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Thought-Provoking Issues about Mental and Physical Health in the Middle East: An Overview

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Abstract

In accordance with the guideline of the American Psychology Association of Mental Health has been recruited as a salient factor for the well-being of humans, especially after covid-19 pandemic. According to the perceptions in Arab culture, mental health care is reviewed as a luxury and an evolving health treatment in comparison to physical health. Most of the population is hesitant in taking any advice from the partitioner specifically related to their mental health. Therefore, these problems have been suppressed and there has been a significant increase arising mental health issues concerning Middle Eastern and North African countries (MENA Region). Different perspectives have been highlighted, determining distinct views demonstrating more positive attitudes towards mental health services. Therefore, holistic medical practices are required but the importance of mental health should not be neglected considering the need to promote mental health programs in the MENA region. The manuscript discusses mental issues from various and salient factors such as gender, socioeconomic status, sedentary lifestyle, war and trauma, perceived quality of relationships, etc. A significant amount of awareness is mandated to address the mental needs of the population. This overview's main aim is to discuss the role of women's health from the perspective of contributing cultural factors. Further, the manuscript also discusses the role and the awareness related to physical and mental health with a focus on females and MENA population for raising awareness and increasing the availability of mental health services in the region.

Keywords: MENA Region, Mental and Physical Health, Arab Culture, WHO, Women Health

Introduction

According to the World Health Organization (WHO), “there is no health without mental health” (World Health Organization, 2005). The healthy state of an individual constitutes of a complete package of normal physical and mental conditions. Mental health describes mind related problems which effect behavior, personality and emotions. Physical and mental health have a strong relation with each other which may bring serious consequences and can impact daily life activities (WHO, 2005). Poor mental health can be a risk factor in developing chronic physical conditions, and people with chronic physical health are also at risk to develop mental

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health issues. Social and physical factors such as: physical activity, access to foods, satisfactory income, and social support connections, influence both chronic physical conditions and mental health. Due to this, exploring such factors may help us to improve protective factors and reduce risk factors linked with poor mental and physical health. Mental health topics are a concern worldwide (WHO, 2003). Most of the mental health problems appear in early life before the age of 14 (Kessler et al., 2005). According to the literature, 10% of children and teenagers between the ages of 5–16 years have clinically diagnosable mental illnesses, with 20% of adolescents experiencing a mental health problem in any given year (Green et al., 2005). Purpose of current discussion is to highlight hidden factors cause increase rate of mental health issues in the MENA region. People in Arab countries have more expectations concerning their career, education and lifestyle but limited flexibility. Mental health literacy is very important for the people in MENA region to overwhelm their mental stress level whereas facing stress pressure from decade of war, multicultural activities, food and water insecurity, employment and many more unknown hidden factors that needed to be address.

Fundamental Causes and Consequences of Mental Health

As highlighted above, mental and physical health are related to each other (Badri et al., 2022). There are multiple associations between mental health and chronic physical conditions that significantly impact people's quality of life, demands on health care and other publicly funded services. The World Health Organization (WHO) defines health as: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Nowhere is the relationship between mental and physical health more evident than in the area of chronic conditions. The associations between mental and physical health are:

1. Poor mental health is a risk factor for chronic physical conditions.
2. People with serious mental health conditions are at high risk of experiencing chronic physical conditions.
3. People with chronic physical conditions are at risk of developing poor mental health.

Understanding the links between mind and body is the first step in developing strategies to reduce the incidence of co-existing conditions and support those already living with mental illnesses and chronic physical conditions.

Mental Health in the Arab World

In a review published by Jaalouk, Okasha, Salamoun, and Karam (2012), only 2,213 articles were published in the Arab world over a period of four decades (1966-2005). Over the past 10 years, an increase of around 160% in research output from the Arab world was found in a

review conducted by Zeinoun and colleagues (2020). This suggests a 3-fold increase in recent years from the previous findings. Within the Arab culture, several factors are found to play a role in forming a less positive attitude towards seeking professional psychological help. These include stigma (Scull et al., 2014; Hassan et al., 2016), causal beliefs, concerns of confidentiality, shame-focused attitudes, etc. (Hamid & Furnham, 2013).

