

Generational perspectives on stigma and help-seeking for mental health disorders in Saudi Arabia: A cross-sectional study

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ABSTRACT

Background: Mental health stigma hinders care-seeking in Saudi Arabia. Generational differences affect perceptions and behaviors, with younger people more exposed to awareness efforts.

Methodology: A cross-sectional survey of 700 Saudi adults (18+) was conducted from March to Mid-July 2025 using a 28-item Arabic questionnaire assessing attitudes, stigma, help-seeking, and generational views. Data were analyzed with SPSS.

Results: Participants were 45.6% aged 18–29 and 60.9% female. Most had a bachelor's degree (59.9%) and no prior psychological treatment (88.9%). While 88.6% believed mental illness should be treated like physical illness, 89.6% feared judgment. Females sought help more ($p < 0.001$). Prior treatment improved attitudes ($p = 0.009$) but not help-seeking ($p = 0.419$). The 18–29 group was seen as most accepting (61.7%). Stigma (79.6%) was the main barrier; awareness and education were key enablers.

Conclusion: Stigma and gender gaps challenge mental health support. Despite younger generations' openness, fear of judgment remains. Tailored awareness and culturally sensitive services are vital to improve mental health care in Saudi Arabia.

Keywords: Mental Health Disorders, Stigma, Help-Seeking, Mental Healthcare, Generational differences.

Introduction

Mental health plays a fundamental role in individual well-being and social health, yet it remains a sensitive and often neglected topic in many parts of the world, including Saudi Arabia [1]. Cultural and religious

beliefs, societal expectations, and traditional family structures strongly influence how mental health is perceived and addressed in Saudi society [2]. While global-discourse on mental health is expanding, stigma and misinformation continue to overshadow

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progress in many communities [3]. In Saudi Arabia, rapid lifestyle modernisation, urbanisation, and increasing social pressures have contributed to a growing prevalence of mental health disorders, particularly among youth and the working-age population [4]. Despite these challenges, mental illness is still commonly misunderstood, and is often attributed to personal weakness, lack of faith, or supernatural causes [5]. One of the major obstacles to improving mental health outcomes in Saudi Arabia is the stigma associated with mental illness, which discourages individuals from seeking professional help [2,6]. Importantly, this stigma may not be experienced uniformly across all age groups. Different generations are likely to hold distinct beliefs shaped by their upbringing, access to mental health information, and exposure to awareness campaigns. However, there is a lack of local research that systematically compares these generational perspectives. Recent studies have indicated that nearly 34% of the Saudi population may experience a mental health condition at some point in their lives [1]. Despite this high prevalence, a national survey revealed that almost 80% of people with severe mental disorders in the Kingdom do not seek treatment [1,4]. A cross-sectional study conducted in the Eastern Province highlighted how stigma significantly influences negative attitudes toward seeking help, especially among older individuals and men [7]. Conversely, those who had previously used mental health services were more likely to exhibit positive help-seeking behaviors [7]. Another qualitative study emphasized the role of religious and cultural interpretations of mental illness in discouraging individuals from seeking professional treatment, particularly among older Saudis [5]. Furthermore, a survey targeting young Saudi adults showed a more accepting attitude toward mental health discussions, particularly among those exposed to social media or with higher levels of education [8]. These generational discrepancies underscore the need to understand how age influences stigma and help-seeking behavior, especially in a rapidly evolving cultural context. This study aims to evaluate generational perspectives on stigma and help-seeking behaviors for mental health disorders in Saudi Arabia. By comparing attitudes across different age groups, the study seeks to identify cultural, psychological, and experiential factors that shape mental health perceptions. The ultimate goal is to propose targeted recommendations for mental health awareness strategies that are both age-sensitive and culturally appropriate in order to reduce stigma and improve access to care.

Methods

The study was a cross-sectional investigation aimed at evaluating generational perspectives on stigma and help-seeking behaviors related to mental health

disorders in Saudi Arabia. It was conducted between March and Mid-July 2025.

