total	368	100.0
Father employed	No	45	12.2
	Yes	323	87.8
	Total	368	100.0
Mother employed	No	270	73.4
	Yes	98	26.6
	Total	368	100.0
Marital status	Married	356	96.7
	Divorced	5	1.4
	Widowed	7	1.9
	Total	368	100.0

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Child lives with	Mother	8	2.2
	Both parents	360	97.8
Child gender	Total	368	100.0
	Male	167	45.4
	Female	201	54.6
Place of residence	Total	368	100.0
	Ehsaa	37	10.1
	Gatif	274	74.5
	Taroot	10	2.7
	Damam	15	4.1
	Alrabiea	19	5.2
	Safwa	13	3.5
	Total	368	100.0

Table 3.2: Assessment of awareness of parents regarding physical symptoms of child's mental health. (N=368)

Statement		Frequency	Percentage	Mean	SD	t-value	Sig
1-Does your child become easily tired, sh little energy?	Never	178	48.4	.55	.560	18.801	.000
	Sometimes	178	48.4				
	Often	12	3.3				
2-Has your child suffered from pain?	Never	201	54.6	.48	.552	16.712	.000
	Sometimes	157	42.7				
	Often	10	2.7				
3-had your child got muscle strain?	Never	294	79.9	.21	.435	9.346	.000
	Sometimes	70	19.0				
	Often	4	1.1				
4-Does your child suffer from migraines?	Never	320	87.0	.15	.398	7.076	.000
	Sometimes	42	11.4				
	Often	6	1.6				
5-Had your child got diarrhea?	Never	240	65.2	.37	.527	13.465	.000
	Sometimes	120	32.6				
	Often	8	2.2				
6-Did your child suffer from loss of appeti	Never	124	33.7	.80	.356	23.299	.000
	Sometimes	195	53.0				
	Often	49	13.3				
7-Has your child suffered from abdominal pain?	Never	172	46.7	.59	.593	18.976	.000
	Sometimes	176	47.8				
	Often	20	5.4				

Table 3.3: Assessment of parent's awareness regarding emotional symptoms of child mental health. (N=368)

Statement		Frequency	Percentage	Mean	SD	t-value	Sig
1-Did your child spend more time alone?	Never	174	47.3	.59	.607	18.648	.000
	Sometimes	171	46.5				
	Often	23	6.3				
2-Did your child show less interested in school?	Never	204	55.4	.51	.618	15.870	.000
	Sometimes	140	38.0				
	Often	24	6.5				
3-Did your child have daydream too much?	Never	185	50.3	.62	.7011	17.108	.000
	Sometimes	136	37.0				
	Often	47	12.8				
4-Was your child afraid of new situations?	Never	120	32.6	.79	.630	24.012	.000
	Sometimes	206	56.0				
	Often	42	11.4				
5-Did your child feel sad, unhappy?	Never	200	54.3	.50	.577	16.546	.000
	Sometimes	153	41.6				
	Often	15	4.1				
6-Was your child is irritable, angry?	Never	78	21.2	.99	.643	29.488	.000
	Sometimes	216	58.7				

	Often	74	20.1				
7-Did your child have troubles i concentrating	Never	211	57.3				
	Sometimes	134	36.4	.49	.613	15.304	.000
	Often	23	6.3				
8-Did your child have troubles sleeping?	Never	219	59.5				
	Sometimes	127	34.5	.46	.608	14.668	.000
	Often	22	6.0				
9-Did your child worry a lot?	Never	254	69.0				
	Sometimes	104	28.3	.34	.528	12.248	.000
	Often	10	2.7				
10-Didn't your child listen to rules?	Never	126	34.2				
	Sometimes	208	56.5	.75	.611	23.548	.000
	Often	34	9.2				
11-Did your child fidgety, unab to sit still?	Never	44	12.0				
	Sometimes	241	65.5	1.11	.579	36.668	.000
	Often	83	22.6				

Table 3.4: Assessment of parent's awareness regarding the importance of seeking pediatric mental health care services. (N=368)

