

The Perceptions of General Population About Mental Health Services in Baghdad, Iraq: A Qualitative Study

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Abstract

Access to mental health services remains challenging in many countries, including Iraq, where mental illness is often stigmatized and marginalized. This can lead to adverse outcomes such as decreased quality of life and increased morbidity and mortality. The present study aimed to explore the perceptions of the general population in Iraq towards mental health services and identify the challenges facing patient access to these services. This qualitative study included face-to-face semi-structured interviews with the general population in primary health care centers and private pharmacies in Baghdad between (December 2022 through February 2023). Thematic analysis was used to identify recurring themes and sub-themes. Thirty participants aged 18 or older, male and female, were recruited in this study. The study found that the general population in Iraq have negative perceptions towards mental health services. The repeated themes were "public social stigma," "lack of privacy in public healthcare settings," and "lack of psychotherapy sessions in mental health services." The social stigma" was further divided into sub-themes, including stigma from family, friends, or co-workers. Lack of privacy indicates there are too many interruptions in the environment of public healthcare settings. The lack of non-pharmacological therapy in mental health services was expressed as a feeling that only medication therapy was offered while psychotherapy was unavailable. The findings suggest that cultural awareness is needed to reduce the social stigma associated with mental illness and to increase trust in public mental health services. The results also highlighted the need for improved privacy and culturally-sensitive mental health services. To improve access to mental health services, it is crucial that healthcare providers, social workers, and society work together to promote and de-stigmatize mental illness.

Keywords: Mental health, General population, Qualitative study, Social stigma and Baghdad

تصور عامة السكان عن خدمات الصحة النفسية في العراق دراسة نوعية # (بحث مؤتمر)

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#المؤتمر العلمي الثاني لطلبة الدراسات العليا

اوزارة الصحة والبيئة، دائرة صحة الرصافة، بغداد، العراق

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الخلاصة

لا يزال الوصول إلى خدمات الصحة النفسية يمثل تحديًا في العديد من البلدان بما في ذلك العراق، حيث غالبًا ما يتم وصم المرض النفسي وتهميشه. يمكن أن يؤدي هذا إلى نتائج سلبية مثل انخفاض نوعية الحياة وزيادة معدلات الأمراض والوفيات. هدفت الدراسة الحالية إلى استكشاف تصورات عامة السكان في العراق تجاه خدمات الصحة النفسية وتحديد التحديات التي تواجه وصول المرضى إلى هذه الخدمات. تضمنت هذه الدراسة النوعية مقابلات شبه منظمة وجهًا لوجه مع عامة الناس في مراكز الرعاية الصحية الأولية والصيدليات الخاصة في بغداد بين (كانون الأول ٢٠٢٢ حتى شباط ٢٠٢٣). تم استخدام التحليل الموضوعي لتحديد الموضوعات المتكررة والمواضيع الفرعية. تم تضمين ثلاثين مشاركًا في هذه الدراسة. ووجدت الدراسة أن عامة السكان في العراق لديهم تصورات سلبية تجاه خدمات الصحة النفسية. المواضيع المتكررة كانت "الوصمة الاجتماعية العامة"، "الافتقار إلى الخصوصية في أماكن الرعاية الصحية العامة"، و "نقص جلسات العلاج النفسي في خدمات الصحة العقلية". الوصمة الاجتماعية "تم تقسيمها إلى مواضيع فرعية بما في ذلك وصمة الخجل من الأسرة أو الأصدقاء أو زملاء العمل. يشير الافتقار إلى الخصوصية إلى وجود الكثير من الانقطاعات في بيئة أماكن الرعاية الصحية العامة. نقص العلاج غير الدوائي في خدمات الصحة العقلية، تم التعبير عنه بأنه يهدف إلى تقديم العلاج الدوائي فقط، بينما لم يكن العلاج النفسي متاحًا. الخلاصة: تشير النتائج إلى أن هناك حاجة إلى الوعي الثقافي للحد من الوصمة الاجتماعية السلبية المرتبطة بالمرض النفسي وزيادة الثقة في خدمات الصحة النفسية العامة. أبرزت النتائج أيضًا الحاجة إلى تحسين الخصوصية وخدمات الصحة العقلية المراعية ثقافيًا. لتحسين الوصول إلى خدمات الصحة العقلية، من المهم أن يعمل مقدمو الرعاية الصحية والأخصائيون الاجتماعيون والمجتمع معًا لتعزيز وإزالة وصمة العار عن الأمراض العقلية.

