

Promoting Mental Treatment in The Arab World

Master of Fine Arts Thesis
Aya Hassanein
2023



Index:

Abstract	4
Chapter 1:	
Introduction.....	6
Chapter 2:	
Rationale.....	9
Research Methods.....	9
Summary of Literature Review	10
Additional Research Methods.....	24
Discussion.....	39
Chapter 3:	
The Process	41
Chapter 4:	
Final Solution.....	59
Conclusion	89
Bibliography	90

abstract

This study investigates why mental health has been neglected in the Arab world and what strategies could be used to promote it and break the stigma associated with mental disorders. The literature review reveals that the most prominent barriers preventing mental treatment in the Arab world are cultural stigma, poverty, illiteracy, false beliefs regarding the causation of the illness, conflicts in countries, and a scarcity of mental health services and research. The review also discusses the most common mental illnesses in the Arab world and how the culture affects the process of treatment. Additionally, it discusses the possible solutions proposed by researchers for promoting mental health. Those solutions include: raising awareness, building a culturally sensitive treatment method, promoting telepsychiatry, breaking the stigma associated with mental illness through education, increasing cooperation between therapists and faith healers, and developing research and mental health services. Moreover, case studies and visual analysis were conducted on successful campaigns that tackle the issue of mental health. The aim of the analysis is to inspire the researcher with ideas for the awareness campaign that will be created to promote mental health in the Arab World. The final visual solution includes digitally painted posters, social media posts, and animations.

CHAPTER

1

Research Problem
Objectives
Research Questions
Knowledge Gap
Significance

Introduction

Introduction

Research Problem

There are several barriers preventing mental treatment in the Arab world, including cultural stigma, poverty, illiteracy, false beliefs regarding the causation of the illness, conflicts in countries, and scarcity of mental health services and research. As a result, those suffering from mental illness find getting treatment difficult, and are ashamed to publicly admit their problem and seek help.

Objectives:

This thesis aims to examine the causes of mental treatment neglect in the Arab world. The research will focus on the barriers preventing mental health treatment and will discuss the possible methods for overcoming those barriers. Additionally, it will analyze successful campaigns that promote mental health. Those examples will be the main inspiration for creating the thesis project; which is a campaign that encourages people to seek mental help, breaks the stigma associated with mental illness, and educates people about mental health.

Research Questions:

- What are the barriers preventing mental treatment in the Arab World?
- What are the most common mental illnesses in the Arab world and their causation?
- How does the Arab Culture affect mental treatment?
- What are the potential solutions to improve and promote mental treatment?
- What are some successful examples of campaigns that address the mental health issue?

Knowledge Gap:

There are many solutions proposed in the research about promoting mental treatment in the Arab world; however, there is a need to learn how effective they are, how people will respond to them, and whether they are willing to change their mindset or prefer to stick to their mistaken beliefs.

Significance:

Mental health has been neglected in the Arab world, although it has the highest rate of depression and anxiety. Additionally, the burden of mental illness in the region is increasing rapidly; thus, immediate action should be taken to solve the problem. Raising awareness about mental health is crucial. People should be aware of the importance of taking care of their mental health, and they should also be aware of the common mental diseases and their symptoms to be able to detect and treat them immediately. Most importantly, the stigma attached to mental diseases should be broken because it is the prominent reason why people are afraid to admit that they suffer from a certain illness and, therefore, refuse to get treatment. Moreover, discussing the other barriers preventing mental treatment in the Arab world is also important to learn the source of the problem and be able to solve it from its roots.

The aim of this project is to create a positive impact on people's lives by creating an awareness campaign that educates them about the importance of mental treatment and breaks the stigma associated with mental disorders. This campaign can actually save people's lives because a lack of mental treatment can actually lead to extreme symptoms like suicide. This campaign will have a positive impact not only on the lives of mental illness patients but also on those around them. The people surrounding those patients suffer and ache for their loved ones' pain, and they really wish there was something they could do to help them. The campaign will educate them, show them how to support their loved ones and be by their side, and encourage them to get treatment.

Chapter

Literature Review
Case Studies
Visual Analysis
Conclusion

Research

Research

Rationale

People's emotional, psychological, and social well-being are all parts of their mental health. It influences their thoughts, emotions, and behaviors. Additionally, it influences how they respond to stress, interact with others, and make good decisions. Mental health is important to people at all stages of their lives.

Encouraging people to take care of their mental well-being is the first step to improving their quality of life. People will never be able to find happiness and stability if they don't know how to take care of their mental health or don't find the appropriate services to help them do so. They also cannot seek mental help if they are afraid of the stigma attached to mental illness.

This research is important to know how to improve mental health in the Arab world and how to encourage people to seek mental help without being ashamed of the stigma or worried about how others will perceive them. Additionally, the research will provide possible solutions for the barriers preventing people from seeking mental help and will discuss realistic methods for changing people's mentalities and making a positive impact on their well-being.

Research Methods

Literature Review:

The literature review will gather information from different sources discussing the issue of mental health in the Arab world. It will examine what are the barriers that prevent Arabs from seeking mental treatment and discuss possible solutions for promoting mental health in the region.

Case Studies and Visual Analysis

The research will discuss successful campaigns that promote mental health and break the stigma associated with mental illness. It will also talk about how the campaigns used typography, semiotics, iconography, colors, and layouts in their posters and videos.

The goal of this analysis is to give the researcher ideas and inspiration for the mental health awareness campaign that will be created.

Summary of Literature Review

INTRODUCTION

Although the Arab world has a high rate of mental illness, mental health is neglected there. According to Osman and Affi, in every 4 people, one person develops one or more mental disorders at some stage in life (2010). Compared to the worldwide average, the prevalence of mental problems is greater in almost all Arab countries (Charara, 2017). The region has the highest rate of depression, anxiety disorders, PTSD (Post Traumatic Stress Disorder), and suicide, according to a recent global survey (Naveed, 2018).

This literature review aims to discuss the barriers preventing people from getting mental treatment. The paper also discusses mental treatment in Arab culture and the most common mental illnesses in the Arab world and their causes. Moreover, it outlines potential solutions to improve mental health and promote treatment in the Arab world.

Barriers

- Cultural Stigma Associated with Mental Illness
- Poverty and Illiteracy
- False Beliefs Regarding the Causation of Mental Illnesses
- Conflicts in Countries
- Scarcity of Mental Health Services and Research, and Human Rights Violations.

Barriers

- Cultural Stigma Associated with Mental Illness

People within the Arab world rarely access mental health services due to the stigma associated with mental health disorders. Unfortunately, people with mental illness continue to remain subject to stigma that restricts their full inclusion in community life (Ditchman et al., 2013). "They are also deprived from their right for a productive and dignified life" (WHO, 2003). In the Arab world, those who are mentally ill endure both their illness and the stigma associated with it. (Corrigan and Watson, 2002; Corrigan et al., 2004; Rüsç et al., 2005). Due to this stigma, some people with illnesses choose not to seek treatment or, in some cases, choose not to continue their current course of therapy (Corrigan et al., 2014; Ciftci et al., 2013). This stigma also results in blaming external factors such as supernatural or paranormal powers (Househ, 2019). Moreover, it can lead to social isolation and a feeling of shame (Househ, 2019).

According to Gearing, families of individuals with mental illnesses risk having a damaged reputation in the community (2013). Additionally, marriage prospects or existing marriages may be harmed by seeking or receiving treatment (Al-Krenawi & Graham, 1999; Shalhoub-Kevorkian, 2005). According to Merhej, if an individual has a serious mental illness, the entire family is affected due to the stigma. This can affect their businesses, and reputations, and can even increase the likelihood of divorce. The patient's behavior can bring shame to the entire family (El-Islam, 2008). In the Arab world, the misconception that psychiatry is just for the "crazy" is prevalent (Merhej, 2019). Unfortunately, "the higher the stigma, the greater is the reluctance to seek professional psychological help" (Vally et al., 2018).

The stigma is higher towards culturally prohibited mental illnesses such as alcohol abuse, and lower towards other illnesses such as depression (Sewilam, 2015). In contrast to other disorders, mental illness is nevertheless stigmatized by some as a source of shame and weakness (Sewilam, 2015). Many patients who are suffering from mental illness are worried about how people will perceive them if they know about their condition (Sewilam, 2015). According to research conducted by El-Islam, stigma makes patients and family members hide information about abuse, sexual activities, mental illness, and illegal acts because they are associated with social

shame (El-Islam, 2008). They also tend to hide family success or income due to the belief of being the object of others' envy (El-Islam, 2008).

A remarkable finding of research conducted by Al-Krenawi states that mental health patients tend to describe their psychological symptoms in terms of physical symptoms to avoid the stigma attached to mental illness (Al-Krenawi, 2005). The same finding was also stated in research by A. Okasha, one of the leading psychiatrists in Egypt and in the Arab World. Okasha mentions that "seventy to 80% of psychiatric patients in developing countries tend to somatize their emotions and express their feelings in physical symptoms" (Okasha, 2012). This propensity for somatization may shield the patient from the stigma associated with mental illness, but it also causes them to seek out a traditional healer, family doctor, or internist first rather than a psychiatrist. Al-Krenawi also agrees that people with mental illness in the Arab world tend to rely on religious leaders to cope with their illness rather than seek professional mental health services (Al-Krenawi, 2005). They also tend to seek help from a physician because it is more acceptable than seeking help from a mental health care provider (Chowdhury).

An interesting study was conducted in the UAE to test mental treatment acceptability. Out of 325 randomly selected participants, only 38% of them were willing to seek mental health treatment if they developed any mental illness (Eapen and Ghubash, 2004). 28% of those who didn't prefer seeking mental health services stated that the reason was the stigma attached to those services (Eapen and Ghubash, 2004). The other 21% who refused to seek mental health services said that they doubted the usefulness of those services and especially medication (Eapen and Ghubash, 2004).

Another study (Gilat et al. 2010) revealed that only 11% of mental illness patients in the Arab world turn to mental health practitioners (Dardas, 2015). "It takes months and even years for some families before they finally accept that the person with mental illness needs professional psychiatric care" (Dardas, 2015). Dardas mentions that although 90% of Arabs are Muslims, and Islamic teachings command Muslims to seek treatment when they get sick, Arabs still refuse mental health treatment due to stigma (Dardas, 2015). Consequently, lack of treatment results in the suffering of many individuals and their families (Dardas, 2015). Stigma remains one of the most critical barriers to mental treatment in the Arab world, followed by poverty and illiteracy.

- Poverty and Illiteracy

According to a study by Kayrouz, one of the most important reasons behind the lack of awareness about mental health in the Arab World is illiteracy and poverty. Kayrouz states that due to the high poverty rates among Arabs living in Algeria, Egypt, Iraq, and Yemen, many Arabs cannot afford to visit mental health professionals. Additionally, given the lower literacy rates in those nations, it may suggest that many people are unaware of the presence of mental health practitioners (Kayrouz, 2018). Moreover, the countries themselves have a low budget for mental health. According to Okasha, the budget allowed for mental health out of the percentage of the total health budget is below the range to support mental health services (Okasha, 2012). Thus, with poor education and low finances, mental treatment remains neglected in the Arab World. But, the situation is even worse in countries with conflicts.

- Conflicts in Countries

It is also challenging to provide mental health care in conflict zones such as Palestine, Syria, Yemen, and Libya (Househ, 2019). "As the EMR region is seeing an increased level of instability, the acceleration burden of mental health in the region is alarming" (Charara, 2017). Due to the terrible traumas those populations experience, they report a higher burden of mental health issues and an inability to access mental health care (Asi, 2022).

For example, most Syrian refugees endure tragic conditions, and around half of them are minors, who are more fragile and more likely to suffer from lifelong complications resulting from their traumatic experience. Most organisations offer food and medical aid to refugees, but offer very little mental health treatment. The United Nations High Commissioner for Refugees (UNHCR) identified 13.5 million Syrians requiring humanitarian assistance (Hassan, 2019). According to the UNHCR, "the most prevalent mental health problems among Syrians include depression, prolonged grief disorder, post-traumatic stress disorder and various forms of anxiety disorders" (Hassan, 2019). 60% of Syrian refugee children witnessed physical assaults, 80% experienced a death in the family, and 30% had suffered physical assaults (Hassan, 2019). In this study, nearly half of the children interviewed showed signs of PTSD and 44% reported symptoms of depression (Hassan, 2019).

Another example is the conflict in Yemen. According to Alhariri, the Yemeni population's resilience has been severely stressed by arbitrary attacks, torture, insufficient food supply, airstrikes, unemployment, cholera, torture, and the Covid - 19 pandemic (Alhariri, 2021). Yemenis have been exposed to those stresses for six years. According to the World Health Organization, "22% of the world's conflict-affected populations will suffer from a mental disorder, such as depression, anxiety, bipolar disorder, posttraumatic stress disorder, and schizophrenia" (Alhariri, 2021). Regarding Yemen, 19.5% of the population suffers from mental illnesses, mostly anxiety, trauma, depression, and schizophrenia. 55% of children in Yemen are depressed, 19% of children are always fearful, and 79% of school-aged children suffer from post-traumatic stress disorder (Alhariri, 2021). Long-term exposure to violence and trauma can make people feel more threatened, which can lead to defensive aggression and other unhealthy ways to deal with stress, like refusing to compromise. (Alhariri, 2021).

People in conflict zones like Syria and Yemen are in desperate need of mental health treatment. However, they don't have access to any of the mental health services, in addition to the presence of the stigma associated with mental health discussed earlier. Some studies suggest that telepsychiatry may be the most convenient solution to this issue. This solution will be discussed in detail later in this paper. Additionally, individuals in the Arab world in general need to know the true causes behind their illnesses.

- False Beliefs Regarding the Causation of Mental Illnesses

False beliefs concerning the source of mental illness is a barrier to mental health intervention. A study by Gearing states that women tend to relate mental illness to evil spirits and men tend to relate mental illness to God's will (Gearing, 2013). Consequently, people seek treatment from traditional and spiritual healers rather than professional mental health services (Gearing, 2013). Treatment from unprofessional healers may harm the patient and make his condition deteriorate since they don't understand the exact disorder they are dealing with and the professional way to treat it. An example of such false beliefs is mentioned in a study by Chowdhury on UAE citizens. He mentions that UAE citizens attribute mental illness to metaphysical forces such as "the demon (jinns), evil eye ('ayn), sorcery (sihr) or envy (hasad) (Al-Adawi et al. 2002; Al-Issa 2000; Al-Krenawi and Graham 2000; Al-Subaie and Alhamad 2000; Thomas et al. 2015)". They also tend to associate mental illness symptoms with supernatural reasons, such as spirit possession (Dardas, 2015).