Study design: Participants across Saudi Arabia were invited to take part in the online survey. The required sample size was determined using a standard formula, accounting for a 95% confidence level, a 5% margin of error, and an estimated population proportion of 50%. This calculation yielded a minimum required sample of 385 participants. However, to enhance the study's reliability and validity, a larger sample of 700 individuals was ultimately included in the study. The study population consisted of Saudi Arabian residents aged 18 years and older. Individuals were eligible to participate if they provided informed consent, completed the entire questionnaire, were 18 years or older, and resided in Saudi Arabia. Participants were excluded if they did not consent to participate, submitted incomplete responses, were under the age of 18, or resided outside of Saudi Arabia.

Measures: A 28-item online questionnaire was developed using Google Forms and distributed via social media platforms to reach the general public in Saudi Arabia. The survey consisted of five sections: (1) socio-demographic data, (2) stigma and attitudes toward mental health, (3) help-seeking behaviors and barriers, (4) generational differences in mental health perceptions, and (5) strategies for future improvements. The aim was to identify factors influencing stigma and help-seeking behaviors across generations, providing insights to support awareness and access to mental health services. The study received ethical approval from King Faisal University (KFU-REC-2025-MAR- ETHICS3182).

Statistical Analysis

A comprehensive statistical analysis was conducted on the dataset, encompassing both descriptive and inferential methodologies. Descriptive analysis was performed to summarise the demographic characteristics of the participants, including age, gender, and other relevant features. Moreover, independent t-tests and ANOVA tests were used to examine the association between continuous variables. All statistical analyses were performed using IBM SPSS software, version 29.0.0.

Results

Our study included 700 participants for the assessment of generational perspectives on stigma and help-seeking for mental health disorders in Saudi Arabia (Table 1). Notably, the largest age group was 18–29 years, comprising 319 (45.6%) participants, followed by those aged 45–59 years with 208 (29.7%), 30–44 years with 126 (18.0%), and ≥60 years with 47 (6.7%). Females made up the majority of the sample, at 426 (60.9%), while males accounted for 274 (39.1%). Most participants held a bachelor's degree, 419

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(59.9%), followed by those with a high school diploma, 244 (34.9%), a master's degree or higher, 35 (5.0%), and no formal education, 2 (0.3%). Regarding job status, 247 (35.3%) were students, 237 (33.9%) were employed, 120 (17.1%) were unemployed, and 95 (13.6%) were retired. Notably, 622 (88.9%) had never received psychological treatment, while 78 (11.1%) had prior experience. (Table 2) shows the participant responses regarding stigma and attitudes toward mental health ($n = 700$). A majority agreed that mental disorders should be treated like any other disease (620, 88.6%) and that seeking psychological treatment is a personal decision (523, 74.7%). While 329 (47.0%) felt that some people exaggerate mental illness, 192 (27.4%) disagreed. When asked about comfort in seeking therapy, 407 (58.1%) agreed, though 148 (21.1%) disagreed. Strong support was shown for others seeking help, with 677 (96.7%) in agreement. Social stigma remains evident: 627 (89.6%) cited fear of judgment, 547 (79.6%) feared impact on marriage, and 535 (77.8%) noted career concerns. A vast majority (635, 90.9%) recognised generational differences in mental health views. Lastly, 450 (64.3%) believed that help-seeking is viewed negatively in their community, suggesting persistent societal barriers. (Table 3) shows participants' views on help-seeking behavior and perceived barriers ($n = 700$). Most participants (471, 67.3%) stated that they knew where to seek support, while 121 (17.3%) did not. Cost was identified as a significant barrier to psychotherapy by 454 (64.9%). A third (236, 33.7%) preferred speaking to family/friends over specialists, while 272 (38.9%) disagreed. Over half (388, 55.4%) agreed that religious or cultural beliefs discourage seeking therapy. Two-thirds (465, 66.4%) believed mental health services are readily available in Saudi Arabia. Encouragingly, 553 (79.0%) agreed that online/telephone counselling has increased their willingness to seek help. Furthermore, 502 (71.7%) believed awareness campaigns have positively reduced social stigma. (Table 4) shows perceived generational differences and influencing factors in mental health help-seeking behavior ($n = 700$). The majority (432, 61.7%) believed that those aged 18–29 are the most open to discussing mental health, followed by the 30–44 group (198, 28.3%). A notable 568 (81.1%) reported that social stigma has decreased in recent years, while only 19 (2.7%) felt it has worsened. Most participants (494, 70.6%) supported teaching mental health concepts in schools as a stigma-reducing strategy. Key generational influences