Within mental health illnesses, there are several similarities and differences in prevalence within each Arab country. For example, the top three causes of disability adjusted life years in the UAE were found to be Major Depressive Disorder, road injury, and ischemic heart disease, according to the Global Burden of Disease study (2010). Depression was also found to be the most prevalent mental disorder in Qatar (Ghuloum et al., 2011). Large-scale epidemiological studies of mental health have been conducted in Qatar (Bener et al., 2015), Morocco (Kadri et al., 2010), Lebanon (Karam et al., 2008), Iraq (Alhasnawi et al., 2009), and Egypt (Ghanem et al., 2009), with findings largely being comparable to those seen in the Western world (Kessler et al., 2009).

The perception of psychological health in Middle Eastern culture is built over misrepresentation, a belief on stereotypes and overstated media reports. This stigma can only be solved through wide ranging mental health education and psychological facilities. It is believed that approximately 15% of the population in GCC countries are suffering from mental health issues during a given year which includes dementia, eating disorders, anxiety, depression, and addiction of substance abuse (IHME, 2019). Financing of mental service is one of the important issues in GCC and other Arab countries. Most of the people don't have access to get mental health services due to limited insurance coverage for mental illness and high prices of the services (WHO, 2018; Kohli, 2021).

Socioeconomic Factors

Since the 1950s up to date, a number of studies have shown correlation between low socioeconomic status and health issues in people living in such environments (Thirumurthy et al., 2011; Eapen et al., 1998)). Influence of low socioeconomic status on physical-mental health has extended to other aspects such as lifestyle and socio-psychological factors (Marmot, 2002). Grossman (2017) reported that socioeconomic factors have a significant association with major health issues which include medical management, earning status, education attainment, lifestyle, and standard of living, among others.

Earlier studies have demonstrated that socioeconomic differences are an important topic to discuss in government policies and public health research. Social interactions, health issues, financial problems, and employment status were found to play a role in the stress experienced by several families (Senn et al., 2014; Weyers et al., 2010). Low socioeconomic status also

impacts the physical and mental health of children (Eapen et al., 1998), adolescents (Shah et al., 2020; Raheel, 2023) and the elderly. In one study, it was suggested that policymakers should consider the family of elderly people's income and provide them with financial security after their retirement. It was also recommended that elderly people with low socioeconomic status should participate in social activities, group culture programs, and selected physical exercise (Zhang et al., 2022).

Lack of Physical Exercises

Sedentary lifestyle is becoming a major concern and is documented as a worldwide health problem which is allied with an increase in a number of health illnesses (Lee et al., 2012). Physical activity is a very important aspect of a healthy physical and mental life. Daily workouts can help to improve routine lifestyle and decrease risk for heart disease, cancer, diabetes, and mental stress. Modern and advanced technology insist people to spend more of their time at homes. Even within work places, most people conduct their work whilst seated. Therefore, negative impact of advanced technology causes reduced physical fitness, high risk of being overweight, and fatigue which may have a significant contribution towards mental health problems (Pedersen et al., 2021). Previously, a study conducted in Saudi revealed that manual laborers working in hospitals, construction and in firefighting engage in a much higher level of physical activity in comparison to officer workers working in education sectors, banking and call center (Imuzaini & Jradi, 2019). Increased physical activity has been found to be associated with happiness (Badri et al., 2022). This thus highlights the importance of creating opportunities for more physical activities among individuals who are engaged in a more sedentary work environment.

Mental - Physical Comorbidity among Arab Women in Middle East

Literature revealed that women around the world are more susceptible to mental stress than men (Trivedi JK et al 2007; Schwartz S 1991). There is some evidence that Arab men are more inclined to receiving mental health services as compared to Arab women (Al-Krenawi, 2002; Al-Krenawi et al., 2009), although girls and women are found to be at a higher risk of developing mental health issues such as depression (Razzak, Harbi & Ahli, 2018; Shah et al., 2020; Abbas & AlBuhairan, 2017). Several factors have been found to be responsible for increasing mental health issues among Arab women (Hamdan, 2009). These include life events and social factors, war and trauma, and domestic violence. This claim was backed by evidence from studies conducted by Bebbington, Hamdi and Ghubash (1998), Hamid, Abu-Hijleh, Sharif, Raqab, Mas'ad, & Abbas (2004), Daradkeh et. al (2006), Andrews & Brown (1988), Jaffe, Wolfe, Wilson, & Zak (1986), Haj-Yahia (1999), Haj-Yahia (2000a) and Peckover (2002).