Statement	Frequency	Percentage	Mean	SD	t-value	Sig
1-Did you go to the psychiatric hospital if you see abnormal physical and emotional signs in your child?	Never	260	70.7			
	Sometimes	72	19.6	.39	.660	11.381
	Often	36	9.8			
2- Have you ever visited a mental and psychiatric hospital to assess your child's mental health?	Never	334	90.8			
	Sometimes	29	7.9	.11	.350	5.814
	Often	5	1.4			
3-Did you think your child needs to be examined by a mental and psychiatric doctor?	Never	305	82.9			
	Sometimes	54	14.7	.20	.455	8.252
	Often	9	2.4			
4- Did you think the children can help themselves to manage their mental health?	Never	95	25.8			
	Sometimes	187	50.8	.98	.702	26.664
	Often	86	23.4			

Table 3.5: Relationship among sociodemographic characters & parent awareness regarding child physical symptom, emotional symptom, and the importance of seeking pediatric mental health services

Sociodemographic characteristic	Awareness of physical symptoms		Awareness of emotional symptoms		Awareness of seeking psychiatric health services	
	Pearson Correlation	Sig	Pearson Correlation	Sig	Pearson Correlation	Sig
Parents Sex	.153**	.003	.063	.230	.075	.151
Father education level	-.250**	.000	-.165**	.001	.082	.116
Mother education level	-.217**	.000	-.121*	.021	.108*	.039
Father working	-.140**	.007	-.070	.178	.051	.333
Mother working	-.055	.295	.018	.732	.104*	.045
Marital status	.001	.980	-.052	.316	-.026	.623
Child lives with	-.007	.890	-.025	.627	.047	.368
Residence	.045	.387	.096	.065	.028	.592

IV. Discussion

The results of sociodemographic variables, concerning parents' sex, in our study the majority were mothers 76.6% and fathers 23.4%, similar study which was done by (Rochelle and Cheng, 2016) pointed that mother 76% and fathers 24%.⁽²⁹⁾ In our study marital status 96.7% is married, it is higher than (Rochelle and Cheng, 2016) study is (93.4 % %).⁽²⁹⁾ In our study child living with both parents were 97.8% compared to (Mahsoon et al., 2020)⁽³⁰⁾ study was 78%, the difference may be due to sampling size which was 236 is lower than our study 368. In our study employed parents was 85.6% higher than (Abera, Robbins, and Tesfaye, 2015) study that was 49.8%, the difference may be due to study area, (Abera, Robbins and Tesfaye, 2015) study in Ethiopia, and sample size 532 is higher than our sample size.⁽²⁶⁾

The physical characteristics variables about children who complain about abdominal pain in the present study was 9.7%, whereas it was 14.7% in the study carried out by (Abera, Robbin and Tesfaye 2015). It is

noticeable that (Abera, Robbin and Tesfaye 2015)'s study has a higher percentage; this difference may be due to the sample size. This is because Abera's study had a higher sample size which included 532 individuals: besides it had a different study area i.e., Abera's study was carried out in a developing country.⁽²⁶⁾

In response to the question: 'Did your child suffer from migraine?', in our study, the ratio of response of the majority was 87% with a mean of 0.15% (NEVER). In a similar study by (Merikangas et al) 2015 it has been mentioned that absence of migraine (rate =1).⁽³¹⁾ In Merikangas study, when dealing with the physical symptom endocrine/metabolic (child tires easily) the ratio was 6.1%. This ratio is higher than ours which indicates that 3.3% of the children tire easily, sometimes with the mean 0.55. The difference here is due to the sampling size (9014 versus 368).⁽³¹⁾

The results of emotional characteristic variables, concerning aggressive behavior in our study, was lower 20.1%, compared to (Bottino *et al.*, 2015) was 75%, the difference may be due to study design used, they used a systematic review of two databases: PubMed and Virtual Health Library (BVS) and our study is a descriptive.⁽³²⁾ In comparison to our study and (Abera, Robbins and Tesfaye, 2015), all emotional states in our study is lower than (Abera, Robbins and Tesfaye, 2015), such as child unhappy was 9% versus 36.8%. A child like to be alone, was 6.3% versus 25%. Child worry a lot was 2.7% versus 31%. A child absent from school was 0.8% versus 12%. Child sleep problems was 6% versus 64.5%. A child poor attention was 22.6% versus 40.8%. A child can't sit still (fidgety) was 22.6% versus 27.4%.⁽²⁶⁾ A child afraid from new situations was 11.4% versus 37.2%. Child refuses to share things was 3% versus 12.6%. Child conduct problems was 4.1% versus 43.3%. Child doesn't listen to rules was 9.2% versus 35.5%. Childless fun was 1.4% versus 56%. Child daydreams was 12.8% versus 69.4%, the difference may be due to the sample size, Albera study is higher sample size 532 and study area, Abera study done in Ethiopia is developing country.