- Scarcity of Mental Health Services and Research, and Human Rights Violations

There are three correlated barriers to mental health treatment, including scarcity of mental health services, poor research, and human rights violations. First, regarding the mental health services and workforce, "The Arab world (7.7 per 100,000 population) falls below the global average of 9 mental health workers per 100,000 population" (Househ, 2019). There are significantly insufficient psychiatric beds for the population as a whole (Al-Krenawi et al. 2004). Research by Okasha states the statistics of available psychiatric beds in the Arab world. He mentions that in 2007, Lebanon, Kuwait, and Bahrain had more than 30 psychiatric beds per 100,000 population, while Sudan and Somalia had less than 5 per 100,000 (Okasha, 2012). Qatar, Bahrain and Kuwait have the highest number of psychiatrists, while 7 countries, including Iraq, Libya, Morocco, Sudan, Somalia, Yemen, and Syria have less than 0.5 psychiatrists for every 100,000 population (Okasha, 2012).

Second, there is little communication between researchers and policy makers in Arab world countries, which makes research underutilized. Additionally, "existing mental health information systems focus on diseases rather than the social, cultural, demographic, and economic determinants of the mental health of the population served" (Osman and Affi, 2010). Most of the research done on mental illness stigma in the Arab world focuses on religious and cultural factors as contributors; they rarely focus on the almost absent human rights with the health care providers (Merhej, 2019).

Talking about human rights, this takes us to the third barrier. A study by Merhej states that mental health authorities should be more aware of people's fear and reluctance to seek therapy and mental health care; thus, authorities should ensure that mental health care is patient-friendly, fostering human rights (Merhej, 2019). In order to help the Arab world create and amend mental health policies and laws that can improve care and reduce stigmatization of those with mental illnesses, the WHO has developed international guidelines (Dardas, 2015). These standards provide guidance on a variety of mental health topics, including involuntary treatment, consent, confidentiality, and access to care (Dardas, 2015). The duty of mental health nurses is to raise awareness of these worldwide standards and offer culturally competent care that can address inequalities, stigma, and discrimination (Dardas, 2015). Merhej mentions that the way to reduce stigma in the Arab world is long and difficult because the

stigma is deeply implanted in Arab society (Merhej, 2019). What is needed is to put an end to this discrimination and give patients their basic human rights (Merhej, 2019). It is also important to educate people about the most common symptoms and their causes, to be able to identify the diseases and give them the appropriate treatment.

The Most Common Mental Illnesses in The Arab World and Their Causation

The most common mental illnesses in the Arab world are depression, anxiety disorders, and PTSD (Post Traumatic Stress Disorder) (Naveed, 2018). It is now known why the Arab world suffers from a high rate of PTSD after discussing earlier how conflicts in countries cause severe trauma. Thus, this section will focus on discussing depression and its causation in different regions of the Arab world. Additionally, it will discuss the effects of depression and mental illnesses on adolescents in the region. Moreover, it will indicate how lack of women empowerment increases their vulnerability to depression.

According to the American Psychological Association (APA), depression is the most prevalent mood disorder, and is characterized by emotions of melancholy and loss of interest. People may feel anxious, depressed, unworthy, and frequently sad (Naveed, 2018). However, this emotion develops into clinical depression when it persists over an extended period of time. Several factors are involved in causing depression, including biological causes, environmental factors, and personal characteristics (Naveed, 2018). Depression is common in the Middle East, and its underlying causes include stigma and a lack of psychological support and mental health awareness (Naveed, 2018). Other causes include increased usage of mobile phones and a lack of physical activity (Naveed, 2018). "Psychological treatment involves different therapies including CBT (Cognitive Behavioural Therapy), IPT (Interpersonal Therapy) and MBCT (Mindfulness-based Cognitive Therapy)" (Naveed, 2018). Additionally, it is important to mention the prevention methods that can support preserving mental health, which include maintaining a healthy lifestyle, using positive thought patterns, developing healthy coping mechanisms for stress, such as exercising, reading books, meditation, talking to a friend, etc, and seeking out psychological assistance when in need (Naveed, 2018).

After discussing depression, let's examine its prevalence along with other illnesses in different regions of the Arab world along with their causation.

In the GCC countries, one of the mental illnesses causations is due to the rapid urbanization, including “patterns of food consumption, lack of exercise and a sedentary lifestyle, scarcity of public transport, high rates of consanguinity, the increase in nuclear versus extended families, and impaired social cohesion” (Osman and Affi, 2010). Another factor that plays an important role in mental health is noncommunicable diseases such as diabetes, cardiovascular diseases, and hypertension (Osman and Affi, 2010).

A study by Okasha indicates that in Egypt, factors contributing to mental illnesses include illiteracy, poverty, stress, misinterpretation of religion, heavy traffic, and substandard living communities (Okasha, 1999). The most common illnesses in Egypt include depression, anxiety, obsessive-compulsive disorder (OCD), substance abuse, and suicide, with depression having the highest prevalence. Okasha’s study states that a sampled population from both urban and rural areas were found to have a depression prevalence of 11.4 and 19.7 percent, respectively. In urban areas, 4.1% of people were diagnosed with dysthymic disorder. In rural areas, people were more likely to have an adjustment disorder with depressed mood (Okasha, 1999).

Another interesting study was done in Egypt by Jenny Liu estimating the associations between making transitions in education, employment, and marriage with changes in mental health among young people (2017). To estimate the aforementioned data, young people were surveyed in 2009 at ages 13-29, then they were surveyed again in 2013 and 2014. The study showed that “young women experience worse mental health than young men” (Liu, 2017). Additionally, lower school achievement results in poor mental health (Liu, 2017). Moreover, for young men, being unable to find a job or get married causes poor mental health. As for women, failure to finish school negatively affected their mental well-being (Liu, 2017). The age and sequence of expected transitions among young people such as finishing education, getting married, finding a job, etc, is defined by gender, ethnicity, religion, and, of course, society and traditions (Liu, 2017). Young people’s psychosocial outcomes are highly affected by the stresses, including timing or failure, associated with those transitions. Young men aged 25 to 29 are under the most pressure to find a good job in order to marry and start a family (Liu, 2017). The paper argues that aspirations and the ability to achieve them lead to better mental health in youth. On the other hand, failure to achieve goals negatively impacts youth’s well-being

(Liu, 2017). Failure to get a good job leads to poor mental health (Liu, 2017). Concerning adolescents, another study was conducted by M. Affi to examine the difference in rates of depression between adolescent boys and girls. The research examines the difference between adolescent boys and girls, and the rates of depression and its associated factors. To investigate the difference between adolescent boys and girls regarding depression, 2 different samples were used, including 552 adolescents in Sharqiya, Oman, and 1577 in Alexandria, Egypt. The results of the study stated that in Alexandria, depression symptoms in girls were almost double those in boys. On the other hand, in Oman, there was no significant difference. In all models, a history of abuse predicted depression symptoms.. Additionally, poor relationships between parents and their adolescents affected girls more than boys. Therefore, there is a difference in the rates of depression between boys and girls, but it may vary from one country to another. “The current study indicates that male and female adolescents share common social risks correlated to their depressive symptomatology” (Affi, 2006). Each gender has its own risk factors and gender differences in depressive symptoms that differ by country and culture (Affi, 2006). Also, the rates of depression increase for girls in early adolescence due to the increased developmental changes including puberty, dissatisfaction with weight, and attainment of a mature female body (Affi, 2006). Programs for preventing depression should take this difference into consideration.

Women in the Arab world report a mental health burden higher than the global average (Asi, 2022). This is due to the lack of women’s empowerment, patriarchal norms, hormonal regulation, and domestic and marital violence (Osman and Affi, 2010). Other factors also make women vulnerable to mental distress, such as lack of household support and the “dynamics of polygamous marriages and prevalence of gender-based violence” (Asi, 2022). Additionally, women are increasingly expected to manage both their domestic responsibilities and employment (Osman and Affi, 2010). It is crucial to empower women in the Arab world to decrease their risk of developing mental disorders. Arab countries should increase awareness about the importance of taking care of women’s mental health.

After learning about depression, let’s discuss the second most prevalent mental disorder in the Arab world; anxiety. Anxiety is defined by The American Psychological Association (APA) as “an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure.” (Felman, 2020). The most common symptoms of anxiety include, having a restless, anxious, or tense feeling, finding it difficult to focus, being easily fatigued and irritable, suffering pains like head-

aches, stomachaches, muscular aches, or other mysterious pains, finding a difficulty controlling feelings of worry, and having sleep problems (NIMH, 2021). There are several types of anxiety including generalized anxiety disorder, panic disorder, specific phobia, agoraphobia, selective mutism, social anxiety disorder, and separation anxiety disorder (NIMH, 2021). The most common causes of anxiety are environmental stressors, genetics, medical factors, and brain chemistry (NIMH, 2021). Mild anxiety can be treated with several exercises such as stress management, relaxation techniques, positivity-boosting activities to counteract negative thinking, support network, and physical exercise (Felman, 2020). For more severe anxiety disorders, psychological counseling is a must (Felman, 2020). Additionally, patients may need medications (Felman, 2020). The steps for preventing anxiety are similar to those preventing depression. The steps include maintaining a healthy diet, getting a regular sleep pattern, reducing intake of tea, cola, chocolate, and caffeine, and avoiding alcohol. It is important to know that anxiety itself is not a disorder, it is a natural emotion. However, it develops into a disorder when “this emotion is exaggerated or out-of-proportion to the trigger that causes it” (Felman, 2020). In the Arab world, several factors are associated for anxiety. Of course, people in conflict zones experience a high rate of anxiety due to the daily stresses of violence and brutality they experience. Additionally, poverty, unemployment and financial struggles result in anxiety, and they are unfortunately very common in the Arab world. Moreover, patients with anxiety suffer also from the stigma attached to mental illness. When treating anxiety, depression, or any other mental illness, one should consider the cultural factors that affect the treatment process.

Mental Treatment in The Arab Culture

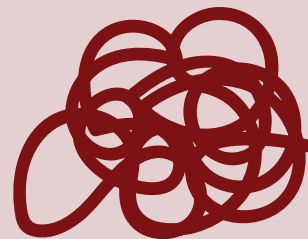
Earlier in the Arab community, several generations used to reside in a single household (the structural extended family). However, this system is no longer common. “A functional extended family system has emerged in which frequent contacts and interdependence bind together several nuclear families from the same clan” (El-Islam, 2008). Consequently, the decision to seek mental health treatment is taken by the family as a collective (El-Islam, 2008). The patient is expected to be accompanied by family members who show interest in their well-being. Family members act as co-therapists. Illness and treatment are a family matter (Merhej, 2019). The Arab therapeutic relationship is triangular; including the psychiatrist, patient, and other family members (El-Islam, 2008). In most cases, a first-degree family member meets with the therapist before the session to provide all the information about the patient, and meets again after the session to get information (El-Islam, 2008). Culture shapes the patient’s expectations of doctors. Many patients in Egypt and Arabian Gulf countries expect the psychiatrist to “remove” their illness without making any effort on their part. They also expect psychiatrists to take their side without remaining neutral. Additionally, secular methods of treatment that are not culturally sensitive are less likely to succeed. Those issues should be taken into consideration when trying to improve mental health in the Arab world. The following section will state some solutions suggested by researchers to improve mental health in the region.

Potential Solutions to Improve Mental Health and Promote Treatment in The Arab World

- 1- Adapting intervention procedures to local customs and language to increase the acceptability of services. (Gearing, 2013).
- 2- Increasing acceptance of mental health interventions through community leaders (Gearing, 2013).
- 3- Increasing acceptance through public awareness and education campaigns because education may influence beliefs and attitudes about psychotherapy (Househ, 2019).
- 4- Offering incentives to hospitals so they will build new or expand their existing mental health facilities in order to satisfy future demand (Charara, 2017).
- 5- Educating families to enable them to support their affected relatives (Sewilam, 2015).
- 6- Raising cooperation between therapists and faith healers (Sewilam, 2015; Chowdhury, 2016).
- 7- Raising awareness in schools by educating young people about mental illnesses helps fight undesirable stereotypes (Sewilam, 2015).
- 8- Creating research infrastructure and empowering the mental health workforce (Maalouf, 2019)
- 9- Translating research findings into a call to action on societal and governmental levels (Maalouf, 2019)
- 10- Integrating mental health basic sciences into medical school curricula with the goal of graduating general practitioners with a sufficient understanding of mental health disorders and their treatment (Okasha, 2012).
- 11- Developing a culturally sensitive psychosocial model of mental health care (Chowdhury, 2016).
- 12- Telepsychiatry.

Conclusion

In brief, it is crucial to act immediately to improve the mental health situation in the Arab world since the rate of mental disorders is increasing rapidly. This could be achieved through raising awareness, fostering mental health human rights, building a culturally sensitive treatment method, promoting telepsychiatry, breaking the stigma associated with mental illness through education, raising cooperation between therapists and faith healers, and developing research and mental health services. People in the Arab world should feel encouraged and motivated to get mental treatment, not ashamed and embarrassed. They should feel proud of taking care of their mental health; it should be equally accepted as taking care of their physical health. All different segments of the Arab community should cooperate to foster mental health, including youth, parents, religious and community leaders, teachers, and governments. People in the Arab world should fight all the mentioned barriers to enhance mental health in the region. They should fight the stigma associated with mental health and learn the true causes of mental disorders. Leaders of countries should enhance education and provide free or low-cost therapy for those who cannot afford it. They should also improve mental health services and promote research.



Additional Research Methods

The additional research methods used in this thesis project include case studies and visual analysis. The research will analyse successful campaigns that address the stigma associated with mental illness and promote mental health. Those campaigns will provide inspiration for the researcher by presenting ideas for the posters that are going to be designed.



Case Study 1 See Me:

The first case that has been analyzed is a project named See Me. It is a Scottish initiative to combat stigma and discrimination surrounding mental illness. The initiative mentions that their “vision is for a fair and inclusive Scotland, free from mental health stigma and discrimination.” (“About See Me”). This initiative is trying to end the stigma in several ways. The most effective ways are through providing tools and resources and creating awareness campaigns. This organization provides tools, resources and information about how to fight stigma as an individual in a certain community. They ask the website’s visitor, “where do you want to make a change?”. The visitor will choose between the following options: in my workplace, in my work with young people, in my community, as a young person, in health and social care, in policy and public affairs, with friends and family, online, in the arts, with groups and communities at risk of discrimination, in the media, and in any area. This case study will examine the “In the Arts” section. The tools of this section will be examined because they are relevant to the research and would be helpful to understand how to fight stigma through art and design.

