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Mental Health Stigma, Literacy and Access to Services among Young Adults in Tunisia

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ABSTRACT

Background: There is limited research on mental health literacy and stigmatization attitudes towards mental illness in Tunisia, despite the increasing need for such research to better understand its complexity in a specific country context. Using an explanatory mixed-method approach this study attempted to assess the mental health stigmatization attitudes, literacy and access to services within a population of Tunis-based young adults.

Methods: A sample of 80 participants completed an online survey on different aspects of mental health attitudes, mental illness literacy and stigma, with a subset of 5 survey participants completing follow-up interviews.

Results: Survey results show that 77% of respondents completely agreed or somewhat agreed that they would like to learn more about mental health. This study also found that 68% of the sample reported a lack of accessibility to mental healthcare services resulting in 49% reporting their preference to search their symptoms on the internet instead of informing someone. Throughout the interviews phase, the main factors identified to have a crucial impact on young adults' choice to openly communicate feelings and thoughts with other people around them and to seek professional help are: cultural and religious beliefs, generational gap linked to the perception of mental health, and difficulty to access to mental health services and credible information.

Conclusion: This study suggests a great desire among young adults to learn more about mental health, and highlights the cultural complexities regarding mental health stigmatization in Tunisia. It also highlights the need for accessible mental health services and information as well as culturally relevant approaches to reducing stigma and raising awareness surrounding mental health.

KEY WORDS Mental Health, MENA, Tunisia, Mental illness, Stigma

INTRODUCTION

Stigmatization is defined as " the action of describing or regarding someone or something as worthy of disgrace or great disapproval" (Lexico, 2020). The origin of stigma around mental illness is an intersection of personal, social and family sources as well as the nature of the illness itself (Wig, 1997). Stigmatization attitudes often result from the lack of awareness and education around the illness (Arboleda-Florez, 2002). The World Health Organization identifies stigma as one of the main barriers to individuals' access to appropriate mental health care, recovery from illness and integration in society (WHO, 2003).

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Multiple studies and interventions have proven effectiveness in tackling stigma through education, especially among young adults (Yamaguchi S., et al., 2011). Studies have shown that young adults are less likely to access healthcare when needed because of stigma (Biddle L., et al., 2004). Although there exists multiple research investigating young adults' stigmatization attitudes around mental illness in high income countries (Biddle L., et al., 2004, Mojtabai R., 2009, Collins R. L., et al., 2014), there is a scarcity of research that focuses on the Middle East and North African region and more specifically Tunisia. For these reasons, it is evident that the problems presented by mental health stigma and lack of education surrounding mental health pose a threat to public health in Tunisia.

There is a dire need for raising awareness and reducing the stigma around mental illness through education. However such programs require an initial deep understanding of the existing stigmatization attitudes in countries such as Tunisia in order to be able to build culturally aware interventions capable of tackling stigma in order to diminish the exclusion of people with mental illness and to normalize the use of mental health services among young people.

This research aims to address the following questions: what are the beliefs, attitudes and the shared knowledge related to mental health among young adults in Tunisia? And what are the social contributors that affect young adults access to mental health services? This study will provide a first snapshot of the perspectives of young adults on mental health in Tunis, Tunisia by investigating the intersection of individuals' mental health literacy, social and personal stigmatization attitudes, and the existing social barriers in regards to access to mental health services. This study uses a sequential explanatory mixed-methods approach to answer these questions. The survey questionnaire aims evaluate the overall stigmatization attitudes, knowledge and access to services behavior among Tunisian young adults. The follow-up interviews aim to further analyze the existing social and cultural stigmatization attitudes around mental illness and the barriers linked to access to services.

METHODS

Mixed method procedures, consisting of an online survey and follow-up interviews, were used to better understand the perspectives of young Tunisians on mental health and mental healthcare access along with the social contributors linked to these perspectives. The study design was submitted to the Institutional Review Board of Elon University and approved in April 2018.

