Research Article

THE EFFECT OF MARITAL STATUS AND CHILDREN ON PHYSICIAN'S ATTITUDE TOWARDS PSYCHOTROPIC MEDICATIONS

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Abstract

Background: Psychiatric illnesses are a public health problem worldwide. An increasing number of Saudi citizens and residents utilize healthcare services for mental health concerns; hence, there is a need to assess these Physician's attitudes towards psychotropic medications objectively.

Aim: To examine of the effect of marital status on attitudes towards psychotropic medications among a sample of physicians in Saudi Arabia.

Methods: A cross-sectional study was conducted over a period of three months. The study has been conducted on convenient Sample of physicians working in Saudi Arabia who accepted to share in research. Demographic data was gathered using an electronic self-administered questionnaire and Physician's attitudes towards psychotropic medications have been evaluated by a previously validated questionnaire.

Results: This study included 136 physicians, 67 (49.3%) physicians are married, with 48 (71.6%) of them having children and 19 (28.4%) not having children. Meanwhile, 69 (50.7%) are single, with 3 (4.3%) having children and 66 (95.7%) not having children. Physicians exhibit 83.3%-84.95% positive attitude, while 15.05%-16.7% display a negative attitude towards psychotropic medications.

Conclusions: Physician's attitudes may affect patients' medication compliance, susceptibility to adverse drug reactions, and illness progression. Our study findings reveal similarities in attitudes towards psychotropic medications between the majority of married and single physicians in Saudi Arabia, regardless of whether they have children or not.

Recommendations: Further larger studies are needed on large number of physicians in Saudi Arabia and other Arab countries to validate our study findings. Additionally, future research should explore the factors that influence Physician's attitudes towards psychotropic medications, such as their personal experiences with mental illness or their training. Effective teaching and training programs are necessary to bring in Physician's positive attitude towards psychotropic medications. *ASEAN Journal of Psychiatry, Vol. 25* (1) January, 2024; 1-12.

Keywords: Attitudes; Psychotropic Medications; Physicians; COVID-19; Post-traumatic Stress Disorder.

Introduction

Psychotropic medications play a crucial role in the treatment and management of mental health disorders, such as depression, anxiety, bipolar disorder, and schizophrenia. However, there is a stigma associated with these medications and many patients are reluctant to take them. Attitudes towards these medications among physicians are of paramount importance, as their prescribing practices significantly impact patient outcomes and adherence rates [1]. Antidepressants, sedatives (anxiolytics, hypnotics), and antipsychotics are all types of psychotropic medications that are often prescribed, with General Practitioners (GPs) being the primary prescribers [2]. Antidepressants are used to treat depression by increasing the levels of serotonin or norepinephrine in the brain [3]. Anxiolytics are used to treat anxiety disorders by calming the central nervous system and reducing feelings of anxiety and fear [4]. Antipsychotics, on the other hand, are used to treat schizophrenia and other psychotic disorders by blocking the effects of dopamine in the brain [5]. Mood stabilizers are used to treat bipolar disorder. They work by preventing or reducing the frequency and severity of manic and depressive episodes [6]. Finally, stimulants are used to treat attention deficit hyperactivity disorder and other attention disorders by increasing alertness and focus [7].

The appropriate use of these medications may result from a better understanding of general practitioners' perspectives on prescribing psycho tropics. We wanted to assess Physician's opinions on various aspects of prescription psychiatric medications, as well as their behaviors. Since taking medications is a complex habit, several potentially influential factors have been investigated and found to be associated with it [8]. The findings indicate that psychological and emotional factors have a greater impact on adherence than demographic, medical, or personality factors [9]. The significance of perceptions regarding the effects of medication on health was recognized through a comprehensive examination of these elements [10]. The findings imply that physician attitudes may influence decisions regarding treatment formulation. Therefore, it is critical to understand how and why various treatments are viewed favorably or unfavorably in clinical practice [11]. Feeling judged, uncomfortable, embarrassed, or shamed has always been a struggle for patients taking psychotropic medications, which have been stigmatized as "crazy pills" and "addictive toxins" [12,13]. Stigma towards mental illnesses has been found among medical and pharmacy students, especially in relation to schizophrenia and depression [14,15].