How to fight stigma through Art:

See Me website provides some tools from literature for fighting stigma through art. They mention that favourable themes and portrayals of those with mental health issues are more likely to elicit positive responses from viewers and help reduce stigma (Knifton et al. 2009; Quinn et al. 2011). Additionally, stigma can be reduced through art that focuses on a person’s recovery (Quinn et al 2011; Michalak et al 2014). Moreover, depressing depictions of mental health that feed preconceptions as well as violent and unpredictable pictures that lack context should be avoided (Koh and Shrimpton 2014; Quinn et al 2011).

It is crucial that the artwork is shown in traditional public settings and throughout social movements (“In the Arts”). By putting art on display in public spaces and services rather than in galleries or at events focused specifically on mental health, art has the potential to engage audiences beyond the usual groups that participate (Lamb 2009; Quinn et al. 2011; Aldam et al. 2017).

It is important for the art to be displayed in mainstream public services and as part of social movements (“In the Arts”). Art has the potential to reach beyond the normal groups that engage by displaying art in public places and public services rather than galleries or mental health specific events (Lamb 2009; Quinn et al. 2011; Aldam et al. 2017). Also, anti-stigma art should be open access and either free or inexpensive to promote public accessibility to it (Quinn et al. 2011; Aldam et al. 2017). Additionally, the most successful way to improve knowledge and awareness of mental health and to positively change how people with mental health issues are perceived is through art that includes the voices and stories of people with lived experience (“In the Arts”).

The tools the website provides are very useful. It is a very smart idea to empower people to be the change instead of relying totally on campaigns. This method is very effective, and many people do really want to make a change but simply don’t know how to make this change. The tools are simple and can be easily used by anybody.

See Me also creates campaigns to raise awareness and end the stigma. They created several campaigns, including “Power of Okay”, Time to Talk”, and “Pass the Badge”. Each campaign has specific goals and messages, but they all lead to the same objective, which is ending stigma. The visual analysis will examine in detail the “Power of Okay” campaign.

Visual Analysis:

One of the most successful campaigns created by See Me is “Power of Ok”, which consists of several posters and videos. The goal of the campaign is to change how individuals view mental health issues at work. The campaign demonstrates how we can support others with their emotions, especially if they’re struggling, and how, if we’re having a difficult moment, we can confide in someone at work (“Power of Okay”). One of the interesting posters of the campaign includes the phrase: “Would you rather kiss a jellyfish or talk to a colleague who feels at sea?” The phrase is very catchy and unique, and what makes it really stand out is the design. The design is very simple and minimal, it includes an illustration of a jellyfish that is trying to kiss the

viewer. The jellyfish may represent two things. The first one is how difficult the situation might be, and the second one is the hard time the colleague is having while suffering from mental illness.

The colour palette includes purple, light blue, and pink. The page is divided into two parts, each part represents the choice the viewer decides to make. The poster’s aim is to raise awareness by going viral through social media. Those posters come in pairs; the second poster related to it has the jellyfish illustration along with 3 simple tips about how to talk about mental health. What is very interesting about this campaign is that it is practical and simple.

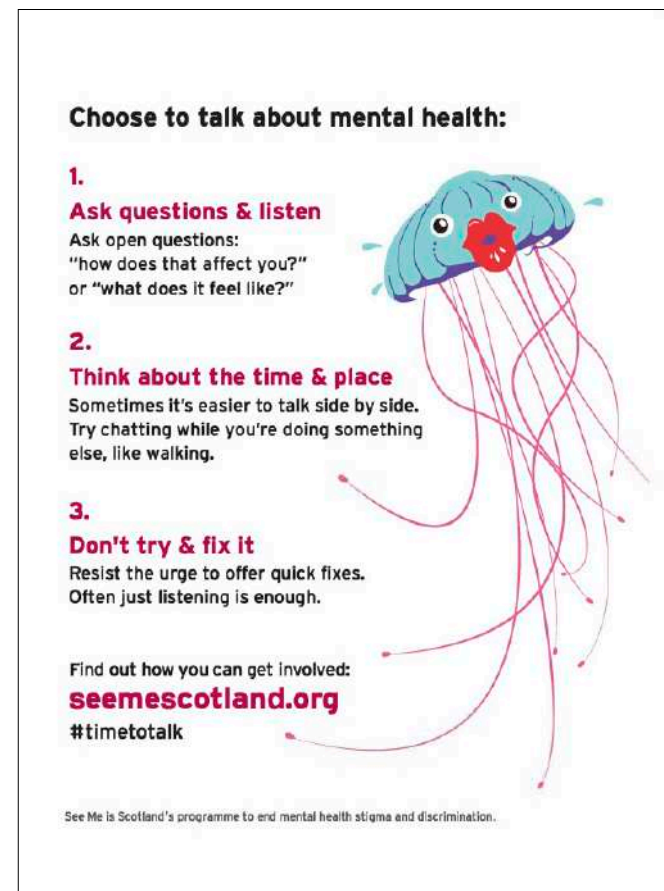
It doesn’t only state the message, however, it also teaches the audience how to practically use this message and make a difference in the real world.

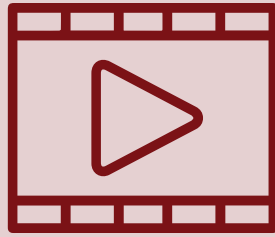
This is also another example of the posters that come in pairs. This time instead of the jellyfish, they use the illustration of a spider along with the phrase, “Would you rather be stuck in a spider’s web? “Or talk to a friend who feels trapped in their thoughts?” The way they play with illustrations and phrases is super smart; they are experts in using symbolism.

The styles of all the posters are similar, making them related to each other and part of a series.

Consistency in design style is necessary to let the viewers know that all of those posters are related to a single campaign.

Since the thesis project will include posters, this might be one of the options for the design styles that will be used. The “Power of Ok” campaign gives huge inspiration for the project with lots of creative ideas. Simplicity and minimalism is the key. One must go directly to the point with the simplest details without any distracting ele-



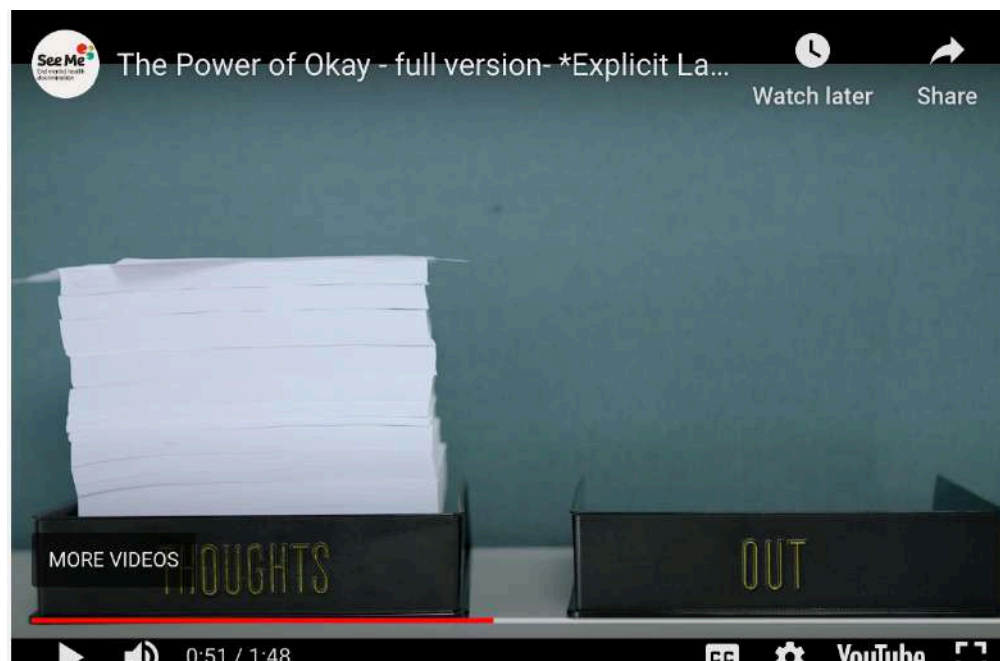


Videos

The campaign also includes videos. One of them shows the thoughts of an employee suffering from mental health problems. The thoughts are visually displayed using some things in the office like sticky notes, a desktop, a projector, paper, and so much more. The video also displays the places where the employee is having those thoughts, like on the bus, at the supermarket, and with his family. He really wants to talk to someone, but he is worried about being treated differently or even looked at differently. What is visually interesting in this video is how a word or a phrase of what is being said is displayed on a random object related to that word, like a graduation certificate, a frame, a door, or a cup of coffee.

The video gives great inspiration for the thesis project, it is simply different from the regular campaign videos people are used to seeing. The video is very honest and realistic, and all people can relate to it, and those points are crucial to making campaigns successful and will definitely be used in the thesis project.

<https://www.youtube.com/watch?v=CC4QzwlmhxQ>



Case Study 2 Beyond The Label:

Project Summary:

The National Council of Social Service (NCSS) launched the nationwide movement Beyond the Label (BTL) in 2018, with the goal of reducing stigma and fostering social inclusion for people with mental health disorders (PMHCs) (“About The Campaign”, 2022). The movement mainly creates awareness campaigns to reduce the stigma attached to mental illness. They also provide simple tools on their website to help people fight stigma. Additionally, they organize events to raise mental health awareness. Their target audience includes the general society of Singapore, focusing on youth and employees in corporations.

Project Goals:

Beyond The label aims to achieve goals like: promoting improved assistance for those with mental health disorders and raising awareness of the stigma, educating the public and giving them tools for peer support so they can interact with and assist those with mental health issues, implementing workplace modifications to better support people with mental health disorders, and encouraging those in need to seek assistance quickly (“About The Campaign, 2022”).

Resources Provided:

The movement’s webpage includes several resources that provide ideas about what people can do to address stigma. For example, the movement suggests that non-stigmatizing words can encourage people to seek professional help. Through words and actions, people can do their share to treat every person with a mental health issue with respect and dignity (“What Can We Do To Address Stigma”).

Common Phrases:

Beyond the Label gathered the most common stigmatizing phrases and provided some alternative ones, those phrases include:

- Consider saying “A Person with a mental health condition instead of psycho, crazy, or mental sick”
- Consider saying “Would you like to talk? I am here to listen” instead of “stop being so negative.”
- Consider saying “I may not understand how you feel, but I care for you

and I want to help” instead of “Stop being too emotional.”

- Consider saying “I would like to encourage you to seek help, and recovery is possible,” instead of “You wouldn’t be in this state if you had done or hadn’t done something.”

(“What Can We Do to Address Stigma”).

Those simple phrase alternatives are crucial to fighting stigma. People are used to saying those harmful words to mental health patients without knowing or understanding how harmful they can be. Sometimes they do it with good intention without meaning to harm anyone because it is simply part of the culture. So, the campaign’s goal is to educate those people and give them the appropriate knowledge to empower them to fight and end stigma.

Tips to Fight Stigma and Help People with Mental Health Conditions:

The Beyond the Label movement also provides some tips for being there for someone with a mental health condition; those tips include:

- Be present
- Construct trust
- Pay attention and refrain from passing judgement.
- Don’t ignore the person’s behaviors or sharing. Give the person space and time to describe his or her feelings and the hardships they are experiencing.
- Be slow to suggest solutions. Offer caring and support instead.
- Learn about various mental health issues to comprehend what the person is going through.
- Advise the individual to get assistance. Say something like, “I appreciate you discussing the difficulties you are facing. “Have you thought about consulting a therapist or a doctor for assistance?”
- Treat people with mental health issues with the same respect and dignity as you would anyone else.

(“What Can We Do to Address Stigma”).

Success:

Beyond The Label Movement has been very successful and has influenced many people in Singapore and even around the world. Their videos and posters went viral and have been watched thousands of times.

Why is This Movement Analyzed?

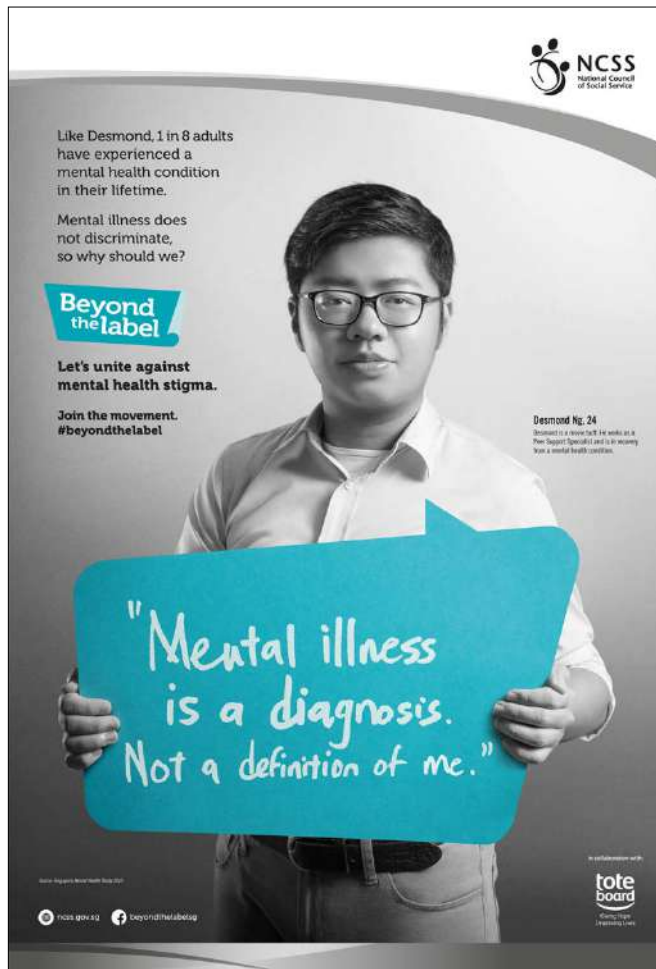
Analyzing this movement provides inspiration, ideas, and concepts for the thesis project. The goal and topic of the movement and the project are very similar, so seeing how organizations tackle the issue is very useful. All of the tips and advice discussed earlier will be taken into consideration when designing the campaign for the project.