The survey, consisting of overall 10 close-ended questions of which 2 were nominal and Likert-type scales questions, 5 demographic questions, 3 multi select multiple choice, and 2 open-ended (one demographic and one contact information) questions. The survey was launched in July 2018, hosted on Qualtrics, and remained open for 25 days. The average completion time for this survey was 18 minutes. A Cronbach's alpha test was conducted to measure internal consistency; Cronbach's alpha= 0.65; 0.73 & 0.81 (Figure 1). The target population for this study is young adults in Tunis, Tunisia. To better target this audience, tailored invitations were sent to a dozen known contacts enrolled in Tunis-based universities, who were asked to respond to the survey and forward the invitation with five or more of their fellow college friends. The survey was presented entirely in French, one of three widely spoken languages in Tunisia. A total of 80 participants completed the survey fully, and 4 dropped out at some point of the survey. Table 1 provides a summary of self-reported respondent characteristics. As can be seen in this table, 80 participants chose to provide personal demographic characteristics. Of these, 65% identified as female, 33.75% as male, and 1.25% as non-binary. The majority of respondents reported being between the ages of 18-30 years old, with 22-25 years (55%) and 18-21 years (35%) being the most reported age brackets. An additional 6.25% of respondents self-identified as 26-30 years old.

Approximately 84% of the survey sample reported being currently enrolled in a university program in Tunis, Tunisia. Of these, a majority of respondents reported being in a bachelor's-level program (60%), followed by master's-level (17.50%) and doctoral (2.50%) programs.

The first section of the survey focused on better understanding participant perspectives on the meaning of concepts such as mental health and mental well-being. The options presented to participants were inspired from the World Health Organization definition of mental health. The second section aimed to measure the stigma associated with depression. The questions presented were extracted from the "personal stigma items" section of the Depression Stigma Scale (DSS). DSS is a commonly used instrument in peer-reviewed literature to assess