Also compared to study done by (Ciechomski, Blashki, and Tonge, 2004) community samples in the USA have found prevalence rates of anxiety was 4.6% is higher than our study 2.7%, school refusal may occur in approximately 1–5%, is higher than our study absent from school was 0.8%, the difference may be due to study period, (Ciechomski, Blashki and Tonge, 2004) is done during 6 months and our study is 3 months.⁽³³⁾

Health care-seeking behavior is a particular aspect of help-seeking behavior. People differ in their willingness to seek help from health care services. Some go readily for treatment others only when in great pain and an advanced state of ill health.⁽³⁴⁾

It can be challenging for some families to get mental health care for their children. Nearly 1 in 5 children have a mental, emotional, or behavioral disorder, such as anxiety or depression, attention-deficit/hyperactivity disorder (ADHD), disruptive behavior disorder, and Tourette syndrome. Children with these disorders benefit from early diagnosis and treatment. Unfortunately, only about 20% of children with mental, emotional, or behavioral disorders receive care from a specialized mental health care provider.⁽³⁴⁾

Some families cannot find mental health care because of the lack of providers in their area. Some families may have to travel long distances or be placed on long waiting lists to receive care. Cost, insurance coverage, and the time and effort involved make it harder for parents to get mental health care for their children. CDC works to identify policies and practices that connect more families to mental health care.⁽³⁵⁾

In our study, in response to a question "Have you ever visited a mental and psychiatric hospital to assess your child's mental health?" 90% were (never) compared to study done (Axelson, 2019), in the United States, the rate of death by suicide in children aged 10 to 19, increased by 86% from 2007 to 2017 after that pediatric emergency department visits for mental health conditions have risen steadily.⁽³⁶⁾ A recent report found that 16.5% of youth (7.7 million) in the United States have an identifiable mental health condition. However, only 49% of them were receiving treatment from any mental health professional, let alone a psychiatrist. The difference is due to the study area, despite the services there is a higher suicidal rate.

Early involvement in mental health intervention is critical, although most the children with mental health issues don't receive the necessary services⁽³⁷⁾, that could the child's mental disorder contribute to making a load all over the world (Radez *et al.*, 2021)⁽³⁸⁾, because most of the mental disorder that untreated in childhood leads to permanent problems (World Health Organization, 2005)⁽¹⁾.

untreated disorders are related to those children who do not know the way to ask for help, so, it remains the parents' responsibility to discover their child's mental health disorders. In general, if the child's behavior continues for a few weeks or more, causing distress to the child or the child's family, then it is often a serious problem that considers seeking help⁽²⁶⁾.

In our study, the results of relationship showed that there is a statistically significant relationship between a sociodemographic characteristics and physical symptoms in sex, father education level, mother education level, and father employed, and there are no statistically significant differences between the sample members in the mother employed, marital status, the child lives with and the place of residence.

there is a statistically significant relationship between father and mother education level, and residence. and there are no statistically significant differences between the sample members in sex, father employed, mother employed, marital status, the child lives with whom.

The relationship among sociodemographic characters & parent awareness regarding the importance of seeking pediatric mental health services that there is a statistically significant relationship in mother education level and mother employed, and there are no statistically significant differences between the sample members in sex, father education level, father employed, marital status, the child lives with and the place of residence

V. Conclusion:

In sum, the present study showed that Eastern Region-KSA has unclear and consistent views of children's mental health problems. Mental health specialists face challenges in gaining family participation. Unless systematically addressed, the public's lack of knowledge, skepticism, and misinformed beliefs signal continuing problems for providers, as well as for caregivers and children seeking treatment.

This study illustrates, most parents didn't go to the psychiatric hospital when noticed abnormal physical and emotional signs in their children, and never visited a mental and psychiatric hospital to assess their child's mental health, finally they think that their children didn't need to be examined by a mental and psychiatric doctor.

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