Visual Analysis:



When it comes to posters, the more creative and catchier they are, the more successful and effective they become. The first poster that will be analyzed is based on typography. It is very simple and basic at first glance, but has a word play that makes people stop and think for a while to understand the hidden meaning in it. The poster includes the phrase “I’m pretending to be okay; all is well; I’m holding it together.” This phrase is clearly visible in the blue color; however, the true meaning of it is hidden within the words in between written in the grey color. The true sentence is “I’m pretending to be okay, but all isn’t well, and I’m barely holding it together.” Then, the credit of the quote is written in small font below to Noor Baizura, who is clinically diagnosed with bipolar disorder.

So, this poster has several brilliant ideas. The first one, of course, is the word play that has been designed very creatively, and is also visually appealing. The second is the choice of the phrase; it is very relatable, and all people have experienced its true meaning but have said the words written in blue. The third one is giving credit to someone who has truly felt this phrase to make it more believable and effective. People like listening to real stories and get affected by them more than just listening to facts and advice.



Unlike the first poster, which is based only on typography, the second poster is based on photography with little type. However, the type is also very powerful. The poster depicts a real mental illness patient in recovery. He is holding the comic speech bubble, representing that he is talking and saying the written words. The phrase says, "Mental illness is a diagnosis. Not a definition of me." The phrase is very powerful and simply says it all. It shows how patients suffer from being defined and judged by their mental illness.

In addition to this phrase, another one is written at the top left of the poster in a smaller font size, stating that "Mental illness does not discriminate, so why should we?" This phrase is also powerful, educating people that anyone can suffer from a mental illness, so why should we judge people based on something that is not their fault.

There is also a very brief bio about the patient written in small font next to his photo. This bio gives more reality and honesty to the poster, making people relate to and be moved by the poster.

The poster is aesthetically pleasing, the black and white photo along with the blue color of the bubble looks great, and it also makes the text and the bubble stand out, catching the viewer's attention from the first glance.

After analyzing this poster, mixing photography and typography can also be a good idea for the thesis project.



Case Study 3

Bring Change 2 Mind

Project Summary:

Bring Change to Mind is a nonprofit group that is committed to promoting mental health awareness, understanding, and empathy through discourse. Actress and activist Glenn Close co-founded this group after her sister was diagnosed with bipolar disorder and her nephew, Calen Pick, was diagnosed with schizoaffective disorder. "Every individual who speaks out inspires another. And another. That's how we'll end the stigma around mental illness. That's how we'll Bring Change to Mind" ("Bring Change2Mind", 2022). The organization's goal is to eradicate discrimination and stigma associated with mental illness. To promote a cross-cultural discourse about mental health, they organise youth programmes, coordinate narrative movements, and produce multimedia campaigns ("Bring Change2Mind", 2022).

Target audience:

The project targets people with mental disorders, and their surrounding society to help them accept them and talk about mental health. The project aims to encourage people to support each other in fighting mental illness by starting conversations. As they mention, human to-human conversations are able to end the stigma.

Tools:

The organization's website includes a webpage called "About Mental Illness," which has links to several mental illnesses like A.D.H.D, Depression, Bipolar, Anxiety, PTSD, and many more. When the user clicks on the illness, it displays information about the disorder and what a person suffering from it experiences. The information is written in a very simple way that anyone can understand. It is represented in a way that anyone can use it to help someone suffering from the illness understand how exactly they are feeling.

Campaigns:

The organization has created many campaigns, the most important of which are Talk to Anyone, Schizo, and Stronger Than Stigma. All of the campaigns aim to address stigma and raise awareness about mental health. However, each one of them focuses on a specific area of the topic.

Visual Analysis:

Project and Audience:

Bring Change2Mind is the name of the project. The name of the designer or company responsible for the work was not mentioned, all the credits have been given to the organization. The main mediums used for this campaign are posters and videos. There are three main campaigns that will be discussed in this visual analysis: Stronger Than Stigma, Schizo, and Talk to Anyone.

The campaigns targets people with mental disorders, and their surrounding society to accept them and talk about mental health.

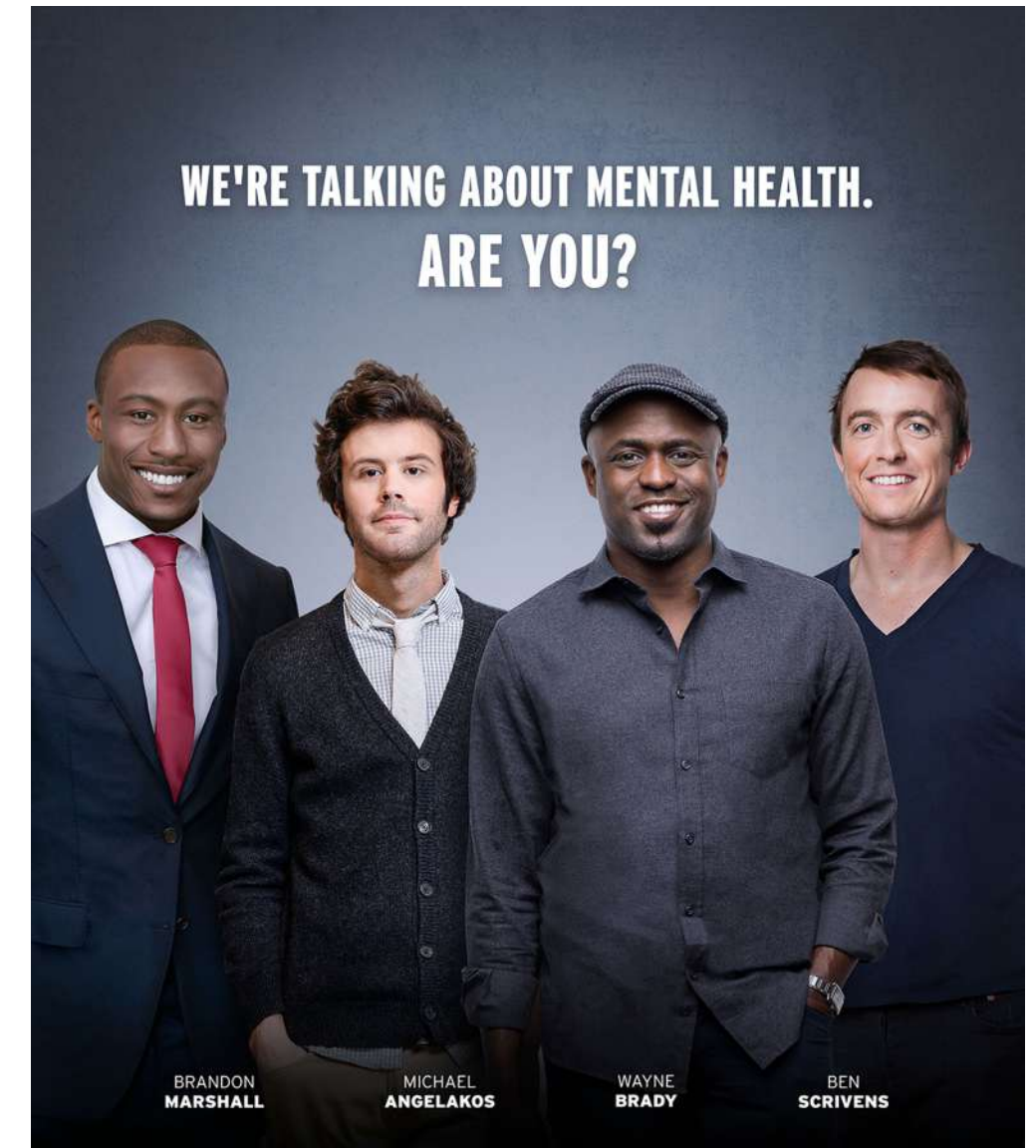
Stronger Than Stigma:

The First Poster:

As mentioned in the case study, Bring Change to Mind created a campaign that highlights four outstanding male role models to encourage men to seek mental health help. The four men present positive images of people suffering from mental illnesses. This relates to Case Study 1, where the See Me website advised campaigns that favourable themes and portrayals of those with mental health issues are more likely to elicit positive responses from viewers and help reduce stigma (Knifton et al. 2009; Quinn et al. 2011). It also practically applies the advice stating that stigma can be reduced through art that focuses on a person's recovery (Quinn et al 2011; Michalak et al 2014).

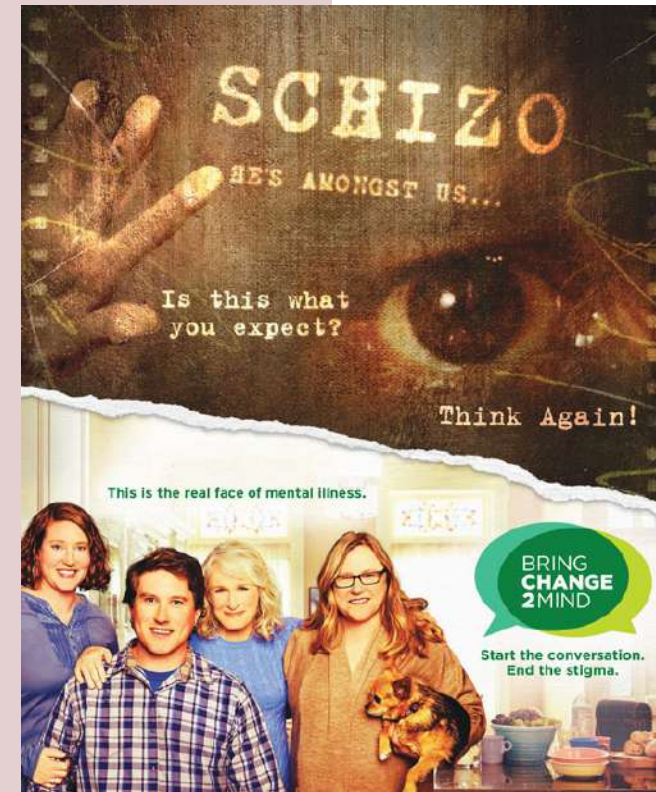
The four men look confident, happy, and proud, with no feelings of shame. This motivates people, and especially men, to feel proud of their recovery and proud that they are fighting a mental illness instead of being afraid of the discriminating stigma. It is also important that the poster includes four men coming from different ethnic groups and having different skin colours. This diversity makes more people able to relate to the poster, making it more effective.

The text mentioned is straightforward and to the point: "We're talking about mental health, Are you?". It simply encourages talking about mental health by showing role models doing it. This campaign targets men and empowers them to fight and talk about mental illness.



The Second Poster:

The main message of the second poster is to make the viewer feel that he/she is not alone. The words “Not Alone”, are written in a huge font, taking up much of the space on the poster, to get the viewers’ attention. The phrase mentions: “This is real. People go through this. You struggle with it, and you are not alone in the fight.” This poster highlights an important point: people with mental illness really feel that they are fighting alone; they feel that no one can understand or feel what they are going through. As humans, when we feel that we are not alone and that there are things that we can relate to, it eases our pain, and we feel better about ourselves. Additionally, normalising mental illness and mental treatment reduces the stigma. When people see everyone around them getting treatment and say with no shame that they suffer from mental illness, they will definitely seek help and won’t be afraid of admitting their illness to anyone. Such posters and campaigns are very powerful.



The Third Poster “Schizo”:

This poster is very creative and delivers a strong, clear message. People usually view mentally ill patients, and especially schizophrenia patients, as insane, living in darkness, desperate..etc. All of these traits are represented in the upper part of the poster with the phrase “Is this what you expect?”. Then, the lower part of the poster shows very regular people, smiling and looking good, along with the phrase: “This is the real face of mental illness”.

The poster directly tells the audience that people with mental disorders are regular people around us; they are not insane, they are not scary, and most importantly, they are not harmful. The poster tries to break the stigma associated with mental illness by showing what mental patients look like in real life. The contrast in colour and design between the two halves of the poster is very powerful. The upper half is very dark and creepy, depicts pain, and shows despair. The lower half is bright in color and depicts normal people and regular life. Again, this poster proves how important positive representation is for people with mental illness. This point is crucial because when people want to talk about mental health or try to depict mental illness in designs, with good intentions, they tend to use dark colors and create a mood of despair. This will not happen in the thesis project, and the campaign will try to normalize mental illness.

Discussion:

Analyzing these projects and campaigns provided very important and solid information for the project, which added a lot to the research and gave inspiration to the researcher.

This information includes:

- Using typography and photography creatively is very effective and grabs the viewer's attention.
- Creating a positive representation for people with mental illness in the designs.
- Avoiding depressing depictions of those patients in order to break the stigma.
- Using real people and role models in posters and videos to influence people through their stories.
- Making the campaign honest and realistic so that all people are able to relate to it
- Using simplicity and minimalism without any distracting elements to help people gain a better understanding of the idea.
- Creating aesthetically pleasing designs to increase their influence.
- Presenting the designs across all platforms increases their reach and thus their impact.

Chapter

3

Visual Process

Visual Process:

The best possible visual solution to raise awareness about mental treatment in the Arab world is a campaign consisting of poster designs. Posters can easily go viral on various social media platforms, which is the fastest and easiest way to communicate with society today. Posters can be very expressive and influential if done in a creative and effective way.

Those posters will basically be created using digital paintings combined with expressive typography. Those two techniques open the door to unlimited creativity. Additionally, the project will mainly play on the viewer's emotions, so those mediums are the best ways to achieve that.

Posters' Messages:

The main messages that the posters will deliver are the following:

- Mental illness is not something to be ashamed of
- Don't be ashamed to get mental treatment
- Depression and Anxiety are the most common mental disorders in the Arab world. What are their symptoms? How can we prevent them? and How can we treat them?
- Mental treatment can change your life and the lives of people surrounding you
- Don't let the cultural barriers preventing mental therapy stop you from getting the treatment you deserve

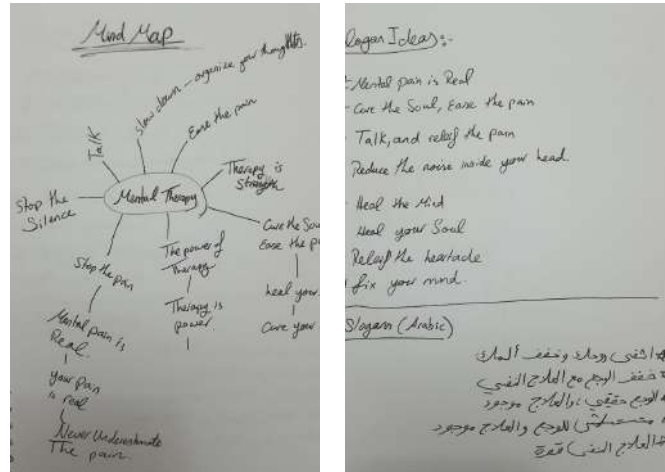
The Plan:

The plan is to create 5 posters discussing the issue of mental illness and mental health neglect. Every week, sketches, visual research, mind maps and design execution will be done. Each poster will take one to two weeks to be developed completely.