Using psychotropic medication in children is often considered a last resort for parents, after exhausting all other behavioral and psychological interventions to address their child's behavior or disorder [16]. Parents are more likely to agree to the administration of psychotropic medications for their child's behavior or disorder when it becomes necessary for the child's functioning, particularly in relation to educational function [17]. The presence of positive experiences with psychotropic medications in families facilitates the prescription of such medications for their children.

The aim of our study is to explore the effect of marital status and the presence of children on Physician's attitudes towards psychotropic medications. We hope to shed light on the factors that influence their attitudes.

Methodology

This cross-sectional study was conducted over a period of 3 months. It involved administering online questionnaires to gather data on the attitudes and knowledge of licensed physicians practicing in the Kingdom of Saudi Arabia regarding psychotropic medication.

The study was ethically approved by the Institutional Review Board of the Makkah region, and informed consent was obtained from all participants prior to completing the questionnaire.

A self-rated questionnaire consisting of 18 items was used to evaluate the attitudes toward psychotropic medications among the study sample. Factor analysis was conducted to examine the various models of attitudes. This questionnaire was developed, standardized, and used by previous researchers [18].

Participants

Our inclusion criteria were as follows: Being an actively licensed physician working in Saudi Arabia, actively engaged in clinical practice during the study period, and willing to participate in the research by providing informed consent. Our sample included male and female physicians, both Saudi and non-Saudi, without any form

of discrimination. Physicians who do not meet the inclusion criteria will be excluded from participating.

The target sample of the study was 200 physicians who are currently practicing in Saudi Arabia, but we only received 136 responses to the questionnaire.

Data analysis

Analysis was conducted using the Statistical Package for the Social Sciences, version 19 (SPSS-19) [19]. In the descriptive data, frequencies and percentages were calculated. Comparisons were conducted using a cross-table and an ANOVA.

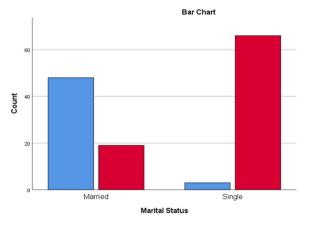
Results

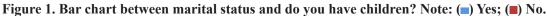
The study included 136 physicians who are currently practicing in Saudi Arabia. Out of these, 67 (49.3%) physicians are married, with 48 (71.6%) of them having children and 19 (28.4%) not having children. Meanwhile, 69 (50.7%) are single, with 3 (4.3%) having children and 66 (95.7%) not having children (Table 1 and Figure 1).

In the first question of our questionnaire, the majority answered "somewhat agree" when asked whether psychotropic medications are the most effective treatment for mental illness. As for whether the benefits outweigh the risks. most married physicians with children strongly agreed, while married physicians without children somewhat agreed. Furthermore, the highest percentage of respondents in each category strongly agreed when asked if psychotropic medications do not cure but can lead to substantial improvement. The question of whether they have side effects was answered with strong agreement by the majority in each category. Over 80% of respondents in each category strongly agreed that combining psycho tropics with counseling is highly beneficial for individuals with mental illness. Psychotropic medications can prevent relapse, over 60% of respondents strongly agreed with this statement in each category. When asked, many married physicians with children responded with "somewhat agree" regarding the potential for causing permanent damage or harm, while the majority of the remaining respondents answered with "strongly agree" (Table 2).

Table 1. Cross tabulation between marital status and do you have children?

	Ma	arital status *Do you have chi	ldren? cross tab	ulation		
			Do you have children?		Total	
			Yes	No		
Marital	Married	Count	48	19	67	
status		% within marital status	71.60%	28.40%	100.00%	
	Single	Count	3	66	69	
		% within marital status	4.30%	95.70%	100.00%	
Total		Count	51	85	136	
		% within marital status	37.50%	62.50%	100.00%	