In a study conducted by Al-Darmaki, Thomas and Yaaqeib (2016) on Emirati female college students, it was found that the following three factors were viewed by participants as major causal factors towards psychological problems. 1) Early life experiences (such as child abuse, unhappy childhood, bullying in schools), 2) recent life experiences (such as current stress or past traumatic experiences such as rape, divorce, etc.), and 3) social experiences (not specified). Moreover, such environmental factors were given more importance as compared to biological and psychological factors. Within psychological factors, negative thought patterns such as negative thinking, deep thinking, and repetitive thinking were highlighted as potential causal factors of psychological problems (Al-Darmaki, Thomas & Yaaqeib, 2016). Social factors may be varied and include raising kids after the loss of a partner, polygamy, etc. (Ghubash & Abou-Saleh, 1997).

Displacement from homes along with exposure to war and related crimes has been found to be a significant cause for posttraumatic stress symptoms and increased nonpsychotic psychiatric morbidity among Darfunian internally displaced persons (Hamid & Musa, 2010).

In one study, Thabet et al. (2010) examined a group of Palestinian children subjected to child labour. According to the authors, approximately 18.2% of participants from this study would fall within the clinical range for psychopathology that would indicate a need for clinical assessment and possibly intervention. Multiple factors were found to be associated with mental health problems, which included poverty, perceived quality of relationships, lack of health insurance, and working hours.

Zaghloul, Saquib, AlMazrou and Saquib (2019) reported that when compared to their Indian, Pakistani, Filipino and Indonesian counterparts, Arab (expatriate) nurses working in Saudi Arabia had the highest burden of mental health. Among Arab women, risk factors for developing depression include having experienced stressful life events (Hamdan, Hawamdeh & Hussein, 2008). Low maternal education, low maternal rated health, and higher child exposure to traumatic events were found to be related to psychopathology in a study conducted on kindergarteners in Palestine (Massad et al., 2009).

The female gender, being middle-aged and being never married were identified as socio-demographic correlates of mood and anxiety disorder in a national-wide survey in Lebanon. Exposure to war at some point in life was also identified as a significant factor to developing at least one psychiatric disorder (Karam et al., 2006).

Working Environment and Mental Stress

Work stress is an increasing obstacle across the globe that affects employee health and also the proficiency of organizations. When work demand is greater than person capability and capacity at that time work-related stress become common issue. In Australia work-related stress counted

as second most common compensated illness. Other sources of stress in working area could be disagreement with colleague or managers, and fears to job security. ([This way up - an online Coping with Stress](#) program developed by the Clinical Research Unit of Anxiety and Depression (CRUFAD) at St Vincent's Hospital, Sydney and University of New South Wales (UNSW) Faculty of Medicine). Long working hours and low pay was found to be associated with depression among male migrant workers in the UAE (Al-Maskari et al., 2011). Financial stress/difficulties and being overweight/obese have also been reported as significant risk factors for developing depression (Mellal, Albluwe & Al-Ashkar, 2014). In a study done in Israel on Non-arab Israelis and Arab Israelis, it was found that among Arabs, factors increasing the probability of smoking included being male, unmarried, having larger families and working longer hours (David & Zion, 2009).

A survey based study conducted by Aetna in the UAE revealed that around 30% of study participants were unwilling to avail their mental health benefits because of the fear of being judged by employers and damaging their career progression (Mansoor, 2021). Feeling rushed and pressured for time was found to be associated with poor self-rated health (Badri et al., 2022).