Poster 1:

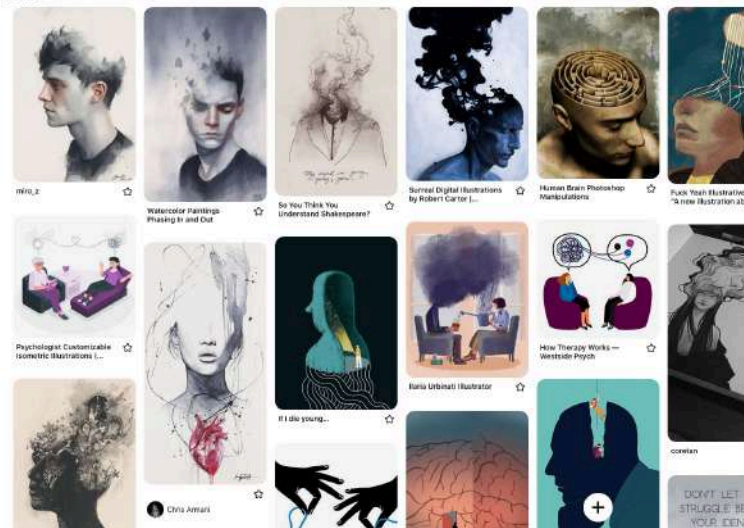
Brainstorming and Visual Research

The first step of course was brainstorming and visual research to develop a concept for the poster and find the right text for it. I made some mindmaps to try to organize my thoughts and ideas. As for the visual research, I created a board on pinterest with many artwork that would inspire me.



Pinterest Board:

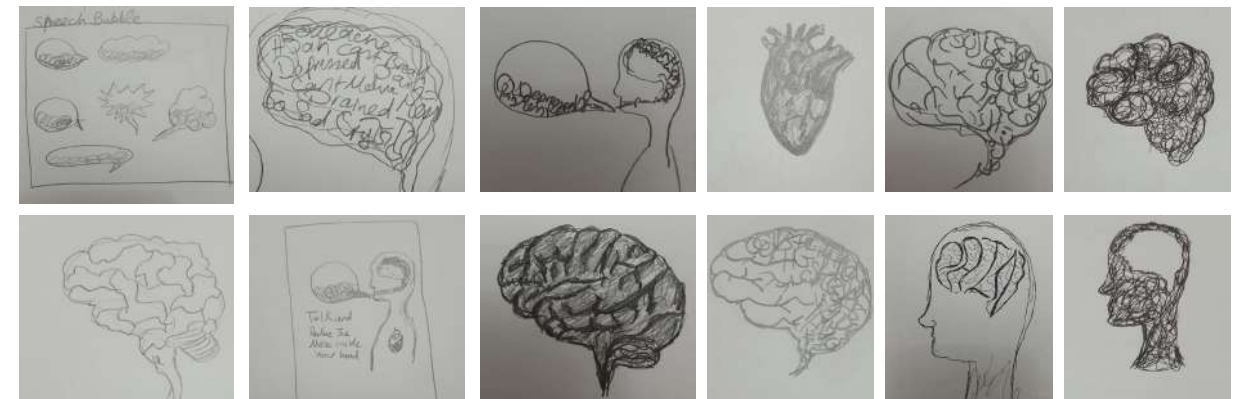
<https://www.pinterest.com/aemam1261/thesis/>



Thumbnails

The second step was to create some quick thumbnails to develop the poster concept. The main idea of the concept was to describe visually and verbally how talking to a therapist clears people's minds and reliefs their mental pain. I wanted to display this in the poster by illustrating a "mess" in a person's mind by drawing some scribbles, and show how this mess is getting less by moving towards the speech bubble.

Through the thumbnails I was trying to figure out how will I illustrate the brain, the character, the speech bubble, and also develop the layout for the poster.

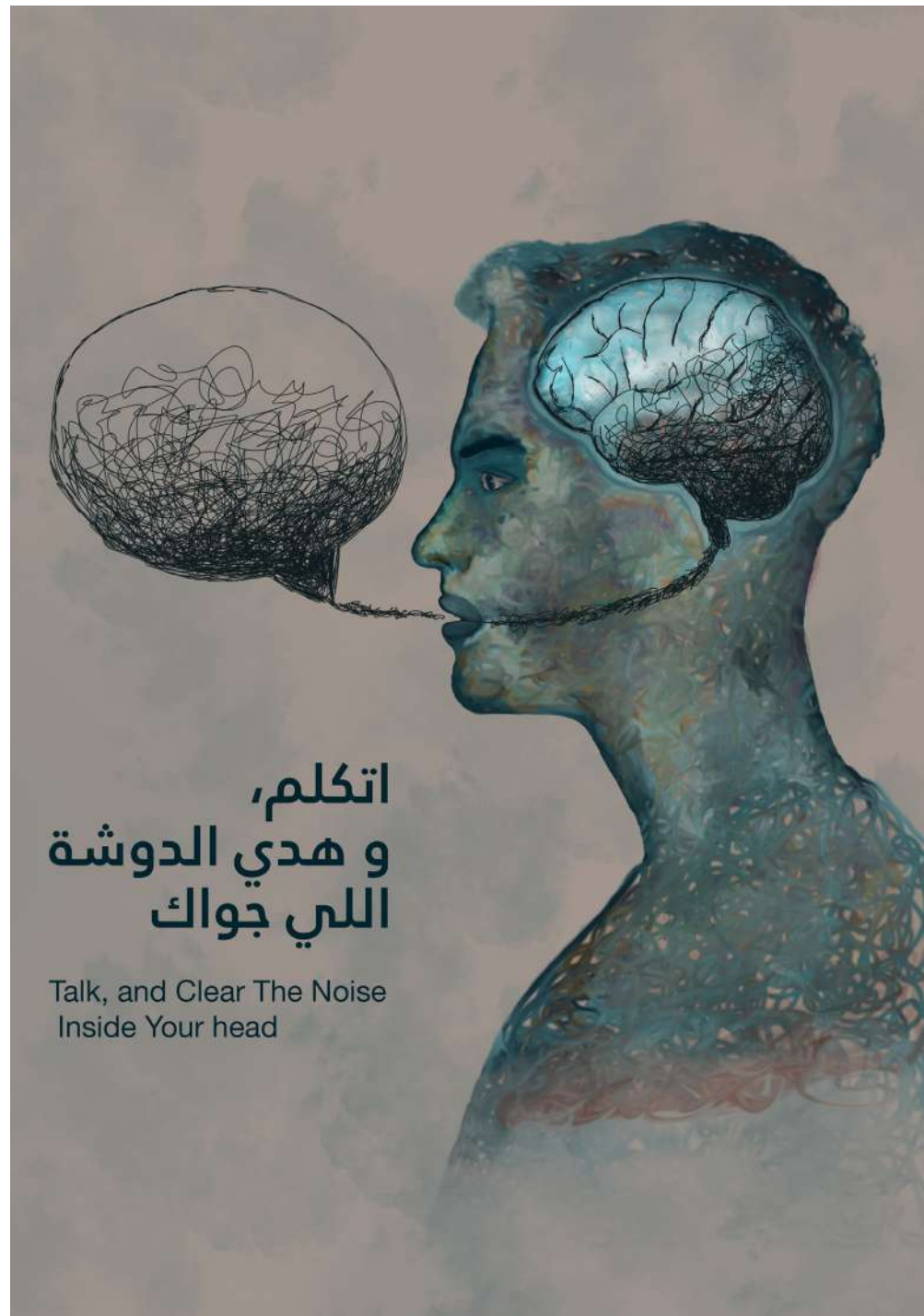


Design Experimentation

I tried to experiment with different design techniques to come up with the final design. I tried different photoshop brushes, different colors, and different coloring styles. I wanted to experiment with the silhouette style and with adding features to the character. I also tried several scribbling techniques to come up with the final one.



First Draft Result



This was the result for my first draft. However, I didn't like the color palette or the typography, so I started working on that.

Typefaces and Color palettes

For the **typefaces**, I wanted to use very simple and natural ones because already the poster has so many details. I chose the Arial Rounded MT Font, because I wanted a font that is friendly with round edges. The same thing applies for the Arabic Font, I chose neutral rounded simple font called Baloo Bhaijann.

Color Palette

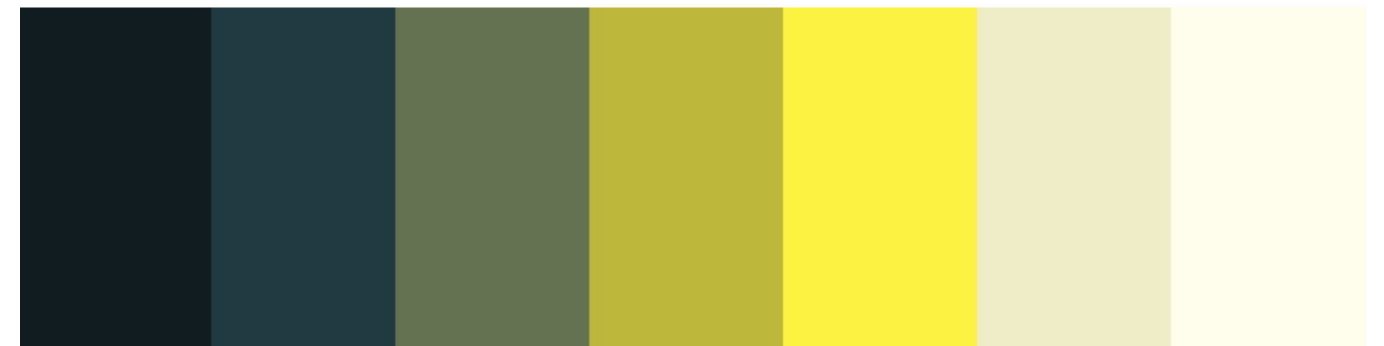
Regarding the color palette chose a mix of blue and yellow; because blue is the color of sadness and yellow is the color of joy, and in all the posters, I wanted to present those 2 emotions and how therapy take people from a dark sad place to a happy bright one.

- Arial Rounded MT Bold

Lorem ipsum dol
Utinam habemus assueverit et est. |
Ex eam nusquam commune. Vis eu |
Lorem ipsum dolor sit amet, te quae
Utinam habemus assueverit et est. Elit pertinacia mea no.
Ex eam nusquam commune. Vis eu perpetua interesset. L
Lorem ipsum dolor sit amet, te quaestio dignissim repudi;
Sed ut perspiciatis unde omnis iste natus error sit volupta

- Baloo Bhaijaan 2

ولما كانت الدول الأعضاء قد
تعهدت بالتعاون مع الأمم
المتحدة على

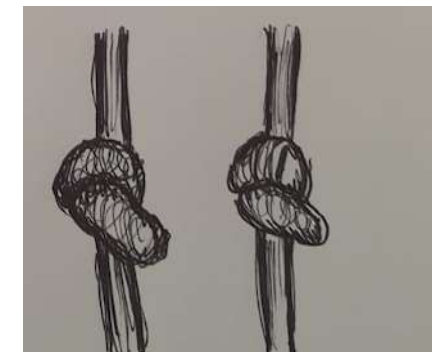
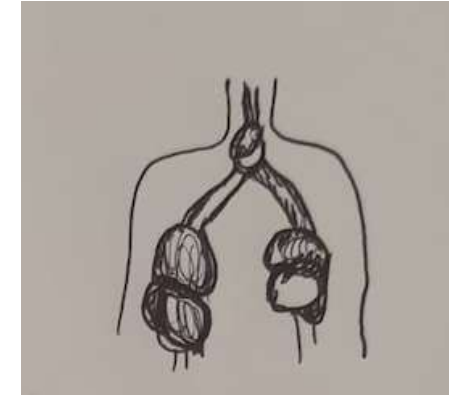
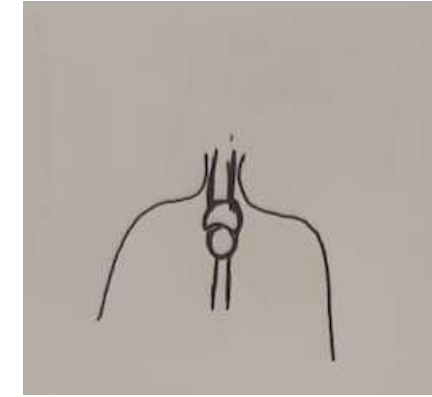




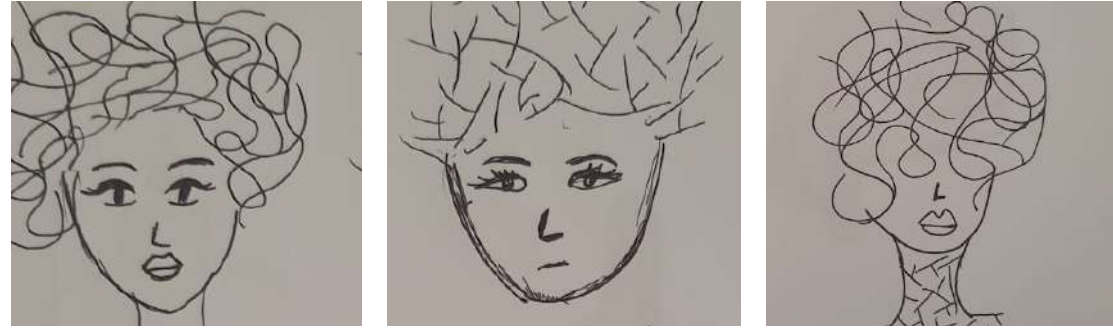
Final

Posters 2 & 3:

Thumbnails



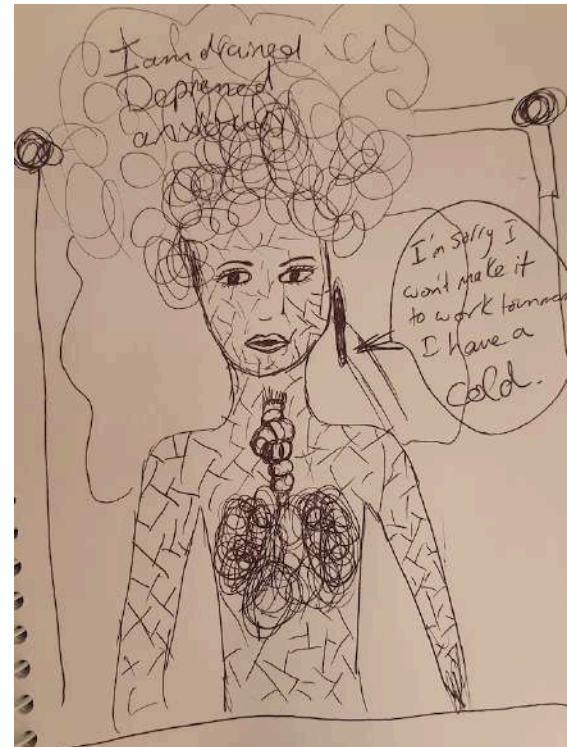
Thumbnails



Those quick sketches show the concepts of the second and third posters.