included social media and campaigns (491, 70.1%), education level (489, 69.9%), and personal/family experiences (483, 69.0%). Religious beliefs (255, 36.4%) and economic status (187, 26.7%) were also noted. To encourage help-seeking, participants emphasized awareness and education (556, 79.4%), enhancing confidentiality (512, 73.1%), and reducing psychotherapy costs (459, 65.6%). (Figure 1) shows the most commonly perceived barriers preventing people in Saudi Arabia from seeking mental health care (categorise from open ended response). The overwhelming majority of participants (79.6%) identified social stigma and fear of judgment as the primary barrier. This was followed distantly by cost of treatment (17.1%) and lack of awareness or knowledge (9.3%). Other reported challenges included cultural or traditional norms (6.9%), religious or belief-based barriers (4.6%), and privacy/confidentiality concerns (3.4%). A smaller proportion cited access and availability issues (2.6%), while only 2.1% reported no perceived barrier. (Table 5) shows the association between participant characteristics and their overall stigma and attitudes toward mental health. Mean scores were comparable across age groups, with 18–29 years scoring 39.77 (SD 4.85) and ≥ 60 years scoring 39.30 (SD 6.20), showing no significant difference ($p = 0.922$). Similarly, gender differences were not significant, females had a mean score of 39.88 (SD 4.96), and males 39.56 (SD 5.11; $p = 0.411$). Although participants with no formal education had the lowest mean score at 33.00 (SD 1.41), education level overall did not significantly affect attitudes ($p = 0.147$). Job status also showed no significant variation ($p = 0.823$). However, prior psychological treatment was significantly associated with more positive attitudes toward mental health as those with treatment history scored higher (41.17, SD 4.26) compared to those without (39.58, SD 5.09; $p = 0.009$). (Table 6) shows the association between participant characteristics and overall help-seeking behavior and perceived barriers for mental health ($n=700$). Help-seeking scores were relatively similar across age groups, with the highest mean among 18–29 years (25.41, SD 4.11) and the lowest among those ≥ 60 years (24.51, SD 3.40), showing no significant difference ($p = 0.232$). Education level also showed no significant association ($p = 0.344$), with scores ranging from 25.01 (Bachelor's) to 27.50 (no formal education). Similarly, job status did not significantly influence scores ($p = 0.338$), with minor variations across groups. Interestingly, prior psychological treatment did not significantly affect help-seeking

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Table 1: *Sociodemographic parameters of participants (n=700).*

		Frequency N (%)
Age	18 – 29 yr	319 (45.6)
	30 – 44 yr	126 (18.0)
	45 – 59 yr	208 (29.7)
	≥ 60 yr	47 (6.7)
Gender	Female	426 (60.9)
	Male	274 (39.1)
Highest Education	No Formal Education	2 (0.3)
	High-School Diploma	244 (34.9)
	Bachelor's Degree	419 (59.9)
	Master's or Higher	35 (5.0)
Job Status	Not employed	120 (17.1)
	Student	247 (35.3)
	Employee	237 (33.9)
	Retired	95 (13.6)
Previous Psychological Treatment	No	622 (88.9)
	Yes	78 (11.1)