depression stigma in the general population (Boerema M., et al., 2016, Griffiths M., 2008). It has been validated by the research team to investigate stigmatization attitudes among Tunisian young adults. The third section of the survey focused on help-seeking behavior, where the General Help-Seeking questionnaire (GHSQ) was administered after a criterion validation (Wilson J., et al., 2005).

```
Reliability analysis
Call: alpha(x = mydata12, check.keys = TRUE)

  raw_alpha std.alpha G6(smc) average_r S/N   ase mean   sd median_r
      0.73      0.76    0.87       0.1 3.1 0.042  3.7 0.47    0.097

 lower alpha upper     95% confidence boundaries
0.65 0.73 0.81

 Reliability if an item is dropped:
     raw_alpha std.alpha G6(smc) average_r S/N alpha se var.r med.r
V1        0.71      0.74    0.86     0.099 2.9    0.044 0.032 0.090
V2        0.70      0.73    0.85     0.094 2.7    0.046 0.031 0.092
V3        0.72      0.75    0.86     0.104 3.0    0.043 0.033 0.097
V4        0.70      0.73    0.85     0.094 2.7    0.046 0.030 0.092
V5        0.70      0.73    0.85     0.095 2.7    0.047 0.031 0.092
V6        0.71      0.74    0.86     0.101 2.9    0.044 0.033 0.092
V7        0.70      0.73    0.85     0.095 2.7    0.047 0.032 0.091
V8        0.72      0.75    0.86     0.103 3.0    0.044 0.033 0.093
V9-       0.72      0.75    0.86     0.105 3.0    0.043 0.032 0.094
V10-      0.71      0.74    0.86     0.097 2.8    0.045 0.031 0.092
V11-      0.72      0.75    0.86     0.103 3.0    0.043 0.032 0.094
V12-      0.71      0.74    0.86     0.098 2.8    0.045 0.032 0.092
V13-      0.70      0.74    0.86     0.096 2.8    0.046 0.033 0.089
V14-      0.71      0.74    0.86     0.100 2.9    0.044 0.033 0.092
V15-      0.71      0.73    0.85     0.096 2.7    0.046 0.030 0.092
V16       0.74      0.77    0.87     0.112 3.3    0.040 0.031 0.105
V17-      0.71      0.74    0.86     0.098 2.8    0.045 0.032 0.092
V18       0.74      0.76    0.87     0.111 3.2    0.040 0.031 0.104
V19       0.74      0.76    0.87     0.109 3.2    0.041 0.031 0.099
V20-      0.74      0.76    0.87     0.110 3.2    0.041 0.031 0.099
V21-      0.74      0.76    0.87     0.111 3.3    0.040 0.031 0.104
V22       0.73      0.76    0.86     0.107 3.1    0.042 0.032 0.097
V23       0.73      0.76    0.87     0.107 3.1    0.042 0.032 0.101
V24       0.74      0.76    0.87     0.109 3.2    0.041 0.032 0.105
V25-      0.73      0.76    0.87     0.108 3.1    0.042 0.032 0.101
V26-      0.74      0.77    0.87     0.111 3.3    0.040 0.031 0.104
V27       0.73      0.76    0.87     0.106 3.1    0.042 0.033 0.101
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Figure 1. Alpha Cronbach's test on R Studio

Due to the low sample size, and the research goal to provide a first snapshot on the perspectives of Tunisian young adults on mental health, the research team chose to limit the results to descriptive statistics. The quantitative data analysis was conducted using R and looking mainly at the population's overall knowledge, stigmatization attitudes and help-seeking behaviors.

To provide added context to survey results, a small selection of follow-up interviews were conducted with interested survey respondents. These interviews were conducted throughout August 2018 in person in Tunis, Tunisia, by a Tunisian member of the research team fluent in Tunisian Darija and French. The interview sample consisted of 2 male participants and 3 female participants all enrolled in university and age between 20 and 23. Due to logistical challenges associated with scheduling in-person interviews, the sample remained necessarily small (n=5, 6% of survey sample). To incentivize interview participation, an amount of 50 DT (approximately 20 USD) was given to interview participants. Using the Connecting approach as an Integration Method (Fetters D., et al., 2013), these semi-structured interviews focused on follow-up questions pertaining to the survey topics presented above. The choice of researchers to follow-up with interviews was established with the goal of further exploring and dissecting the survey answers linked to three main topics: the perceived social and cultural stigma

around mental health, access to healthcare services and credible information. Interviews lasted between 35 minutes and 1 hour each. Interviews were audio recorded, transcribed, and assessed using thematic analysis procedures. From the transcripts we developed three themes, on social perception of mental health, healthcare services and mental health education. Sections of different interview texts were marked and linked to other texts that covered similar themes and perspectives by using Dedoose. English translations of survey and interview data are provided in this manuscript.

Survey item	**n (%)**			
	Female	**Male**	**Non-binary**	
Gender	52 (65.00%)	27 (33.75%)	1 (1.25%)	
	18-21 years	**22-25 years**	**26-30 years**	**Other**
Age	28 (35.00%)	44 (55.00%)	5 (6.25%)	3 (3.75%)
	Yes		**No**	
Currently enrolled at a college/ university in Tunis, Tunisia	67 (83.75%)		13 (16.25%)	
	Bachelor's level *(licence)*	**Master's level**	**Doctoral**	**Other**
Current level of enrollment at college/university	48 (60.00%)	14 (17.50%)	2 (2.50%)	16 (20.00%)