		Marital status/Children				
		Single with children	Single without children	Married with children	Married without children	
Psychotropic	Strongly agree	0	24	18	3	
medications are the most effective		0.00%	36.40%	37.50%	15.80%	
way to treat	Somewhat agree	3	32	27	14	
mental illness.		100.00%	48.50%	56.30%	73.70%	
	Disagree	0	10	3	2	
		0.00%	15.20%	6.30%	10.50%	
Their benefits	Strongly agree	2	32	29	7	
outweigh their risks.		66.70%	48.50%	60.40%	36.80%	
	Somewhat agree	1	28	17	11	
		33.30%	42.40%	35.40%	57.90%	
	Disagree	0	6	2	1	
		0.00%	9.10%	4.20%	5.30%	
They don't cure	Strongly agree	3	41	28	11	
but can lead to substantial		100.00%	62.10%	58.30%	57.90%	
improvement	Somewhat agree	0	24	17	6	
		0.00%	36.40%	35.40%	31.60%	
	Disagree	0	1	3	2	
		0.00%	1.50%	6.30%	10.50%	
They have side	Strongly agree	3	33	30	13	
effects, but these can be managed.		100.00%	50.00%	62.50%	68.40%	
C	Somewhat agree	0	31	15	4	
		0.00%	47.00%	31.30%	21.10%	
	Disagree	0	2	3	2	
		0.00%	3.00%	6.30%	10.50%	
Use of	Strongly agree	3	57	43	18	
psychotropics along with		100.00%	86.40%	89.60%	94.70%	
counseling help a	Somewhat agree	0	9	5	1	
lot of people with mental illness.		0.00%	13.60%	10.40%	5.30%	
	Disagree	0	0	0	0	
		0.00%	0.00%	0.00%	0.00%	

Table 2. Attitude of physicians towards psychotropic medications.

Psychotropics can	Strongly agree	2	48	34	13
prevent relapse.		66.70%	72.70%	70.80%	68.40%
	Somewhat agree	1	17	13	5
	-	33.30%	25.80%	27.10%	26.30%
	Disagree	0	1	1	1
	_	0.00%	1.50%	2.10%	5.30%
They rarely cause	Strongly agree	2	28	12	11
permanent damage or harm.	_	66.70%	42.40%	25.00%	57.90%
	Somewhat agree	1	27	31	7
	-	33.30%	40.90%	64.60%	36.80%
	Disagree	0	11	5	1
	-	0.00%	16.70%	10.40%	5.30%
They are a	Strongly agree	1	35	30	7
better option for treatment of	-	33.30%	53.00%	62.50%	36.80%
mental illnesses	Somewhat agree	2	23	14	11
than alternative treatments.	-	66.70%	34.80%	29.20%	57.90%
	Disagree	0	8	4	1
	-	0.00%	12.10%	8.30%	5.30%
They have	Strongly agree	0	9	14	3
high risk of dependency.	-	0.00%	13.60%	29.20%	15.80%
aspenderoj.	Somewhat agree	1	33	22	9
	_	33.30%	50.00%	45.80%	47.40%
	Disagree	2	24	12	7
	_	66.70%	36.40%	25.00%	36.80%
They are unnatural	Strongly agree	0	0	3	0
and poisonous substances, which	-	0.00%	0.00%	6.30%	0.00%
are harmful.	Somewhat agree	0	9	14	6
	-	0.00%	13.60%	29.20%	31.60%
	Disagree	3	57	31	13
		100.00%	86.40%	64.60%	68.40%
They are just	Strongly agree	0	2	3	3
sedatives, which only calm down		0.00%	3.00%	6.30%	15.80%
the patients.	Somewhat agree	0	15	9	3
	-	0.00%	22.70%	18.80%	15.80%
	Disagree	3	49	36	13
	-	100.00%	74.20%	75.00%	68.40%