الكلمات المفتاحية: الصحة النفسية، عامة الناس، دراسة نوعية، بغداد، وصمة اجتماعية

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Introduction

Mental health, an essential component of overall well-being, is often neglected and stigmatized in global communities. Alarming statistics from the World Health Organization reveal a significant burden of mental disorders affecting approximately 450 million individuals worldwide ⁽¹⁾. Despite the substantial impact of mental illness, accessing mental health services remains challenging due to social stigma, limited resources, and a lack of public awareness regarding mental health concerns ⁽¹⁾. Barriers such as financial constraints, low mental health literacy, and self-stigma contribute to poor access to mental health care ^(2,3).

The population of Iraq has faced numerous challenges, including difficult living conditions, political oppression, and prolonged conflict. Providing mental health services in Iraq has been particularly challenging ⁽⁴⁾. Thus, mental disorders in Iraq pose a significant concern due to the population's exposure to different types of traumas, such as wars, displacement, and sanctions. These traumas have led to a high prevalence of mental disorders, especially post-traumatic stress disorder, among internally displaced people ⁽⁵⁾. In 2018, a cross-sectional study including five pharmacy/medical colleges in Baghdad indicated a high rate of depression and anxiety among students, with a prevalence of 46.0% and 52%, respectively ⁽⁶⁾. Likewise, another study surveying 323 medical students in Baghdad indicated high prevalence (57.9%) of mild to moderate depression ⁽⁷⁾. A study including 2,678 persons in Baghdad revealed high prevalence rates of alcohol and drug abuse which due to trauma and mental illness ⁽⁸⁾. As reflected by a Radiation and Nuclear Medicine Hospital in Baghdad, mental health including depression could be, associated with terminal diseases such as cancers⁽⁹⁾.

Although the modern mental health education started early in the twentieth century (1930s), Iraq still experiences scarcity in this essential field ⁽¹⁰⁾. In modern history mental health services have been centralized in urban areas and limited to hospital settings, resulting in limited accessibility for individuals residing in rural regions. Shockingly, the ratio of psychiatrists to the population was one psychiatrist per 300,000 individuals before 2003, and this number further declined to only one psychiatrist per million people until recently ⁽¹¹⁾.

A notable study conducted in Baghdad explored the factors contributing to the prevalence of depression. The outcomes of this study shed light on the distressing prevalence of depression and provided insights into the various factors influencing its emergence within Baghdad ⁽¹²⁾. The negative attitudes surrounding mental illness in Iraq contribute to a significant treatment gap, undermines the quality of

life, increases morbidity and mortality rates, and hinders social and economic productivity ⁽⁶⁾. Previous research has clearly demonstrated that negative perceptions surrounding mental illness and societal stigma towards mental health services significantly impede access to essential care ⁽²⁻¹¹⁾.

Understanding the perceptions and attitudes held by the general population towards mental illness and its treatment is crucial in addressing the urgent need for mental health services. Given the limited in-depth research on mental health services in Iraq, this qualitative study aims to bridge this gap by conducting an in-depth exploration of the attitudes and beliefs of the general population towards mental health services. The present study aimed to explore the perceptions of the general population in Iraq towards mental health services and identify the challenges that impede patient access to these services.