Table 1. Profile of survey respondents (n=80)

QUANTITATIVE RESULTS

Perspectives on mental well-being and depression

The first section of the survey focused on better understanding participant perspectives on the meaning of concepts such as mental health, mental well-being, and depression.

To assess these concepts, participants were asked a range of close-ended questions on nominal and Likert-type scales (Table 2). Participants were first asked to describe what "mental well-being" means to them by selecting concepts from a pool of options inspired from the World Health Organization definition of mental health: "Mental health is more than just the absence of mental disorders or disabilities. Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community" (WHO, 2018).

Survey respondents identified psychological (79.76%) and behavioral (63.10%) well-being as the most fundamental components of mental health, followed by the absence of mental illness (51.19%) and a capacity to cope with day-to-day stress (44.05%). Least selected were the concepts of work productivity and being able to contribute to the community, both identified by 23.80% of participants.

Participants were then asked to describe the extent to which they agreed with a series of statements on a Likert-type scale. A majority of respondents (77.38%) completely agreed or somewhat agreed with the statement, "I would like to learn more about mental health." Aligning with earlier results, a majority of respondents (85.72%) also completely agreed or somewhat agreed with the statement, "Mental health is a component of general health." Perspectives were more mixed regarding the perceived openness of society to talk about mental health. While approximately 40% of respondents completely or somewhat agreed with the statement, "People around me are willing and open to talk about mental health issues," a meaningful proportion of participants somewhat or completely disagreed (28.52%), or were neutral (29.76%). A majority of participants (68.75%) completely agreed or somewhat agreed that they would search their symptoms online, if they needed help.

The next series of statements focused more specifically on depression. Close to 36% of survey respondents

somewhat agreed or completely agreed with the statement "People with depression could snap out of it if they wanted," and 25% with the statement "Depression is a sign of personal weakness." However, a majority of respondents somewhat or completely disagreed with the following statements: "Depression is a sign of personal weakness" (71.42%); "People with depression are dangerous" (66.67%); "It is best to avoid people with depression so you don't become depressed yourself" (82.14%); "I would not befriend someone if I knew that person were depressed" (66.67%); and "If I were depressed I would not tell anyone" (55.95%). More detailed results are presented in Table 2.

Survey item	n (%)						
	Psychological well-being	Behavioral well-being	Emotional well-being	The absence of mental illness	Contribution to the community	Work productivity	Capacity to cope with day-to-day stress
What does "mental well-being" mean to you (multiple answers allowed)	67 (79.76%)	53 (63.10%)	46 (54.76%)	43 (51.19%)	20 (23.80%)	20 (23.80%)	37 (44.05%)
	Completely disagree (1)	(2)	(3)	(4)	Completely agree (5)	Don't know	
I would like to learn more about mental health	2 (2.38%)	5 (5.95%)	11 (13.10%)	13 (15.48%)	52 (61.90%)	1 (1.19%)	
Mental health is a component of general health	5 (5.95%)	2 (2.38%)	5 (5.95%)	13 (15.48%)	59 (70.24%)	0	
People around me are willing and open to talk about mental health issues	8 (9.52%)	16 (19.00%)	25 (29.76%)	18 (21.43%)	16 (19.05%)	1 (1.19%)	
If I needed help, I would search for my symptoms on the internet	7 (8.75%)	7 (8.75%)	11 (13.75%)	20 (25.00%)	35 (43.75%)	0	
People with depression could snap out of it if they wanted.	23.81% (20)	20.24% (17)	19.05% (16)	20.24% (17)	15.48% (13)	1.19% (1)	
Depression is a sign of personal weakness.	21 (25.00%)	16 (19.05%)	20 (23.81%)	20 (23.81%)	1 (1.19%)	6 (7.14%)	
Depression is not a real medical illness.	46 (54.76%)	14 (16.67%)	10 (11.90%)	4 (4.76%)	6 (7.14%)	4 (4.76%)	
People with depression are dangerous.	38 (45.24%)	18 (21.43%)	22 (26.19%)	2 (2.38%)	2 (2.38%)	2 (2.38%)	
It is best to avoid people with depression so you don't become depressed yourself.	54 (64.29%)	15 (17.86%)	8 (9.52%)	1 (1.19%)	4 (4.76%)	2 (2.38%)	
I would not befriend someone if I knew that person were depressed	42 (50.00%)	14 (16.67%)	15 (17.86%)	7 (8.33%)	4 (4.76%)	2 (2.38%)	
If I were depressed I would not tell anyone.	29 (34.52%)	18 (21.43%)	19 (22.62%)	6 (7.14%)	11 (13.10%)	1 (1.19%)	

Table 2. Perspectives on mental health and depression (n=84)

Perspectives on help-seeking behavior