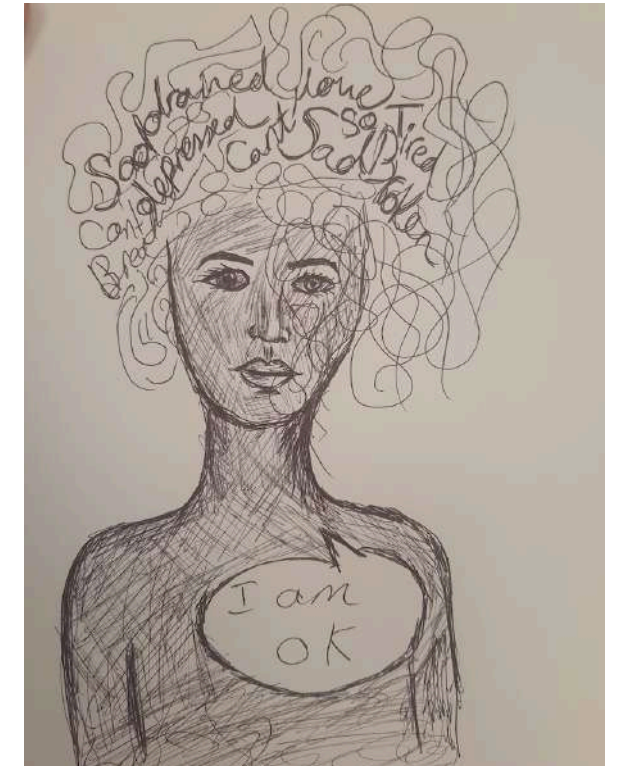
The 2nd poster:

The concept is to illustrate a person laying in bed with lots of negative thoughts. The person is feeling body aches, a lump in her throat and can't breathe from the mental pain. Instead of saying the truth, she decides to hide her mental pain and just pretend to have a cold. Because unfortunately having a cold is more acceptable than being mentally ill.



The Third poster:

The concept is to illustrate a person experiencing anxiety overthinking and mental pain. The person also decides to hide all of her feelings and just smile and say that she is ok.



Poster 2 Concept:

The poster's concept is based on a quote mentioned in the literature review, which is: "Seventy to 80% of psychiatric patients in Arab countries tend to somatize their emotions and express their feelings in physical symptoms" (Okasha, 2012).

Due to the stigma attached to mental illness, people are ashamed to admit that they have a certain mental problem, and therefore, refuse getting mental treatment. They tend to say that they have a certain physical illness, because unfortunately, physical illness is more acceptable than mental illness.

In the poster, I illustrated a woman suffering from depression symptoms. Her face is painted in a way that describes the mental pain she is experiencing.

I used a rope knot to represent the lump in the throat people feel when they are sad or anxious. I also drew some scribbles on her chest and body to represent the pain.

The poster shows a speech bubble where she is talking on the phone telling her boss that she won't make it to work because she has a cold. On the opposite side however, a thought bubble shows the viewer what she is really experiencing, which are the symptoms of depression.



Draft 1

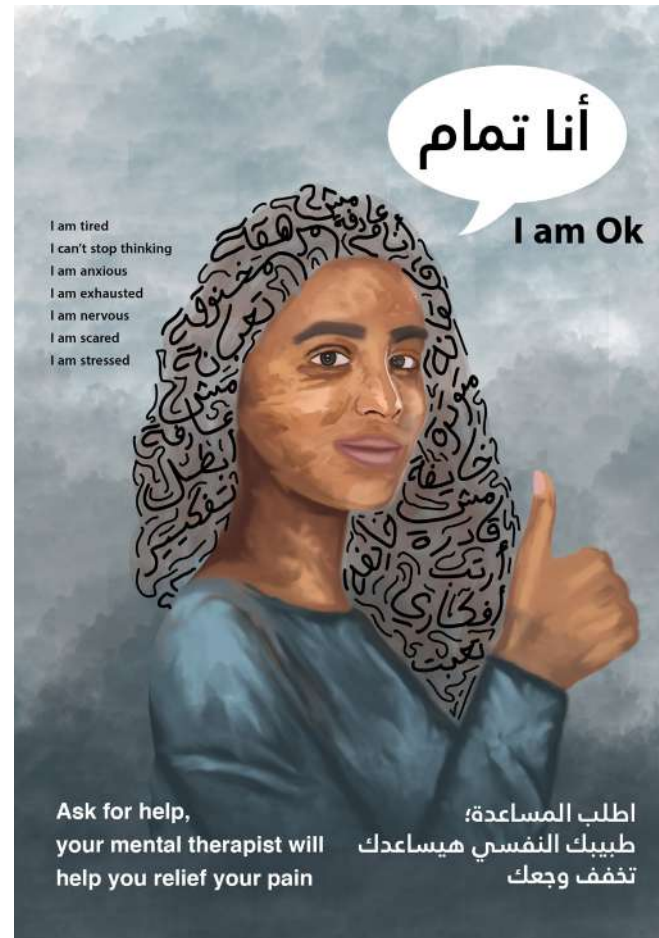


Draft 2



Final Draft

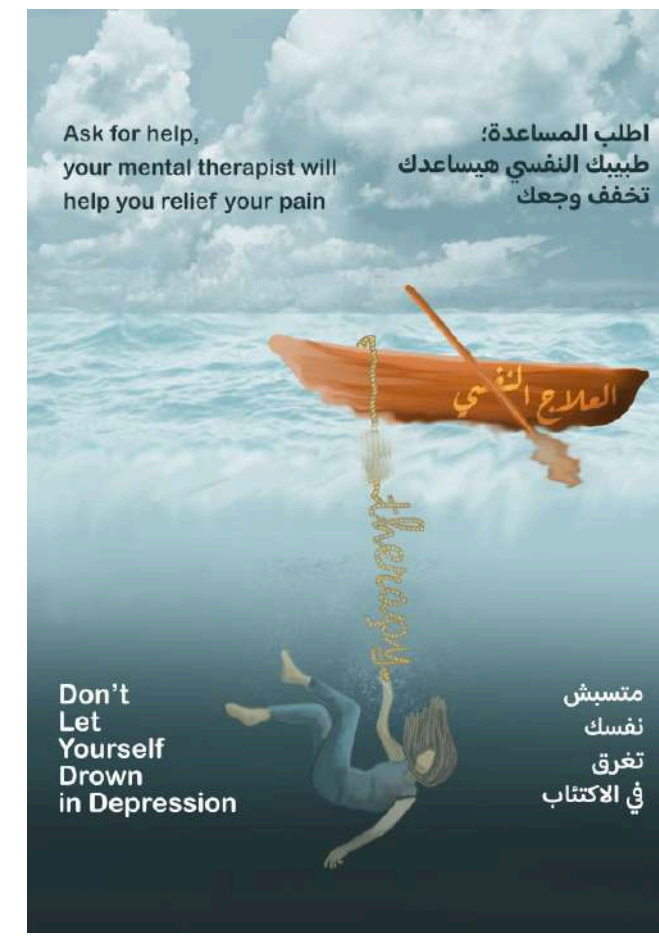
Poster 3:



Since the second poster focused on depression, I decided to make the third poster focus on anxiety. I painted a girl smiling and having her thumbs up saying that she is ok. Then, I drew her hair using arabic words describing her symptoms. (The words are translated on the side in English). The wanted the words to come from her head to exactly describe what is going on inside her mind.

Some of the things I also worked on adjusting after doing my first draft were fixing the character's hair and facial traits. Additionally, the text coming out of her hair weren't that readable, so I made them typed instead of handwritten to be more visibale. I also made them bold. As for the facial traits, I focused on the eyes to make it sadder, red, and watery. I also worked on the eye-brows making them have some details instead of being made out of a block of one color.

Poster 4:



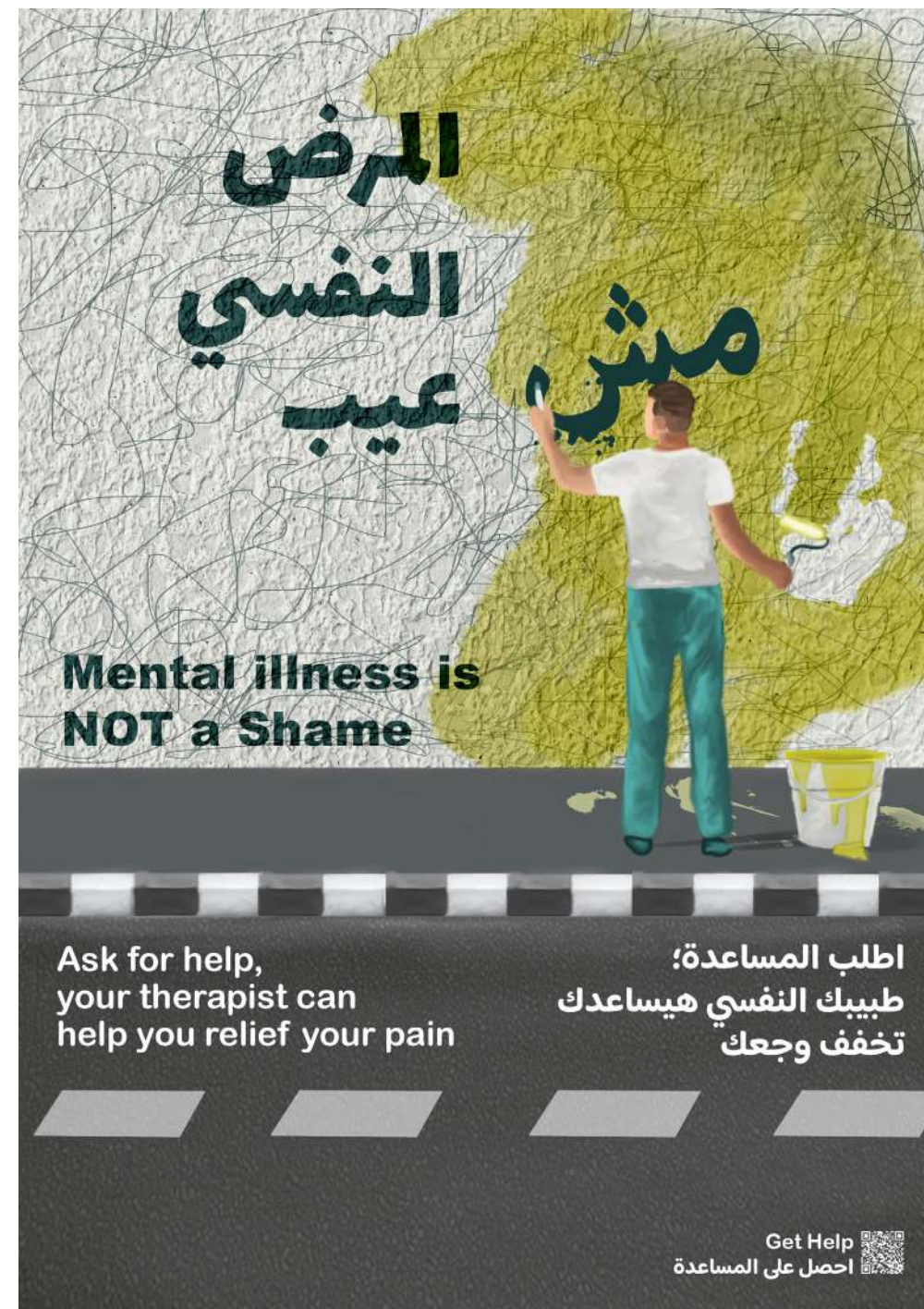
The fourth poster basically describes the feeling of depression; the sensation of drowning in deep darkness and that something is pulling you down. The feeling is represented by showing a girl drowning in deep see, however, therapy is there to rescue her. This is presented by writing the word of therapy using the rescue rope. Additionally, the word therapy in Arabic is written on the boat to emphasis that this is what will save anyone from drowning into depression.

Poster 5:

The concept of the poster is breaking the stigma attached to mental illness. On the wall, it is written in arabic that Mental illness is a shame. But a man comes and writes the word NOT before shame. He also tries to clean up and paints the color yellow on the dark scribbles that represent the ignorance and negative consequences of this stigma. He tries to make the wall brighter which represents raising awareness.

Below is the first version of the poster, and on the right the final one after the adjustments. I changed the paint bucket to a more realistic one, and made the street and sidewalk match the painting style. I also adjusted the shadows and splashing some paint on the floor.

Additionally, I added a QR to all the posters that takes the viewers to my website where they can find mental health services that they can access.



Chapter

4

Final Solution

Final Solution:

The past chapter discussed the process of developing the final solution from getting inspiration and mindmapping to experimenting and executing the designs.

This chapter will show the final designs, including the posters, the 2 social media posts groups, and the 2 animations.

Final Posters



مخنوقة، تعبانة، مش قادرة
اقوم من السرير، مستنزفة،
مش قادة اشوف حد، جسمي
مكسر...

أسفة مش هعرف
أجي الشغل؛ عندي
برد

I am sufficating,
tired, can't get out
of bed, can't see
anyone, drained,
my whole body
aches...

Sorry,
I can't make it
to work, I have
a cold...