In the long run,	Strongly agree	0	0	2	1
they worsen the illness.		0.00%	0.00%	4.20%	5.30%
	Somewhat agree	0	7	7	1
		0.00%	10.60%	14.60%	5.30%
	Disagree	3	59	39	17
	_	100.00%	89.40%	81.30%	89.50%
They can make the	Strongly agree	0	1	3	1
body unnaturally hot or cold.	_	0.00%	1.50%	6.30%	5.30%
	Somewhat agree	1	27	24	4
	-	33.30%	40.90%	50.00%	21.10%
	Disagree	2	38	21	14
	-	66.70%	57.60%	43.80%	73.70%
They are very	Strongly agree	0	16	13	6
expensive.	-	0.00%	24.20%	27.10%	31.60%
	Somewhat agree	3	37	29	10
	-	100.00%	56.10%	60.40%	52.60%
	Disagree	0	13	6	3
	-	0.00%	19.70%	12.50%	15.80%
They are not	Strongly agree	0	3	1	2
necessary for treatment of	-	0.00%	4.50%	2.10%	10.50%
mental illness,	Somewhat agree	0	14	10	6
because mental illnesses can be		0.00%	21.20%	20.80%	31.60%
controlled by other	Disagree	3	49	37	11
means too.	-	100.00%	74.20%	77.10%	57.90%
They make the	Strongly agree	0	2	2	2
subject weak and enervated.	-	0.00%	3.00%	4.20%	10.50%
enervated.	Somewhat agree	0	21	26	3
	-	0.00%	31.80%	54.20%	15.80%
	Disagree	3	43	20	14
	-	100.00%	65.20%	41.70%	73.70%
They are the	Strongly agree	0	4	1	1
sole cause of unproductive life	-	0.00%	6.10%	2.10%	5.30%
of people with	Somewhat agree	0	10	13	1
mental illnesses.	-	0.00%	15.20%	27.10%	5.30%
	Disagree	3	52	34	17
	-	100.00%	78.80%	70.80%	89.50%

It is always better to take less than the prescribed dose of these medications.	Strongly agree	0	2	3	2
		0.00%	3.00%	6.30%	10.50%
	Somewhat agree	0	4	4	2
		0.00%	6.10%	8.30%	10.50%
	Disagree	3	60	41	15
		100.00%	90.90%	85.40%	78.90%
Total positive score		21	20	20	20
Total negative score		28	25	25	25

Psychotropic medications are considered a superior choice for treating mental illnesses compared to alternative treatments, majority of married physicians with children strongly agreed with this statement, while most married physicians without children answered with "somewhat agree." Regarding the high risk of dependency, the responses from many of the married physicians were somewhat agreeable. The majority of respondents from every category disagreed when asked if they considered unnatural and poisonous substances to be harmful. They are simply sedatives that only calm down the patients; most individuals in each group expressed disagreement. Most respondents from every category disagreed when asked if psychotropic medication worsens the illness in the long run. They can cause the body to become unnaturally hot or cold when answered by married physicians with children, they somewhat agree, whereas married physicians without children answered with disagreement. Regarding the question of whether they are very expensive, most respondents in each category responded with "somewhat agree."

Psychotropic medications are not always necessary for the treatment of mental illness because there are other means of controlling mental illnesses; most individuals in each category had the option to disagree with this statement. Many of the married physicians with children answered "somewhat agree," while the majority of married physicians without children answered "disagree" to the question, suggesting that psychotropic medication weakens and enervates the subject. The main factors contributing to the unproductive lives of patients with mental illnesses were disagreed upon by over 70% of respondents in each category. Additionally, more than 70% of respondents in each category expressed disagreement. Furthermore, both married and single physicians disagreed on whether it is always preferable to take less than the prescribed dosage of medications, with over 70% of both groups expressing their disagreement.

The average score for the total positive questions, which evaluate the positive attitude of respondents, is 20 out of 24 (83.3%). This score is calculated based on the following scoring system: 3 points for strongly agree, 2 points for somewhat agree, and 1 point for disagree. The respondents include married physicians with children, married physicians without children, and single physicians without children. The average scores for the total negative questions, which evaluate the negative attitude of the respondents, is as follows: 3 points for disagree, 2 points for somewhat agree, and 1 point for strongly agree. The average score is 26 (25/30=0.866*100=86.6%) for single physicians without children, and 25 (25/30=0.833*100=83.3%) for both married physicians with and without children.

In single physicians without children, 84.95% (0. 833+0.866=1.699/2=0.8495*100=84.95%) exhibit a positive attitude, while 15.05% display a negative attitude. Married physicians, whether they have children or not, have a similar percentage of positive attitudes, which is 83.3% (0.833+0.833=1. 666/2=0.833*100=83.3%). The remaining 16.7% show a negative attitude.

In almost every question, the two-tailed p-values were greater than 0.05, except for one question regarding unnatural and poisonous substances, which showed a significant association with a p-value of 0.014 (Table 3).