The next section of the survey focused on help-seeking behavior. Using a similar Likert-type scale, participants were asked to describe how likely they would be to seek help from others (Table 3). Participants reported being most likely to reach out to a mental health professional (somewhat or extremely likely for 66.25% of participants), an intimate partner (65%), or friend (61.25%). Approximately 30% of respondents indicated that they would be somewhat or extremely likely to open up to their parents. Close to 70% of respondents also indicated that they would research their symptoms on the Internet. However, nearly a quarter of respondents (22.5%) indicated that they were somewhat or extremely unlikely to seek help from anyone. Regarding perceived openness of society vis-a-vis mental health, approximately two-thirds of respondents (67.86%) were somewhat or completely of the opinion that there were not enough mental health services provided in educational settings, and provided for the public generally. Approximately one-third of respondents (35.71%) were somewhat or completely of the opinion that they were personally in need of mental health services. Full results are provided in Table 3.

Survey item	n (%)					
If you were having a personal or emotional problem, how likely is it that you would seek help from the following individuals? (n=80)	**Extremely unlikely (1)**	**(2)**	**(3)**	**(4)**	**Extremely likely (5)**	**Don't know**
Intimate partner	6 (7.50%)	8 (10.00%)	10 (12.50%)	15 (18.75%)	37 (46.25%)	4 (5.00%)
Friend	10 (12.50%)	7 (8.75%)	14 (17.50%)	24 (30.00%)	25 (31.25%)	0
Parent	19 (23.75%)	20 (25.00%)	15 (18.75%)	4 (5.00%)	21 (26.25%)	1 (1.25%)
Relative/family member other than parents	32 (40.00%)	15 (18.75%)	16 (20.00%)	9 (11.25%)	7 (8.75%)	1 (1.25%)
University professor	43 (53.75%)	18 (22.50%)	12 (15.00%)	2 (2.50%)	2 (2.50%)	3 (3.75%)
Mental health professional (e.g., psychologist, therapist, etc.)	8 (10.00%)	8 (10.00%)	12 (15.00%)	23 (28.75%)	30 (37.50%)	1 (1.25%)
Primary care physician/general practitioner	40 (50.00%)	14 (17.50%)	11 (13.75%)	5 (6.25%)	9 (11.25%)	1 (1.25%)
Religious leader (e.g., Imam, Priest, Rabbi, Chaplain, etc.)	60 (75.00%)	6 (7.50%)	6 (7.50%)	3 (3.75%)	4 (5.00%)	1 (1.25%)
I would not seek help from anyone	30 (37.50%)	8 (10.00%)	21 (26.25%)	9 (11.25%)	9 (11.25%)	3 (3.75%)
I would do my own research on the Internet	7 (8.75%)	7 (8.75%)	11 (13.75%)	20 (25.00%)	35 (43.75%)	0
To what extent do you agree with the following statements? (n=84)	**Completely disagree (1)**	**(2)**	**(3)**	**(4)**	**Completely agree (5)**	**Don't know**
There is a lack of mental health services in schools and educational institutions	5 (5.95%)	5 (5.95%)	16 (19.05%)	17 (20.24%)	40 (47.62%)	1 (1.19%)
There is a lack of mental health services open to the public	5 (5.95%)	5 (5.95%)	16 (19.05%)	17 (20.24%)	40 (47.62%)	1 (1.19%)
I think I personally need professional help for mental health issues	18 (21.43%)	15 (17.86%)	20 (23.81%)	11 (13.10%)	19 (22.62%)	1 (1.19%)

Table 3. Participant perspectives on help-seeking and societal openness regarding mental health

QUALITATIVE RESULTS

Perspectives on Social Stigma around mental illness

Throughout the follow-up interviews, participants were asked to discuss their perspectives regarding the root social stigma around mental health and the overall openness of society to discuss this topic. Participants mentioned cultural and religious beliefs be the main contributors to the stigma. As one female participant noted (quotations translated from Tunisian Darija to English):

> *"Some people attribute psychological illness such as Schizophrenia or Bipolar Disorder to spirits, black magic and the evil eye. So they would seek to treat these using traditional methods other than medicine."*

Another female interviewee noted:

> *"TV programs tend to portray women shaking on the floor as a result of being haunted by spirits. This belief is very common and its refelected by the common use of words such as "Seh'er" (black magic), "El Ain"(evil eye), and "El Hosod"(evil envy)."*

Gender role expectations for both men and women were reported, by two interviewees, as important contributors to the stigma around mental health. One male interviewee reported,

> *"I think that there is a social concept of what it means to be a man, [which includes] virility and masculinity [and] makes a Tunisian man not very expressive. Younger men are a little more expressive, but older men have the conviction of having to be very masculine and to not be emotional. This influences women directly, if [in a relationship] the man doesn't put effort into expressing thoughts and emotions, the woman would also think that it is unnecessary to express her thoughts and emotions in return. We are always told to be strong and to man-up whenever we talk about feelings."*

When asked about other cultural contributors to mental illness stigma, three interviewees highlighted the fact that suicide is considered a sin by Islam. One interviewee in particular shared the story of his close friend who committed suicide. During the funeral, the family decided to tell people that the cause of death of their son was a car accident. The interviewee mentioned that this is a common practice among families in Tunisia, to feel ashamed to talk about suicide because it is perceived and considered as "impure" death, that goes against the will of God by Islam.

When asked about the overall openness of society to approach the topic of mental health, a female pointed out to the generational gap in regards to this:

