



Mental Health Literacy and Stigma towards Patients with Mental Health Disorders

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ABOUT THE STUDY

Mental health literacy is required for pharmacists to provide effective care for mental health patients, however there is no research that examines pharmacists' mental health literacy. With a global prevalence of 12%-48%, mental illness accounts for 30% of the non-fatal disease burden and 10% of the overall disease burden, including mortality and disability. The Eastern Mediterranean Region (EMR) countries are also concerned. This accounted for 5.6% of the EMR's total disease burden. Furthermore, depression was placed third among causes of nonfatal disease burden in the EMR, while anxiety was ranked ninth. These figures highlight the need of taking an active part in providing these patients with the treatments they require.

Pharmacists are in a suitable position to provide Mental Health Disease (MHD) pharmaceutical care. Pharmacists are also one of the most accessible and available healthcare practitioners. This effect has been found to improve MHD patients' life expectancy. Knowledge, non-stigmatizing attitudes, and professional pharmacy practise have all been described as providing a good foundation for providing the best care for MHD patients. The quantity of knowledge, frame of mind, and impressions of MHD are reflected in Mental Health Literacy (MHL). MHL is thus critical in the establishment of pharmacological care for MHD patients. Several studies have shown the importance of MHL in the healthcare system.

Depression and schizophrenia were accurately identified by Australian pharmacists. On the other hand, other less optimistic research, revealed a lack of understanding of MHD pharmacotherapy, which poses a significant obstacle to

pharmacological care for this patient group. Misinformation, a lack of skills, and a lack of awareness among healthcare providers could all be contributing causes to stigmatisation of MHD patients. As a result of prejudice against the MHD community and discrimination in health care, patients would avoid treatment.

According to the majority of pharmacists, MHD patients are more risky and less likely to recover than the general population, which is consistent with other findings. Although this is consistent with the public perceptions of MHD patients, as evidenced by earlier studies, the negative impact is magnified when stigma exists among health care workers. MHD knowledge was graded on a scale of one to ten. Beginning with the classification of main antidepressants, anxiolytics, and antipsychotics, pharmacists were able to accurately identify them in roughly two-thirds of the cases in each category.

Based on individuals' understanding of MHD diagnosis and therapy, the majority of pharmacists had good baseline knowledge. Their expert understanding of MHD was found to be shallow, as was their perception of the value of diverse medication applications for different MHD. It is suggested that efforts be made to boost pharmacists' confidence in their ability to assist with MHD, as pharmacists ranked themselves lower in the healthcare team in this regard. Furthermore, due to concerns with perceived risk and recovery of MHD patients, social duty, and social distance, stigma against MHD patients among our pharmacists requires quick treatment. Finally, qualitative research with higher sample sizes are required for a more comprehensive assessment of MHL among pharmacists in the MENA region.

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