		ANOVA				
	Sum of squares	d	f	Mean Square	F	Sig.
Psychotropic medications	Between groups	1.092	3	0.364	0.919	0.434
are the most effective way to treat mental illness.	Within groups	52.29	132	0.396	-	-
to treat mental miless.	Total	53.382	135	-	-	-
Their benefits outweigh	Between groups	1.298	3	0.433	1.134	0.338
their risks.	Within groups	50.342	132	0.381	-	-
	Total	51.64	135	-	-	-
They don't cure but	Between groups	0.931	3	0.31	0.921	0.433
can lead to substantial improvement	Within groups	44.474	132	0.337	-	-
mprovement	Total	45.404	135	-	-	-
They have side effects, but	Between groups	0.999	3	0.333	0.937	0.425
these can be managed.	Within groups	46.883	132	0.355	-	-
	Total	47.882	135	-	-	-
Use of psychotropics along	Between groups	0.146	3	0.049	0.488	0.691
with counseling help a lot of people with mental	Within groups	13.199	132	0.1	-	-
illness.	Total	13.346	135	-	-	-
Psychotropics can prevent	Between groups	0.099	3	0.033	0.125	0.945
relapse.	Within groups	34.931	132	0.265	-	-
	Total	35.029	135	-	-	-
They rarely cause	Between groups	2.467	3	0.822	1.871	0.138
bermanent damage or harm.	Within groups	58.004	132	0.439	-	-
	Total	60.471	135	-	-	-
They are a better option	Between groups	0.886	3	0.295	0.665	0.575
for treatment of mental illnesses than alternative	Within groups	58.643	132	0.444	-	-
treatments.	Total	59.529	135	-	-	-
They have high risk of	Between groups	3.013	3	1.004	2.03	0.113
dependency.	Within groups	65.332	132	0.495	-	-
	Total	68.346	135	-	-	-
They are unnatural and	Between groups	2.448	3	0.816	3.646	0.014
poisonous substances, which are harmful.	Within groups	29.545	132	0.224	-	_
which are narmful.	Total	31.993	135	-	-	-
They are just sedatives,	Between groups	0.825	3	0.275	0.814	0.488
which only calm down the	Within groups	44.58	132	0.338	_	-
patients.	Total	45.404	135	_	-	_

Table 3. ANOVA test for attitude of physicians towards psychotropic medications.

In the long run, they worsen the illness.	Between groups	0.494	3	0.165	0.935	0.426
	Within groups	23.263	132	0.176	-	-
	Total	23.757	135	-	-	-
They can make the body	Between groups	1.691	3	0.564	1.76	0.158
unnaturally hot or cold.	Within groups	42.28	132	0.32	-	-
	Total	43.971	135	-	-	-
They are very expensive.	Between groups	0.388	3	0.129	0.309	0.819
	Within groups	55.369	132	0.419	-	-
	Total	55.757	135	-	-	-
They are not necessary for	Between groups	1.353	3	0.451	1.501	0.217
treatment of mental illness, because mental illnesses	Within groups	39.676	132	0.301	-	-
can be controlled by other means too.	Total	41.029	135	-	-	-
They make the subject	Between groups	2.534	3	0.845	2.581	0.056
weak and enervated.	Within groups	43.201	132	0.327	-	-
	Total	45.735	135	-	-	-
They are the sole cause of	Between groups	0.541	3	0.18	0.627	0.599
unproductive life of people with mental illnesses.	Within groups	37.93	132	0.287	-	-
with mental linesses.	Total	38.471	135	-	-	-
It is always better to take	Between groups	0.712	3	0.237	0.948	0.419
less than the prescribed dose of these medications.	Within groups	33.052	132	0.25	-	-
uose of these medications.	Total	33.765	135	-	-	-

Discussion

Psycho education is the first step in a treatment plan for individuals with mental illness. It is a form of psychotherapeutic intervention aimed at breaking the stigma associated with mental illness. Psycho education provides up-to-date information about the diagnosis, management, and side effects of medication, etc. [20,21]. The goals of psycho education are as follows:

- Providing up-to-date information about various aspects of illness, including symptomatology, the course of the illness, progression, and outcome.
- Debunking any misconceptions for the patient and their family while the patient vents their frustrations and negative emotions.
- Informing patients about current management and treatment options, including their risks and benefits, emphasizing the importance of

adherence and compliance.