> *"I feel comfortable discussing mental health with my friends or my brother. With family it's different. Older generations, including my parents don't even want to hear the word "depression". Sometimes I feel the need to see a psychiatrist, but my parents don't understand that need. To them, me seeing a psychiatrist is the equivalent of me going insane. In general in Tunisia kids don't communicate with their parents. When feeling down, most young people prefer to keep it for themselves or reach out to a friend."*

Perspectives on access to mental health services and mental health education

Participants were also asked to share thoughts regarding perceived availability of and access to mental health services within their communities. All five participants shared a concern regarding general access and availability, and two central issues were highlighted by participants. First, a stigma surrounding the current available services as well as the high expense of private therapists or a session with a counselor, and second, the absence of a publicly funded mental health care services along with the lack of helpline or anonymous methods of self-reporting. For example, one participant noted:

> *"One reason why people don't go see a therapist when needed is because of the high costs which add up to at least 60 dinars for a consultation ($25). The second reason is pride, and fear of gossip. For instance, if I tell someone at my university that I am seeing a therapist, the entire university would eventually know about it. Everyone is scared for their reputation, especially knowing that people would fear to be friends with them if they are labeled as 'crazy' for seeing a therapist."*

Another participant stated:

> *"There exist a lack of accessible mental healthcare services. We have absolutely no free services, helpline, nor anonymous platforms where we can ask questions and receive professional advice."*

The second need highlighted was the access to credible information and formal education surrounding mental health. All participants highlighted that their knowledge is mainly based on their personal motivation to learn about the topic from the internet, the media, or people willing to discuss these topics, however, it's not enough. For example, a participant noted:

> *"People tend to not know what they might be dealing with, whether stress, anxiety, depression, or temporary sadness. We are not taught to differentiate between different conditions and identify symptoms. I personally read and watch videos and look to learn about mental health on my own."*

When asked to share examples of methods commonly used to seek help or advice around mental health, the main response was social media. As one participant described,

> *"The only option we have to access mental health information in Tunisia is Facebook groups, that contain 20,000+ members where we can raise questions on taboo topics such as sexuality and mental health."*

Three interviewees mentioned the common practice of young adults to join Facebook groups where they send questions to the administrator of the Page, who then proceeds in sharing these questions anonymously on the Facebook Page for everyone else to read, and give advice. One participant mentioned that he used this method to raise his concerns around his social anxiety, among many other concerns. However, participants recognize that this method is not necessarily reliable and effective since the people usually commenting on these posts are not professional mental health practitioners, which commonly results in people mostly judging the question raised and making fun of the situation raised. Nonetheless, according to the participants, Facebook remains the only anonymous, free, and regularly accessible platform/method for them to raise questions and receive answers or advice regarding mental health.

DISCUSSION

This mixed-methods study provides a first snapshot of the perspectives of young people on mental health in Tunis, Tunisia. Though small in scope, its findings highlight the complex nature of young adult perspectives on mental health stigma. The majority of the survey participants reflected a fairly good knowledge of mental health by identifying 4 out of the 6 fundamental components of mental health as defined by the WHO. A majority of

respondents also expressed interest and openness to further learn about mental health and recognized mental health as a component of general health. Regarding the perspectives around depression, the majority of respondents seemed to have a good understanding around the fact that individuals dealing with depression are not dangerous nor contagious. On the other hand the results show that significant portions of the sample still believe that depression is a sign of personal weakness and that one can snap out of it if wanted to.

The majority of participants were also of the opinion that there were not enough mental health services provided in educational settings, and provided for the public generally. This opinion has been emphasized during the interviews phase of the study throughout which participants raised concerns about the high cost of therapy and the reliability of available mental health services. Ongoing concerns regarding stigma associated with accessing mental health services were also highlighted, aligning with prior research on this topic (Youssef et al., 2006).