Methodology

Study design

This qualitative, study employed semi-structured interviews to explore the perceptions of the general population in Baghdad, Iraq, towards mental health services. The interviews were conducted by pharmacist with five years of professional experience, ensuring a high level of expertise in facilitating the interviews. To ensure thorough exploration, the sample size relied on reaching the saturation point which occurs when no new insights or themes emerge from subsequent interviews, indicating a comprehensive examination of the participants' experiences. ⁽¹³⁻¹⁴⁾

Settings

The interviews were carried out in various locations throughout Baghdad, effectively capturing the varied perspectives of its diverse population. These settings included primary healthcare center (PHCC) and private pharmacies. The PHCC was located in AL-Sader city, AL-Rusafa, Baghdad, and the private pharmacies were located in AL-Zafarana and AL-Obaidi, in AL-Rusafa, Baghdad.

Through conducting interviews in positive and healthy environments, a deliberate effort was made to interweave a broad spectrum of perspectives and ideas. The interviews were conducted exclusively in Arabic, the native language of the participants, enabling a profound connection and facilitating the genuine expression of their beliefs. During each interview, participants engaged fully for around 15 to 20 minutes to explore their unique perspectives.

Participants

The study participants consisted of individuals from the general population residing in the city of Baghdad, Iraq. Purposive sampling was employed to ensure a diverse and representative sample, encompassing individuals with varying age

groups, genders, and educational backgrounds. The recruitment of participants took place over a period of three months, from December 2022 to February 2023, allowing for a comprehensive and inclusive representation of the general population in the study.

Inclusion criteria

The inclusion criteria for participants in this study encompassed individuals aged 18 years or older, male and female in Baghdad. Participants were not required to have a prior or current diagnosis of mental illness. The purposive sampling effectively took into account the diversity of people with different levels of access to mental healthcare services.⁽¹⁴⁾

Data collection

The data collection phase commenced with in-depth semi-structured interviews. All participants received a thorough briefing about the study objective prior to their consent. They were ensured utmost confidentiality and anonymity. The interviews were designed to create a sense of trust, taking place in comfortable place that encouraged authenticity. The audio recordings of the participants' narratives were conducted ensuring an accurate representation of their profound perspectives.

Data analysis

In the data analysis process, the recorded interviews were transcribed verbatim and reviewed by the research team to ensure accuracy. The data were analyzed using thematic analysis that involves identifying and analyzing patterns or themes within the data⁽¹⁵⁾. The researchers used an inductive approach, meaning themes emerged from the data rather than being predetermined by the research questions. First, the researchers read through the transcripts multiple times to get a general understanding of the data. Then, they began to identify initial codes or labels of the data. These codes were grouped to form preliminary themes, and the researchers continued refining and developing these themes throughout the analysis⁽¹⁵⁾. To ensure rigor in the analysis, the research team engaged in ongoing discussions and reflexivity to critically examine their biases and assumptions. Once the themes were developed, they were organized into a codebook, which was used to apply the codes and themes to the data systematically. Finally, the researchers synthesized the themes to provide an overall understanding of the participants' experiences and perceptions of mental health services in Baghdad. The findings were presented in a narrative format and supported with verbatim quotes from the participants to illustrate the themes⁽¹⁵⁾. Overall, the

data analysis process involved a thorough and systematic approach to ensure rigor and accuracy in the interpretation of the data. The analysis results provide insights into the perceptions and experiences of the participants and contribute to a better understanding of the challenges and barriers to mental health services in Baghdad.

Ethical considerations

This study was conducted according to the ethical principles of the Declaration of Helsinki⁽¹⁶⁾. Informed consent was obtained from all participants, and anonymity and confidentiality were ensured throughout the study. The Ethical Committee at the University of Baghdad College of Pharmacy approved the study proposal.

Result

The study included 30 interviews with the general population. Twelve people were initially screened but refused to participate mainly because they did not have enough time for the interview. Table 1 illustrates the participant's characteristics. The data collected from the 30 participants were analyzed. Four main themes were emerged: Lack of trust and privacy in mental health services, psychiatric treatment includes only medications, mental illness associated with social stigma and medication shortage.