Other Health Issues

It is wellreported that those suffering from chronic diseases are more likely to suffer from depression (Razzak, Harbi & Ahli, 2018; Shah et al., 2020; Abbas & AlBuhairan, 2017). These include conditions such as asthma, anemia, allergies (Shah et al., 2020) diabetes, epilepsy, multiple sclerosis, eating disorders, and low muscle strength (Razzak, Harbi & Ahli, 2018). In their systematic review on depression in the UAE, Razzak, Harbi and Ahli (2018) highlight the most significant risk factors associated with depression to be female gender, familial history of chronic diseases, stressful life events, financial difficulties or low SES, and lack of social support. Two studies included in this review also demonstrated a link between depression and Vitamin D deficiency (Razzak, Harbi & Ahli, 2018). Eating healthy food was found to be related to both self-rated health as well as happiness (Badri et al., 2022).

Poor relations with peers was also found to be significantly related to depressive symptoms in a study on depression among medical students in Bahrain (Mahroon et al., 2018). Other factors found to be associated with depressive symptoms in this study included being female, academic under-achievement, and low satisfaction with life. It is also important to highlight that depression is three times more likely to occur in individuals suffering from certain cardiovascular issues such as heart attack, bypass surgery, and angioplasty (Rutledge et al., 2006; Thombs et al., 2006).

According to Okasha (1999), a significant population in Egypt tends to translate ideas of guilt, sin, and reproach into somatic complaints possibly because of greater social acceptance for physical complaints than psychological complaints. In Kuwait, it was found that family history of obesity, diabetes mellitus and hypertension were significant factors associated with child obesity (Moussa et al., 1998). Other factors included female gender and previously existing diseases such as respiratory and bone diseases among the children.

Other Factors

Among young children, certain factors have been identified to play a role in contributing towards mental health issues. These include: being a male child, the number of children in the household, low SES, and polygamy (Eapen et al., 1998). Low self-esteem, experiencing neglect, experiencing verbal or emotional abuse, experiencing physical violence, being a girl child, poor relationship with parents and/or family members, living with a single parent and parental marital status, negative body image, and low SES were found to play a role in poor mental health among adolescents (Shah et al., 2020; Abbas & AlBuhairan, 2017; Raheel, 2015; Maalouf et al., 2016).

Multiculturalism and Treatment

Middle east countries have diverse backgrounds, in terms of tribe, language, race, origin, and routine lifestyle. It is now significantly an alarming issue for counseling and clinical psychologists to have competence skills to treat patients in multicultural population. Nevertheless, literature is limited on treatment in multicultural population particularly in Middle East Countries.

In this review article, we have highlighted major cause and issues in association with mental and physical health problems in Middle East, these included the sternness of disgrace linked with mental illness, the importance of family response and the process of inconsolable in Middle Eastern cultures. It is very important for an effective treatment to spread awareness and understanding about mental illness in a unique cultural dynamic. In previous study, researchers emphasized cultural identity and family can play significant role in treatment efficacy and acceptance for a person belongs to middle eastern (Boghosian, 2011).

Previous findings suggested that culture has an impact on counseling and psychotherapy. Culture, societal stigma, and traditional beliefs about psychological problems were found to play a significant role in how Arabs perceive and seek mental health services (Aloud & Rathur, 2009). Three decades ago, Hall and Hall (1987) defined different cultures in a world communicate depend on their customs, action and behaviors with different context hence cultures can be compared and measured on a scale from low to high context (Hall & Hall, 1987).

Conclusion

The Arab region is going through several challenges intensified by war, fascism, financial hardship, and internalized stigma against accepting and treating mental health problems. More knowledge of and familiarity with formal services available have been found to be linked with more individuals in Arab countries seeking professional mental health services when needed (Aloud & Rathur, 2009; Abo-Rass & Abu-Kaf, 2023) which indicates a great need to raise mental health awareness in the region. This is necessary to address the overwhelming growing rate of psychical and mental health issues in the region. As there are several people experiencing mental illness in the Arab World, due to several factors identified in this review such as the socioeconomic status, political situation, cultural differences, a variety of social issues, and family dynamics, the public should be educated to have a better understanding of mental health and to stop stigmatization. Moreover, governments and private bodies should provide more medical and psychological help facilities to overcome this situation. Furthermore, Statesmanship implements people future by exploring stigma among Arabic leaders and should encourage and facilitate the acceptance of mental health treatment for public, this attitude will positively impact people to seek help toward mental sickness in the community.

Conflicts of Interest

All the authors in manuscript declare no conflict of interest.

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