Furthermore, this research also highlights the role of family in young adult perspectives on mental health. Most survey participants reported being most likely to research their symptoms on the Internet, rather than to reach out to a mental health professional, talk to a friend, or open up to their parents. Additionally, nearly a quarter of respondents indicated that they were somewhat or extremely unlikely to seek help at all. During the interviews phase participants, explained the contribution of the generational gap linked to mental health awareness as an important reason why many young adults choose to not approach this topic with their parents. These findings align with previous study results that highlight the existence of stigma attached to using mental health services and skepticism regarding the usefulness of mental health services among Emirati parents (Eapen & Ghubash, 2004).

Social stigma and silence around mental illness has been highlighted as being rooted in religion and culture. The ongoing shared beliefs that mental illness is the result of black magic or evil spirits, which is also supported by TV programs, maintains the stigma around the topic. These results align with previous research that identifies religion and superstition as important contributors to mental health stigma in the region (Sewilam, et al., 2014). Additionally, the fact that suicide is considered as an "impure" death, influences the perception of suicide and adds pressure on families to lie about the real cause of death of their family member, which consequently maintains the ongoing silence around suicide that is always caused by mental illness such as depression. These contributors negatively impact the perception of mental illness among the Tunisian population, which is majority Muslim. This often results in a feeling of shame and guilt when opting to talk about mental illness.

Participants described the cultural emphasis on "keeping it in the family" when it comes to mental illness in general and suicide specifically as a key factor in refusing to seek professional help.

This research, together with past studies (Abu-Ras, 2016; Youssef et. Al., 2006; Hamid et al. 2013; Al-Krenawi & Graham, 2016), reinforces the importance of implementing culturally informed programs to raise awareness and reduce the stigma around mental health in countries like Tunisia through education, and in order to diminish the exclusion of people with mental illness and to normalize the use of mental health services among young people.

The implementation of family-centered strategies to raise awareness as an effort to correct the false shared beliefs and reduce negative perception around mental illness is a necessary approach to further reducing the stigma of mental health in Tunisia. As this research uncovered, the stigma around mental health and discouragement to access mental health services begins in the home. Furthermore, school interventions with the goal of ensuring access to accurate mental health information are urgently needed, taking into consideration young adults interest and openness to learn about this topic, as was highlighted in this study. Further research is needed to evaluate the current mental health services available in Tunisia and the type of services needed by and suited to this population.

LIMITATIONS

The main limitations of this study are linked to generalizability. First, the use of the snowball method during the survey phase, resulted in a homogenous population of participants which is not representative of all young adults in Tunisia. Additionally the small sample size of survey participants (n=80) and a very small sample size of interview participants (n=5) represents another limitation in this study. Moreover, the participants sample in both

the survey phase and the interviews phase were predominantly female participants, with 65% in the survey and 60% in the interviews.

Other limitations are linked to the fact that all interviews were conducted in a mix of Tunisian dialect and French which presented a challenge throughout the interviews transcription and analysis phase. Since it wasn't possible to locate any Tunisian speakers trained to both translate and analyze the interviews, a member of the research team was obliged to translate, transcribe, and analyze the interviews by herself.

Although this research is a necessary initial step towards understanding the extent of social stigma and needs for mental health education in Tunisia, further research is needed in this area to investigate this topic among other demographics of the Tunisian populations such as age groups, gender, and geographic location (urban vs. rural). Additionally a wider sample size would be more relevant in order to achieve a more complete picture on the stigmatization attitudes towards mental health in Tunisia. Only then, can we begin to properly address the need for a culturally relevant interventions and education programs for tackling mental health stigma in this specific country context.

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