Table 1. The participant's characteristics

code	Gender	Age (yeas)	Education level	Interview location
gp1	male	51	bachelor	PHCC
gp2	male	26	bachelor	PHCC
gp3	male	31	bachelor	PHCC
gp4	female	25	high school	PHCC
gp5	female	26	diploma	PHCC
gp6	male	60	No formal education	PHCC
gp7	male	65	master degree	PHCC
gp8	female	55	No formal education	PHCC
gp9	female	21	elementary	PHCC
gp10	male	31	high school	PHCC
gp11	male	41	bachelor	PHCC
gp12	male	44	No formal education	PHCC
gp13	female	49	No formal education	PHCC
gp14	male	21	high school	PHCC
gp15	male	68	bachelor	PHCC
gp16	male	43	high school	PHCC
gp17	male	35	bachelor	private pharmacy
gp18	male	36	bachelor	private pharmacy
gp19	female	45	bachelor	private pharmacy
gp20	female	40	high school	private pharmacy
gp21	male	33	high school	private pharmacy
gp22	male	28	No formal education	private pharmacy
gp23	male	58	high school	private pharmacy
gp24	female	66	bachelor	private pharmacy
gp25	male	71	No formal education	private pharmacy
gp26	male	28	bachelor	private pharmacy
gp27	female	59	diploma	private pharmacy
gp28	female	44	bachelor	private pharmacy
gp29	female	38	diploma	private pharmacy
gp30	female	32	high school	private pharmacy

People with no formal education but can read and write.

1. Lack of Trust and Privacy in Public Mental Health Services

Sixteen participants expressed a lack of trust in governmental mental health centers due to perceived low-quality of mental healthcare services. One young female participant shared her experience when she visited a hospital to see a relative and witnessed the low-quality services” *one time I visited a governmental hospital for mental illnesses and I saw bad things happening there including poor sanitation and services. The overall hospital environment doesn't encourage people to get better*” (gp5). Additionally,

21 participants expressed concerns over the lack of privacy in governmental centers, where more than one patient see doctors at the same time and sit in the same examination room.” *In public hospitals, there are so many patients for few doctors you can't talk freely*” (gp21). “*I don't think we have a governmental facility that offer real mental health services*” (gp18). “*The hospitals can't save lives of emergency patients how could they handle a mentally ill patients*” (gp1). Conversely, 14 participants stated that they trust private clinics over governmental centers due to perceived privacy issues in the latter.” *I prefer to visit*

private clinics because I can talk to the doctor privately” (gp12).

2. Psychiatric treatment includes only medications

A total of eight participants expressed that psychiatrists only prescribe medication, which only reduces symptoms without addressing the underlying problem. Instead, these participants felt that more therapy including psychotherapy should be provided. “Doctors only prescribe sedative medication that make the patient sleepy all day, I think the patients need someone who listens, cares and gives advice more than medications” (gp6).

3. Mental illness associated with social stigma

All 30 participants shared experiences of social stigma associated with mental illness. Six participants highlighted the stigma from co-workers/colleagues and seven participants refer to stigma from neighbors and family members. The

remaining participants talked in general about social stigma; three participants believed that the responsibility of addressing it lies on the Ministry of Health (MOH), and campaigns should be conducted to fight it. “There should be lectures, conferences and even TV shows by the government to educate people about mental illnesses” (gp19). .” The society have no idea about mental illnesses; they call anyone with a mental problem a crazy and that hurt the patients and their families” (gp27).