• Assistance in helping patients become selfaware of early signs of relapse or deterioration [22,23].

attitudes may affect patients' Physician's medication compliance, susceptibility to adverse drug reactions, and illness progression [24]. Our study findings reveal similarities in attitudes towards psychotropic medications between the majority of married and single physicians in Saudi Arabia, regardless of whether they have children or not. These similarities are observed in various aspects, including the perceived effectiveness of the medications, the benefitsto-risk ratio, overall improvement, manageable side effects, the importance of combining medication with counseling, preventing relapses, better than alternative treatments, high risk of dependency, viewing psychotropic medications as unnatural and poisonous substances, used solely as sedatives, worsening the illness, affecting body temperature, are expensive, and are not necessary in the treatment of mental illness, cause weakening and enervate the subject, leading to an unproductive life, and to always taking less than the recommended dosage. Interestingly, their perspectives change when it comes to the rarity of psychotropic medications causing permanent damage or harm.

The majority of individuals from all parties hold a strong positive attitude towards psychotropic medications when it comes to their perceived benefits outweighing the risks, contribution to overall improvement, have manageable side effects, combined with counseling, help prevent relapses, and lead to superior outcomes compared to alternative treatments. These individuals disagree with the notion that psychotropic medications are unnatural and poisonous substances and used solely as sedatives. They also reject the idea that these medications worsen the illness, affect body temperature, are unnecessary in the treatment of mental illness, make the subject weak and enervated, lead to an unproductive life, or that it is important to take less than the recommended dosage.

On the other hand, a negative attitude was observed in a higher percentage of physicians who somewhat agreed with the effectiveness of psychotropic medications, their rarity in causing permanent damage or harm, and their high risk of dependency.

Through our findings, it is known that a positive or negative attitude towards medications can predict medication compliance. Therefore, the attitude of physicians towards psychotropic medications can impact medication compliance and adherence in patients with mental disorders due to a lack of comprehensive psycho education [25-27].

The statement that psychotropic medications are unnatural and poisonous substances, which are harmful, shows a statistically significant difference between married physicians and single physicians. Even though the majority of all respondents disagreed, married physicians with children exhibited a higher percentage of negative attitudes towards the question compared to other categories. There is no explanation for our findings in other reports, which call for further studies.

Conclusion

We recommend that physicians should not make assumptions about their patients' opinions based on their marital status or presence of children. It is highly important for physicians to stay up-to-date on the latest research regarding the effectiveness of psychotropic medications. Be aware of the potential side effects of psychotropic medications. They should properly explain the medication to the patient and earn their trust in order for them to tolerate it. Work with patients to develop a treatment plan that is tailored to meet their individual needs. Provide patients with support and education regarding mental illness and its treatment. Physicians should take the time to understand each patient's individual beliefs and preferences regarding treatment. More research is needed to explore the factors that influence Physician's attitudes towards psychotropic medications.

Limitations

This study has limitations such as a small sample size and the fact that it was conducted in a single country. Future research should be conducted with larger samples and in various settings to validate these findings. Additionally, future research should explore the factors that influence Physician's attitudes towards psychotropic medications, such as their personal experiences with mental illness or their training.

Despite these limitations, the findings of this study suggest that it is unnecessary to make assumptions about Physician's opinions towards psychotropic medications based on their marital status and presence of children. Physicians should take the time to understand each patient's individual beliefs and preferences regarding treatment. This will help ensure that patients receive the best possible care.

References

- 1. Shahidullah JD, Roberts H, Parkhurst J, Ballard R, Mautone JA, et al. State of the evidence for use of psychotropic medications in school-age youth. Children. 2023;10(9):1454.
- Braslow JT, Marder SR. History of psychopharmacology. Annual Review of Clinical Psychology. 2019;15:25-50.

