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Mental health literacy and stigma towards patients with mental health disorders

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ABOUT THE STUDY

Mental health literacy is essential for pharmacists to offer appropriate care for mental health patients; yet, no research has been conducted to investigate pharmacists' mental health literacy. With a global prevalence of 10%-44%, mental illness accounts for 20% of the non-fatal disease burden and 10% of the overall disease burden (including mortality and disability). Countries in the Eastern Mediterranean Region (EMR) are likewise concerned. This accounted for 4.6% of the EMR's total disease burden. Furthermore, depression was ranked third among nonfatal disease burden causes in the EMR, while anxiety was ranked ninth. These data emphasize the importance of taking an active role in providing these patients with the necessary treatments.

Pharmacists are well-suited to give pharmacological care for Mental Health Disease (MHD). Pharmacists are also among the most accessible and available healthcare practitioners. This impact has been observed to increase the life expectancy of MHD patients. Knowledge, non-stigmatizing attitudes, and professional pharmacy practice have all been recognized as creating a sound foundation for providing the best care for MHD patients. The quantity of knowledge, frame of mind, and impressions of MHD are expressed in Mental Health Literacy (MHL). MHL is thus crucial in the establishment of pharmacological care for MHD patients. Several researches have demonstrated the importance of MHL in the healthcare system.

Australian pharmacists correctly recognized depression and schizophrenia. Other less positive research, on the other hand, revealed a lack of understanding of MHD

pharmacotherapy, which poses a significant barrier to pharmacological care for this patient group. Misinformation, a lack of skills, and a lack of knowledge among healthcare personnel may all be contributing factors to MHD patient stigma. Patients would avoid treatment as a result of prejudice against the MHD population and discrimination in health care.

MHD patients, according to the majority of pharmacists, are more dangerous and less likely to recover than the general population, which is consistent with other studies. Although this is consistent with previous research on public opinions of MHD patients, the negative impact is amplified when stigma occurs among health care staff. On a scale of one to ten, MHD knowledge was rated. Starting with the key antidepressants, anxiolytics, and antipsychotics, pharmacists were able to correctly identify them in around two-thirds of the cases in each category.

Based on individuals' understanding of MHD diagnosis and therapy, the majority of pharmacists had high baseline knowledge. Their expert knowledge of MHD was found to be shallow, as was their evaluation of the utility of various drug applications for various MHD. It is proposed that efforts be made to increase pharmacists' trust in their abilities to assist with MHD, as pharmacist's rate lower in the healthcare team in this regard. Furthermore, because of worries about MHD patients' perceived risk and recovery, social obligation, and social distance, stigma towards MHD patients among our pharmacists necessitates immediate treatment. Finally, for a more full assessment of MHL among pharmacists in the Middle East/North Africa (MENA) region, qualitative research with larger sample numbers is required.