4. Medication shortage

Two participants reported that they knew someone who suffered from a lack of psychiatric medications availability, even in private pharmacies. “My friend’s brother suffered from a psychiatric problem and his doctor prescribed a drug that’s not available even in private pharmacies, it is available only in very few pharmacies with very high prices”

Table 2. The main themes and subthemes emerged from the general population interviews

Themes	Subtheme
Lack of trust and Privacy in Public Mental Health Services	There is no patient privacy in public healthcare settings.
	Public healthcare settings provide low-quality mental healthcare services.
	lack of privacy in governmental centers
Psychiatric Treatment includes only medications:	The participants felt that more therapies, including psychotherapy therapy, should be provided.
	from co-workers and colleagues
Mental illness associated with Social Stigma	neighbors and family members
	responsibility of addressing social stigma lies with the MOH
	Lack of psychiatric medication availability, even in private pharmacies
Medication shortage	

Discussion

Lack of Trust and Privacy in Mental Health Services:

Our analysis highlights the participants' lack of trust in mental health services as the first theme. Most participants lacked trust in governmental mental health centers due to perceived low-quality services. This finding aligns with existing concerns about the quality of care provided in public mental health institutions. In contrast, participants showed higher trust in private clinics, primarily due to providing allocated time for each patient. m. The concerns regarding privacy in governmental centers is because more than one patient sees doctors simultaneously and share the same room. This highlights the importance of privacy and personal space in mental health care settings. In addition, this might be due to their lack of experience about the actual condition in the public centers as only few participants have visited one, and

their answer is based on their assumption and relative perceptions.

Like our study findings, a study in Jordan expresses similar patterns of trust issues. Like our participants, the Jordanian population expressed skepticism and mistrust toward mental health services, particularly in the public sector⁽¹⁷⁾. This consistency suggests that the lack of trust in mental health services extends to other Arabic countries and may have broader implications for regional service utilization.

Similarly, a previous quantitative study about public perception of mental health in Iraq indicated existence of the public skepticism and mistrust regarding mental health services⁽¹⁸⁾. The study revealed that the Iraqi population had reservations about the competence and effectiveness of mental health professionals, which contribute to their lack of trust in seeking help. This similarity further highlights the consistent pattern of distrust in mental health services among the Iraqi population.

Psychiatric Treatment includes medications only

The second theme that emerged from our analysis relates to the limitation in psychiatric treatment. A notable finding is that some participants believed that psychiatrists solely focus on medication prescriptions, which they perceive as merely reducing symptoms without addressing the underlying problems. Instead, these participants emphasized the need for more therapy options, including psychotherapy, to be integrated into mental health treatment. This highlights that effective management of mental health issues necessitates implementing a comprehensive approach, which encompasses both pharmacological and non-pharmacological interventions. Especially that many non-pharmacological interventions have been studied for therapeutic purposes, like psychoeducational music, which can be as effective as psychoeducation⁽¹⁹⁾.

Faith-based non-pharmacological therapy by religious men for patients with mental illness is also common in Iraq. A survey in Kerbela holey city revealed that more than half (58.5%) of individuals with obsessive-compulsive disorder seeking help from faith healers which could undermine the efforts of mental health professionals⁽²⁰⁾. Some argue that there is a constant suspicion between psychiatry and religion, which may also be an issue for Iraqi mental health professionals⁽²¹⁾. Thus, faith healers need to be educated about mental illness. It is also crucial that psychiatrists should be aware about the faith healing experiences of their patients⁽²²⁾.

In comparison with the Jordanian study, we find a similar preference for a comprehensive approach to mental health treatment. The Jordanian population desired a more holistic model of care, incorporating therapy alongside medication, to address the underlying issues and promote overall well-being⁽¹⁵⁾. This shared preference suggests a shift in the treatment paradigm to meet the expectations and needs of the population across different contexts.

Similarly, the study on public perception of mental health in Iraq revealed a prevailing perception among the Iraqi public that mental health services primarily rely on medication as the primary form of treatment. The study highlighted a need for greater emphasis on psychosocial interventions and therapy options, aligning with the preference expressed by participants in our study⁽¹⁸⁾. This parallel suggests a shared desire for more comprehensive and holistic approaches to mental health treatment in Iraq. Thus, psychotherapists and social consultants need to be part of the team to treat patients with mental health.