- 3. Schatzberg AF, Nemeroff CB. The American psychiatric press textbook of psychopharmacology. American Psychiatric Association. 2017.
- Goodman LS. Goodman and Gilman's the pharmacological basis of therapeutics. New York: McGraw-Hill. 1996.
- 5. Lieberman JA, Stroup T, Perkins DO. The American psychiatric publishing textbook of schizophrenia. American Psychiatric Publishing, Inc. 2006.
- Young AH, Macritchie KA, Calabrese JR. Treatment of bipolar affective disorder: New drug treatments are emerging, but more clinical evidence is required. BMJ. 2000;321(7272):1302-1303.
- Wolraich M, Brown L, Brown RT, DuPaul G, Earls M, et al. Subcommittee on attention-deficit/hyperactivity disorder; steering committee on quality improvement and management. adhd: Clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. Pediatrics. 2011;128(5):1007-1022.
- Horne R, Weinman J. Patients' beliefs about prescribed medicines and their role in adherence to treatment in chronic physical illness. Journal of Psychosomatic Research. 1999;47(6):555-567.
- Svensson SA, Hedenrud TM, Wallerstedt SM. Attitudes and behaviour towards psychotropic drug prescribing in Swedish primary care: A questionnaire study. BMC Family Practice. 2019;20:1-9.
- Siriwardena AN. Why do GPs prescribe psychotropic drugs when they would rather provide alternative psychological interventions? British Journal of General Practice. 2010;60(573):241-242.
- Patel MX, Bent-Ennakhil N, Sapin C, di Nicola S, Loze JY, et al. Attitudes of European physicians towards the use of long-acting injectable antipsychotics. BMC Psychiatry. 2020;20(1):1-1.
- 12. Boyd JE, Juanamarga J, Hashemi P. Stigma of taking psychiatric medications among psychiatric outpatient veterans. Psychiatric Rehabilitation Journal. 2015;38(2):132.

- 13. The stigma around psychiatric medication is forcing people to suffer in silence. 2022.
- Suwalska J, Suwalska A, Szczygieł M, Łojko D. Medical students and stigma of depression. Part 2. Self-stigma. Psychiatria Polska. 2017;51(3):503-513.
- 15. Bell JS, Johns R, Chen TF. Pharmacy students' and graduates' attitudes towards people with schizophrenia and severe depression. American Journal of Pharmaceutical Education. 2006;70(4).
- Rappaport N, Chubinsky P. The meaning of psychotropic medications for children, adolescents, and their families. Journal of the American Academy of Child & Adolescent Psychiatry. 2000.
- 17. Al-Haidar FA. Parental attitudes toward the prescription of psychotropic medications for their children. Journal of Family & Community Medicine. 2008;15(1):35.
- Grover S, Chakrabarti S, Sharma A, Tyagi S. Attitudes toward psychotropic medications among patients with chronic psychiatric disorders and their family caregivers. Journal of Neurosciences in Rural Practice. 2014;5(04):374-383.
- 19. Statistical package for social scientists version 19, IBM SPSS statistics. (2019).
- Sarkhel S, Singh OP, Arora M. Clinical practice guidelines for psychoeducation in psychiatric disorders general principles of psychoeducation. Indian Journal of Psychiatry. 2020;62 (Suppl 2):S319.
- 21. Motlova LB, Balon R, Beresin EV, Brenner AM, Coverdale JH, et al. Psychoeducation as an opportunity for patients, psychiatrists, and psychiatric educators: why do we ignore it? Academic Psychiatry. 2017;41:447-451.
- 22. Psychoeducation: Definition, goats, and methods. 2014.
- 23. Psychoeducation: Process, benefits, and effectiveness. 2021.
- 24. Wiesjahn M, Jung E, Lamster F, Rief W, Lincoln TM. Explaining attitudes and adherence to antipsychotic medication: The development of a process model. Schizophrenia Research and Treatment. 2014.

- 25. Dushad R, Mintu M, Samaksha PB, Basavana GH. A study of drug attitude and medication adherence and its relationship with the impact of illness among the mentally ill. Archives of Clinical Psychiatry (São Paulo). 2019;46:85-88.
- 26. Al-Yahya NM. Effects of psycho education intervention in improving insight and medi-

cation compliance of schizophrenic clients, Riyadh, Saudi Arabia. World Journal of Medical Sciences. 2014;11(3):289-300.

 Ehret MJ, Wang M. How to increase medication adherence: What works? Mental Health Clinician. 2013;2(8):230-232.

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Received: 21 November 2023, Manuscript No. AJOPY-23-120625; **Editor assigned:** 24 November 2023, PreQC No. AJOPY-23-120625 (PQ); **Reviewed:** 08 December 2023, QC No AJOPY-23-120625; **Revised:** 15 December 2023, Manuscript No. AJOPY-23-120625 (R); **Published:** 22 December 2023, DOI: 10.54615/2231-7805.47342.