اطلب المساعدة؛
طبيبك النفسي هيساعدك
تخفف وجعك

Ask for help,
your therapist can
help you relief your pain

Get Help
احصل على المساعدة

أنا تمام
I am Ok

I am tired
I can't stop thinking
I am anxious
I am exhausted
I am nervous
I am scared
I am stressed

اطلب المساعدة؛
طبيبك النفسي هيساعدك
تخفف وجعك

Ask for help,
your mental therapist will
help you relief your pain

Get Help
احصل على المساعدة

Ask for help,
your therapist can
help you relief your pain

اطلب المساعدة؛
طبيبك النفسي سيساعدك
تخفف وجعك



Therapy

Don't
Let
Yourself
Drown
in Depression

متسبب
نفسك
تغرق
في الاكتئاب

Get Help
احصل على المساعدة



المرض
النفسي
صئبي
عيب

Mental illness is
NOT a Shame

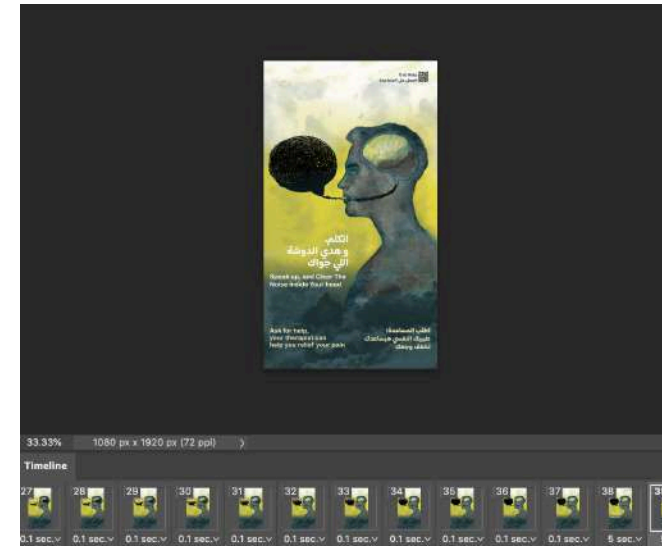
اطلب المساعدة؛
طبيبك النفسي سيساعدك
تخفف وجعك

Ask for help,
your therapist can
help you relief your pain

Get Help
احصل على المساعدة

Final Animations

Poster 1 Animation

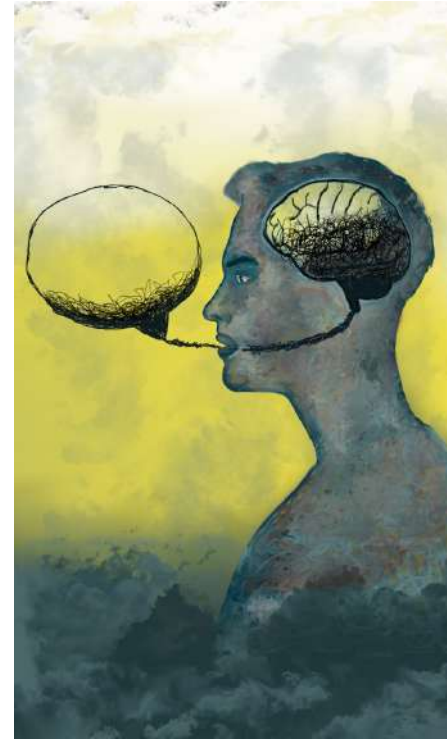


Two of the posters were animated to add them as social media reels since it is the new trend and get viral easily.. The animation shows how the thoughts and mental pain move from the character's brain towards the speech bubble.

I composed music that express exactly what is going on in the animation. The music is very fast in the part where the character is venting out his emotions. Then when the phrase ask for help appears it starts getting slower and calmer

Poster 1 Animation

Frames:

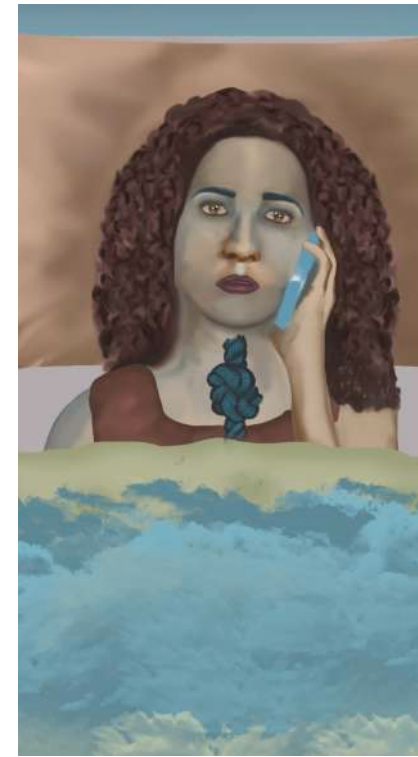
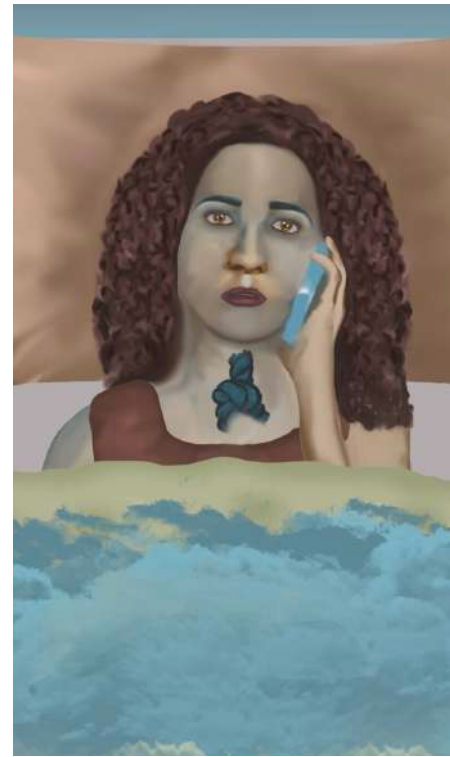


<https://youtube.com/shorts/V55tCjYJOqM?feature=share>

Poster 2 Animation

The second animation starts with very sad music full of sorrow while the rope is being painted and the text is appearing. The thought bubble slides in the screen first followed by the speech bubble. Then the phrase “ask for help” appears, and the music gets happier expressing hope.

Frames:

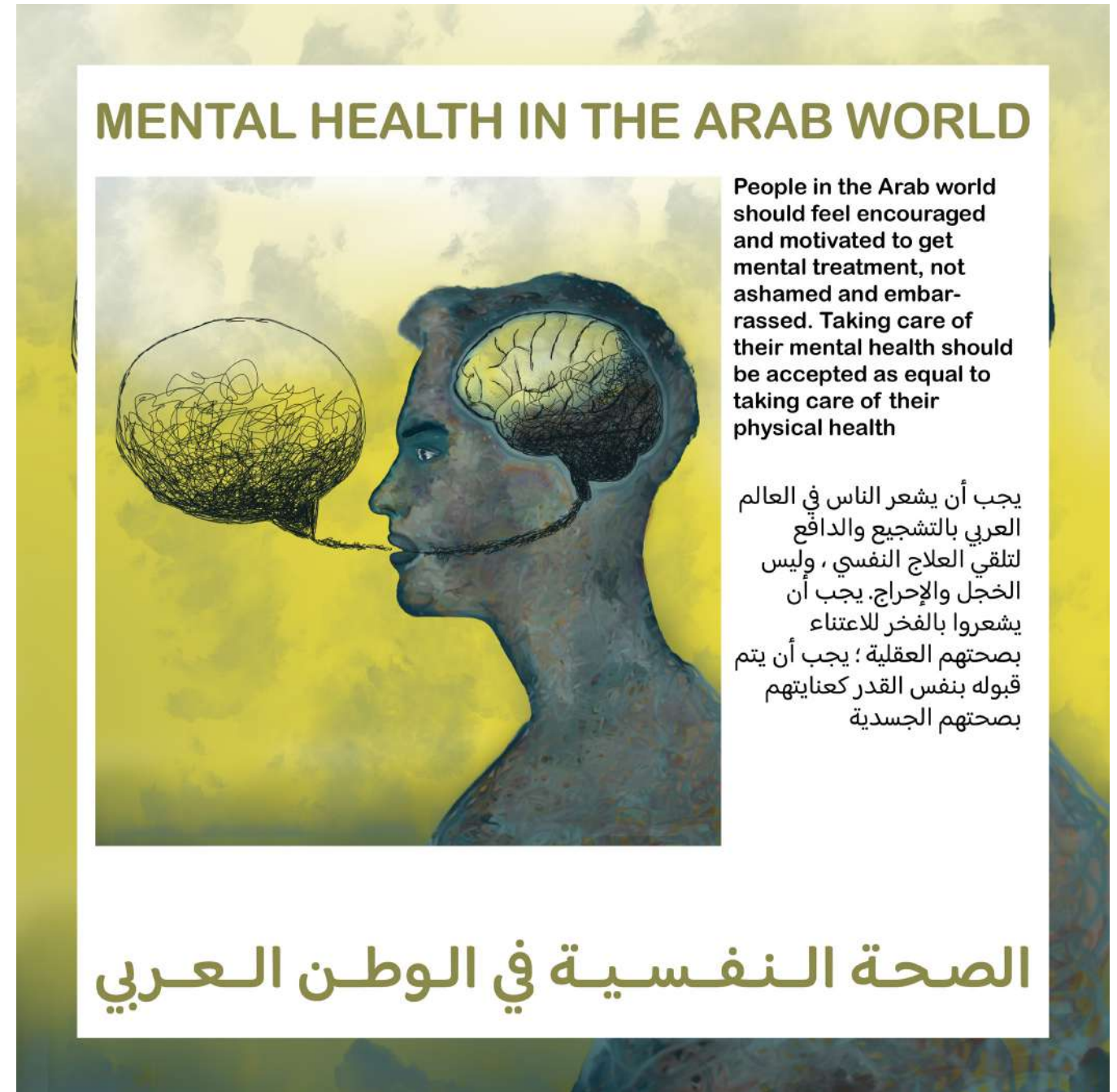


<https://youtube.com/shorts/FdE3QxfMTUc?feature=share>

Final Social Media Posts (Group 1)

Social Media Posts:

I created social media posts using the illustrations from the posters but without the text. I took parts of the illustrations and placed some of the research from the literature review related to it.



MENTAL HEALTH IN THE ARAB WORLD



Mental illness patients in the Arab world tend to describe their psychological symptoms in terms of physical symptoms to avoid the stigma attached to mental illness

يميل من يعانون من امراض نفسية في العالم العربي إلى وصف أعراضهم النفسية لأعراض الجسدية لتجنب وصمة العار المرتبطة بالمرض النفسي

الصحة النفسية في الوطن العربي

MENTAL HEALTH IN THE ARAB WORLD



Only 11% of mental illness patients in the Arab world turn to mental health practitioners (Dardas, 2015).

“It takes months and even years for some families before they finally accept that the person with mental illness needs professional psychiatric care” (Dardas, 2015).

11% فقط من مرضى الأمراض النفسية في العالم العربي يتجهون إلى الأطباء النفسيين

يستغرق الأمر شهرًا وحتى سنوات لبعض العائلات قبل أن يتقبلوا أخيرًا أن المريض النفسي يحتاج مساعدة من طبيب نفسي متخصص

الصحة النفسية في الوطن العربي

MENTAL HEALTH IN THE ARAB WORLD

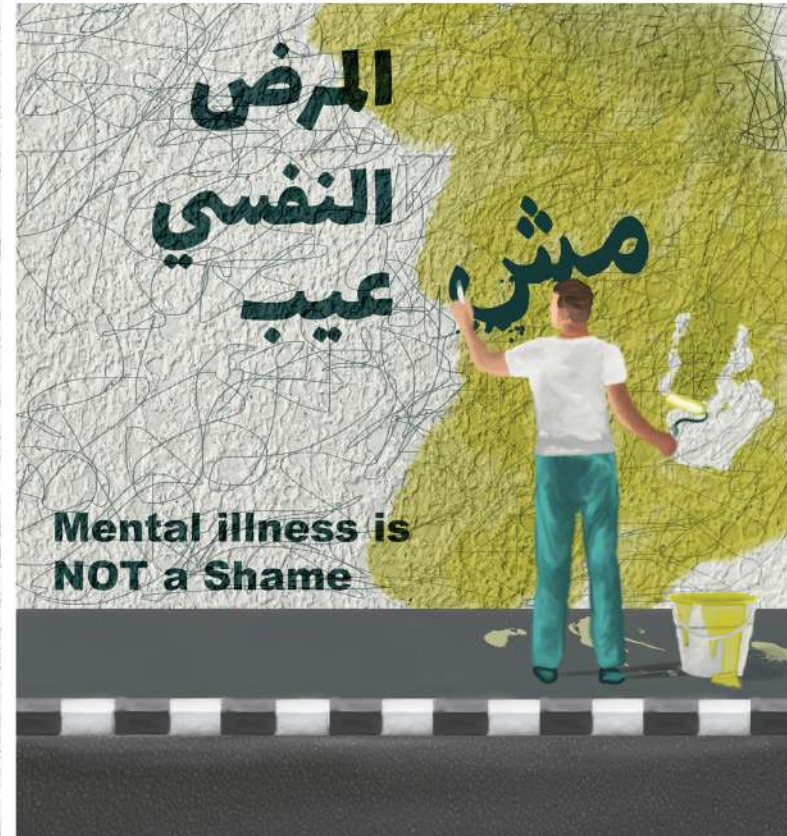


Depression is the most prevalent mental disorder in the Arab world. Factors contributing to depression include illiteracy, poverty, stress, misinterpretation of religion, heavy traffic, and substandard living

الاكتئاب هو أكثر الامراض النفسية انتشارًا في العالم العربي، تشمل العوامل المساهمة في الاكتئاب الأمية والفقر والتوتر وسوء تفسير الدين وحركة المرور الكثيفة والحياة المتدنية

الصحة النفسية في الوطن العربي

MENTAL HEALTH IN THE ARAB WORLD



The stigma attached to mental illness is one of the most common barriers to mental illness treatment, people with mental illness continue to remain subject to stigma that restricts their full inclusion in community life