Social Stigma associated with mental illness:

The third theme that emerged from our analysis revolves around the social stigma facing patients with mental illness. All participants shared instances where

they witnessed social stigma related to mental health. Some participants specifically mentioned that stigma could come from co-workers, colleagues, neighbors, and family members. This finding underscores the pervasive nature of social stigma surrounding mental health issues in society. The participants suggest that public health officials need to organize targeted campaigns to combat stigma and promote mental health awareness.

Examining the study on help-seeking attitudes in Jordan, we find a consistent observation of social stigma as a significant barrier to seeking mental health services. The Jordanian population also face stigma associated with mental illness, which affected their help-seeking behaviors and hindered access to care⁽¹⁷⁾. This similarity highlights the shared challenges in addressing social stigma across Arabic countries and underscores the need for comprehensive strategies to combat stigma effectively.

Likewise, the quantitative study on public perception of mental health in Iraq identified social stigma as a significant barrier to seeking mental health services in Iraq. The study revealed that stigma associated with mental illness affected help-seeking behaviors, with individuals often avoiding seeking professional help due to fear of judgment and discrimination⁽¹⁸⁾. This congruence further emphasizes the pervasive impact of social stigma on mental health care utilization in Iraq and reinforces the need for targeted interventions to combat stigma.

Medication Shortage

The final theme was minor and pertains to medication shortage. While most participants did not explicitly mention challenges with medication availability, two participants reported instances where they knew someone who experienced difficulties accessing psychotropic medications, even in private pharmacies. This finding highlights a potential issue with the availability and accessibility of mental health medications, which could pose barriers to effective treatment for individuals in need. In Iraq, the problem of medication availability arises mainly due to an insufficient budget allocated to the Ministry of Health as in 2019, KIMADIA (the State Company for Marketing Drugs and Medical Appliances) procured 60% of the essential medicines list (level 1)⁽²³⁾.

Although our study did not specifically address medication availability, the study on public perception of similarly, the previous Iraqi study indicated challenges in accessing mental health medications, with limited availability in both public and private healthcare sectors⁽¹⁶⁾. This similarity underscores the importance of addressing medication shortage as a crucial aspect of mental health service improvement in Iraq, considering its impact on treatment outcomes.

Limitations

The main limitation of this study was conducted in one province (Baghdad). Therefore, the findings of this study need to be more generalizable to other regions in Iraq. However, Baghdad has the largest population number and diversity in Iraq. Additionally, efforts were made by the authors to ensure diversity among participants in terms of age, gender, and socioeconomic status to increase the transferability of the findings.

Conclusion

The findings of our study provide important insights into the participants' perceptions and experiences with mental health services in Iraq. We identify common themes and challenges could face patients with mental health. Trust issues, perceptions of psychiatric treatment, social stigma, and medications shortage emerged as critical areas of concern. These findings collectively emphasize the need for improvements in mental health service provision. Health authorities and mental healthcare settings/providers need to address privacy concerns, promote holistic treatment approaches, tackling social stigma, and ensuring adequate availability of medications. By considering the broader regional context, we contribute to understanding mental health service utilization and highlight the importance of effectively using of non-pharmacological therapies. Thus, we recommend that psychotherapists and social consultants should be part of the management team to treat patients with mental health.

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Ethics Statements

The Ethical Committee at the University of Baghdad College of Pharmacy approved the study proposal.

Conflict of interest:

None

Author contributions

AAA conceptualized the idea of this study. AAA and ZSJ contributed to design of the project and interview guide. ZSJ conducted the interviews and the analysis of the qualitative data. ZSJ drafted the first version of the manuscript. AAA revised the analysis and whole manuscript. Both authors were involved in the revision and approval of the final manuscript.

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