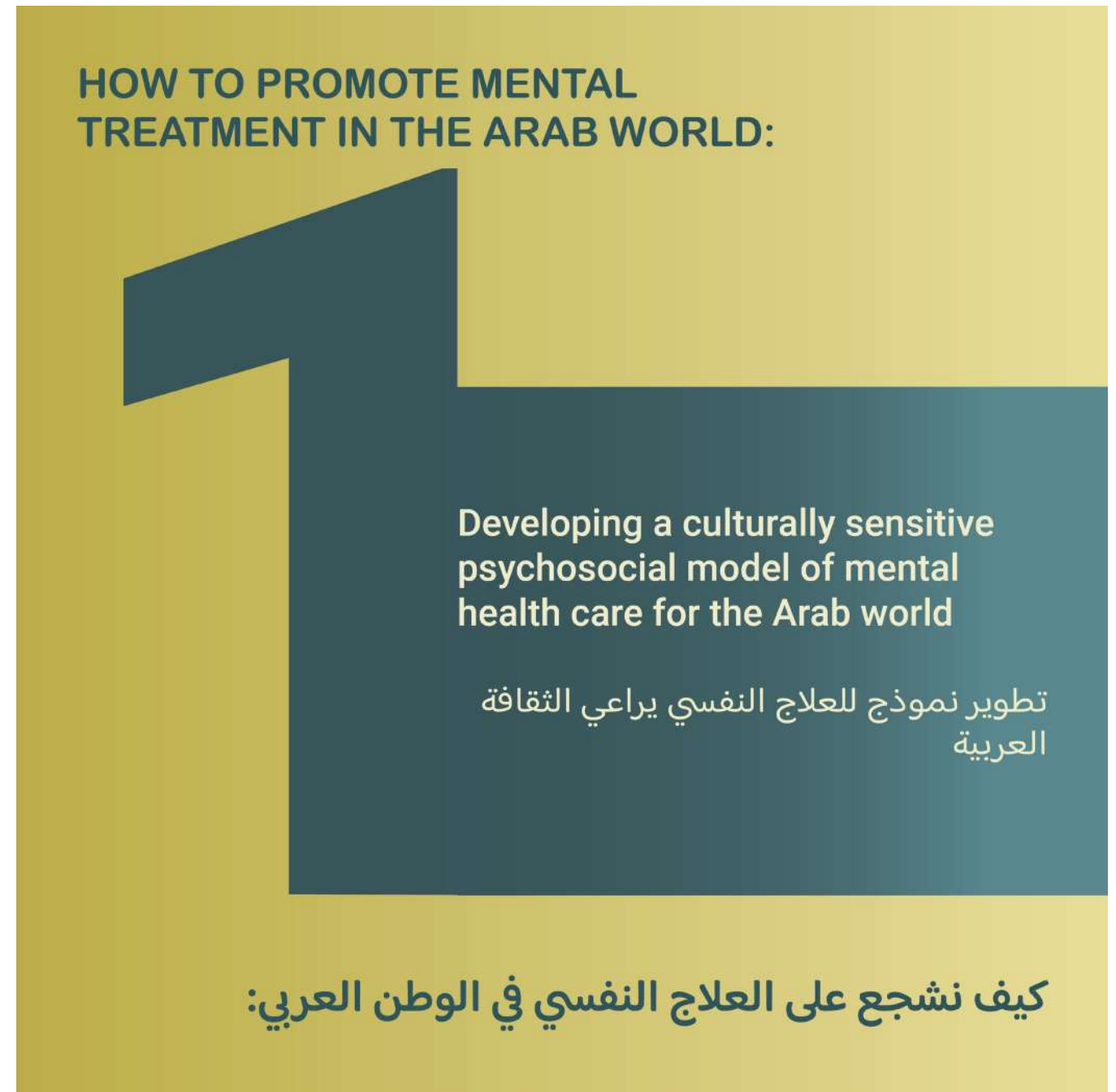
تعتبر وصمة العار المرتبطة بالمرض النفسي من أكثر العوائق شيوعًا للعلاج النفسي هذه المعتقدات تقيد اندماجهم الكامل في الحياة المجتمعية

الصحة النفسية في الوطن العربي

Final Social Media Posts (Group 2)

Social Media Posts:

I also created some another social media posts group from my research, discussing the possible solutions for improving and promoting mental treatment in the Arab World.



Social Media Posts:

HOW TO PROMOTE MENTAL TREATMENT IN THE ARAB WORLD:



Increasing acceptance of
mental health interventions
through community leaders

زيادة قبول تدخلات الصحة
النفسية من خلال قادة المجتمع

كيف نشجع على العلاج النفسي في الوطن العربي:

HOW TO PROMOTE MENTAL TREATMENT IN THE ARAB WORLD:



Increasing acceptance through
public awareness and education
campaigns because education may
influence beliefs and attitudes about
psychotherapy

زيادة تقبل العلاج النفسي من خلال
حملات التوعية و التثقيف لأن التعليم
قد يؤثر على المعتقدات والمواقف حول
العلاج النفسي

كيف نشجع على العلاج النفسي في الوطن العربي:

**HOW TO PROMOTE MENTAL
TREATMENT IN THE ARAB WORLD:**

4

Offering incentives to hospitals so they will build new or expand their existing mental health facilities in order to satisfy future demand

تقديم حوافز للمستشفيات حتى تقوم ببناء مرافق جديدة للصحة العقلية أو توسيع مرافقها الحالية من أجل تلبية الطلب المستقبلي

كيف نشجع على العلاج النفسي في الوطن العربي:

**HOW TO PROMOTE MENTAL
TREATMENT IN THE ARAB WORLD:**

5

Educating families to enable them to support their mentally affected relatives

توعية الأسر لتمكينها من دعم أقاربهم المتضررين من الامراض النفسية

كيف نشجع على العلاج النفسي في الوطن العربي:

Social Media Posts:

HOW TO PROMOTE MENTAL TREATMENT IN THE ARAB WORLD:



Raising cooperation between
therapists and faith healers

زيادة التعاون بين المعالجين النفسيين و
علماء الدين

كيف نشجع على العلاج النفسي في الوطن العربي:

HOW TO PROMOTE MENTAL TREATMENT IN THE ARAB WORLD:



Raising awareness in schools by
educating young people about
mental illnesses helps fight
undesirable stereotypes

رفع مستوى الوعي في المدارس من خلال
تثقيف الشباب حول الأمراض العقلية يساعد في
مكافحة الصور النمطية غير المرغوب فيها

كيف نشجع على العلاج النفسي في الوطن العربي:

What's Next?

This project is just the beginning of making a change.

Facebook and Instagram pages were created to publish the posters, animations, and posts. Also, a website has been created to explain and display the project, and show people where they can access mental health services..

The next step is to expand those platforms and increase their reach. I want them to reach as many people as possible to increase the project's influence on society. I also want to create more posters and social media posts about several topics regarding mental health and therapy.

Additionally, I want to make people share their experiences with mental illnesses and therapy, including how they overcame the stigma and their recovery stories. People get inspired by true stories because they make them believe that there is hope.

I want the social media pages and the website to act as platforms that gather an entire community that believes in making a change and breaks the stigma associated with mental illness.

Chapter

5

Conclusion

Conclusion

Mental health has been neglected in the Arab world, although it has the highest rates of depression and anxiety. Thus, raising awareness is important to educate people about the importance of mental treatment because the burden of mental illness in the region is increasing.

Different research methods were used to find a solution for this problem, including a literature review, case studies, and visual analysis.

The literature review stated that there are several barriers preventing mental treatment in the Arab world, including cultural stigma, poverty, illiteracy, false beliefs regarding the causation of the illness, conflicts in countries, and scarcity of mental health services and research. As a result, those suffering from mental illness find getting treatment difficult and are ashamed to publicly admit their problem and seek help.

Research suggested many solutions for promoting therapy; the most feasible one was creating an awareness campaign that promotes therapy and breaks the stigma associated with mental illness.

Posters, social media posts, and short animated videos were created for this campaign using digital painting and typography.

The designs addressed issues discussed in the literature review, including breaking the stigma associated with mental illness, describing mental illness as physical illness (because physical pain is more acceptable than mental pain), discussing issues related to depression and anxiety, and describing the process of the therapy itself.

Those designs aim to change people's mentalities; making them normalise mental illness and accept therapy. The designs aim to raise awareness about mental health and break the stigma associated with mental illness.

Bibliography

- "About Bring Change to Mind." Bring Change to Mind, 14 June 2022, bringchange2mind.org.
- "About the Campaign." NCSS, 7 Oct. 2022, www.ncss.gov.sg/our-initiatives/beyond-the-label/about-the-campaign.
- Affi, M. (2006). Depression in adolescents: Gender differences in Oman and Egypt. *Eastern Mediterranean Health Journal* 12(1-2): 61-71.
- Aldam, G., Dickie, R., Knifton, L., & Davidson, L. (2017). Lessons from a national mental health arts festival. *American Journal of Psychiatric Rehabilitation*, 20(3), 298-310. <https://doi.org/10.1080/15487768.2017.1338069>
- Alhariri, Waleed et al. "The Right to Mental Health in Yemen: A Distressed and Ignored Foundation for Peace." *Health and human rights* vol. 23,1 (2021): 43-53.
- Al-Krenawi, A., & Graham, J. R. (1999). Gender and biomedical/ traditional mental health utilization among the Bedouin-Arabs of the Negev. *Culture, Medicine and Psychiatry*, 23, 219-243.
- Al-Krenawi, Alean, "Mental health practice in Arab countries". *Current Opinion in Psychiatry*, vol. 18, no. 5, September 2005, pp. 560-564. doi: 10.1097/01.yco.0000179498.46182.8b.
- Asi, Yara. "Increasing Awareness of Mental Health Needs in Arab Populations." Arab Center Washington DC, 9 Sept. 2022, arabcenterdc.org/resource/increasing-awareness-of-mental-health-needs-in-arab-populations.
- "Bring Change to Mind." Bring Change to Mind, bringchange2mind.org.
- Charara, Raghid et al. "The Burden of Mental Disorders in the Eastern Mediterranean Region, 1990-2013." *PloS one* vol. 12,1 e0169575. 17 Jan. 2017, doi:10.1371/journal.pone.0169575
- Corrigan, P.W. and Watson, A.C. (2002), "Understanding the impact of stigma on people with mental illness", *World Psychiatry*, Vol. 1 No. 1, pp. 16-20, available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC1489832/
- Corrigan, P.W., Markowitz, F.E. and Watson, A.C (2004), "Structural levels of mental illness stigma and discrimination", *Schizophrenia Bulletin*, Vol. 30 No. 3, pp. 481-91, available at: <https://doi.org/10.1093/oxfordjournals.schbul.a007096>
- Chowdhury, N. Integration Between Mental Health-Care Providers and Traditional Spiritual Healers: Contextualising Islam in the Twenty-First Century. *J Relig Health* 55, 1665-1671 (2016). <https://doi.org/10.1007/s10943-016-0234-7>
- Dardas, L A, and L A Simmons. "The stigma of mental illness in Arab families: a concept analysis." *Journal of psychiatric and mental health nursing* vol. 22,9 (2015): 668-79. doi:10.1111/jpm.12237
- Ditchman, N., Werner, S., Kosyluk, K., Jones, N., Elg, B. and Corrigan, P.W. (2013), "Stigma and intellectual disability: potential application of mental illness research", *Rehabilitation Psychology*, Vol. 58 No. 2, pp. 206-16, doi: 10.1037/a0032466.
- Eapen, V., & Ghubash, R. (2004). Help-seeking for mental health problems of children: Preferences and attitudes in the United Arab Emirates. *Psychological Reports*, 94(2)
- Fakhr El-Islam M. Arab Culture and Mental Health Care. *Transcultural Psychiatry*. 2008;45(4):671-682. doi:10.1177/1363461508100788
- Gearing, Robin E et al. "Adaptation and translation of mental health interventions in Middle Eastern Arab countries: a systematic review of barriers to and strategies for effective treatment implementation." *The International journal of social psychiatry* vol. 59,7 (2013): 671-81. doi:10.1177/0020764012452349
- "In the Arts." See Me, www.seemescotland.org/seeus/in-the-arts. Accessed 6 Nov. 2022.
- Knifton, L., Quinn, N., Inglis, G., & Byrne, P. J. (2009). Ethical issues in a national mental health arts and film festival. *Journal of Ethics in Mental Health*, 4(2), 1-5. <https://pureportal.strath.ac.uk/en/publications/ethical-issues-in-a-national-mental-health-arts-and-film-festival-2>
- Koh, E., and Shrimpton, B. (2014). Art promoting mental health literacy and a positive attitude towards people with experience of mental illness. *The International journal of social psychiatry*, 60(2), 169-174. <https://doi.org/10.1177/0020764013476655>
- Lamb, J. (2009). Creating Change: Using the Arts to Help Stop the Stigma of Mental Illness and Foster Social Integration. *Journal of Holistic Nursing*, 27(1), 57- 65. <https://doi.org/10.1177%2F0898010108323011>
- National Institute of Mental Health (2021). Anxiety Disorders. Retrieved December 13, 2021, from <https://www.nimh.nih.gov/health/topics/eating-disorders>.
- Naveed, Hina. "Mental Health in the Middle East | Middle East Medical Portal." Middle East Medical Portal, 10 Sept. 2018, www.middleeastmedicalportal.com/mental-health-in-the-middle-east.
- "Power of Ok." See Me, www.seemescotland.org/seeus/campaigns/power-of-okay. Accessed 6 Nov. 2022.
- Quinn, N., Shulman, A., Knifton, L., and Byrne, P. (2011). The impact of a national mental health arts and film festival on stigma and recovery. *Acta psychiatrica Scandinavica*, 123(1), 71-81. <https://doi.org/10.1111/j.1600-0447.2010.01573.x>
- "Schizo." Bring Change to Mind, bringchange2mind.org/learn/psas/schizo.
- "Singapore's NCSS launches second edition of 'Beyond The Label' mental health campaign", murbella.com, 24 Oct. 2019, www.mumbrella.asia/2019/10/singapores-ncss-launches-second-edition-of-beyond-the-label-mental-health-campaign.
- "Stronger Than Stigma." Bring Change to Mind, bringchange2mind.org/learn/psas/strongerthanstigma
- "Talk to Anyone." Bring Change to Mind, bringchange2mind.org/learn/psas/talk-to-anyone. "What Can We Do to Address Stigma." NCSS, www.ncss.gov.sg/our-initiatives/beyond-the-label/what-we-can-do-to-address-stigma. Accessed 10 Nov. 2022.