Table 2: *Assessment of Stigma and Attitudes toward Mental Health among participants (n=700).*

	Disagree N (%)	Neutral N (%)	Agree N (%)
Stigma and attitudes toward mental health			
Mental disorders should be treated like any other organic disease.	46 (6.6%)	34 (4.9%)	620 (88.6%)
Seeking psychological treatment is a personal decision and should not be judged by society.	75 (10.7%)	102 (14.6%)	523 (74.7%)

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Some people exaggerate mental illnesses can deal without a specialist.	192 (27.4%)	179 (25.6%)	329 (47.0%)
If I need therapy, I would feel comfortable asking for it.	148 (21.1%)	145 (20.7%)	407 (58.1%)
If a family member or friend wants psychological help, I will support them.	5 (0.7%)	18 (2.6%)	677 (96.7%)
Fear of what people will say prevents many from seeking treatment in Saudi Arabia.	32 (4.6%)	41 (5.9%)	627 (89.6%)
Fear of a diagnosis impacting marriage prevents treatment seekers.	44 (6.4%)	96 (14.0%)	547 (79.6%)
Fear of a diagnosis impacting careers prevents treatment seekers.	54 (7.9%)	98 (14.3%)	535 (77.8%)
There is a clear difference between generations in their view of mental health.	12 (1.7%)	52 (7.4%)	635 (90.9%)
In my community, seeking help is viewed negatively.	96 (13.7%)	154 (22.0%)	450 (64.3%)

Table 3: *Assessment of Help-Seeking Behavior and Barriers among participants (n= 700).*

	Disagree N (%)	Neutral N (%)	Agree N (%)
Help-Seeking Behavior and Barriers			
I know where I can go if I need support myself.	121 (17.3%)	108 (15.4%)	471 (67.3%)
Cost is a major barrier to psychotherapy.	95 (13.6%)	151 (21.6%)	454 (64.9%)
I'd rather talk to family/friends than a specialist.	272 (38.9%)	192 (27.4%)	236 (33.7%)
Some religious/cultural beliefs make people reluctant to seek psychotherapy.	165 (23.6%)	147 (21.0%)	388 (55.4%)
Mental health services in Saudi Arabia are readily available.	84 (12.0%)	151 (21.6%)	465 (66.4%)
Availability of online/telephone counseling has increased desire to seek help.	26 (3.7%)	121 (17.3%)	553 (79.0%)
Awareness campaigns have helped reduce social stigma in Saudi Arabia.	54 (7.7%)	144 (20.6%)	502 (71.7%)

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Table 4: *Generational differences in seeking help for Mental Health (n=700).*

		Frequency N (%)
Which generation do you think is more open about discussing mental health issues?	18–29 years	432 (61.7%)
	30–44 years	198 (28.3%)
	45 years or above	70 (10.0%)
Have you noticed a change in people’s outlook on mental health in recent years?	No (nothing changed)	113 (16.1%)
	No (social stigma increased)	19 (2.7%)
	Yes (social stigma has become less)	568 (81.1%)
Do you think teaching mental health concepts in schools will help reduce social stigma?	No	15 (2.1%)
	Maybe	191 (27.3%)
	Yes	494 (70.6%)
Factors that Influence how Different Generations perceive Mental Health?	Education level	489 (69.9%)
	Social Media Awareness & Campaign	491 (70.1%)
	Personal/Family Experiences with Mental Illness	483 (69.0%)
	Religious Beliefs	255 (36.4%)
	Economic Status	187 (26.7%)
	Other	19 (2.7%)
Following Factors Encourage more People to Seek Mental Health Care	Reducing the Cost of Psychotherapy	459 (65.6%)
	Increasing Awareness & Education about Mental Health	556 (79.4%)
	Enhancing Privacy & Confidentiality in Treatment	512 (73.1%)
	Providing More Mental Health Professionals in Community	309 (44.1%)
	All of the Above	80 (11.4%)

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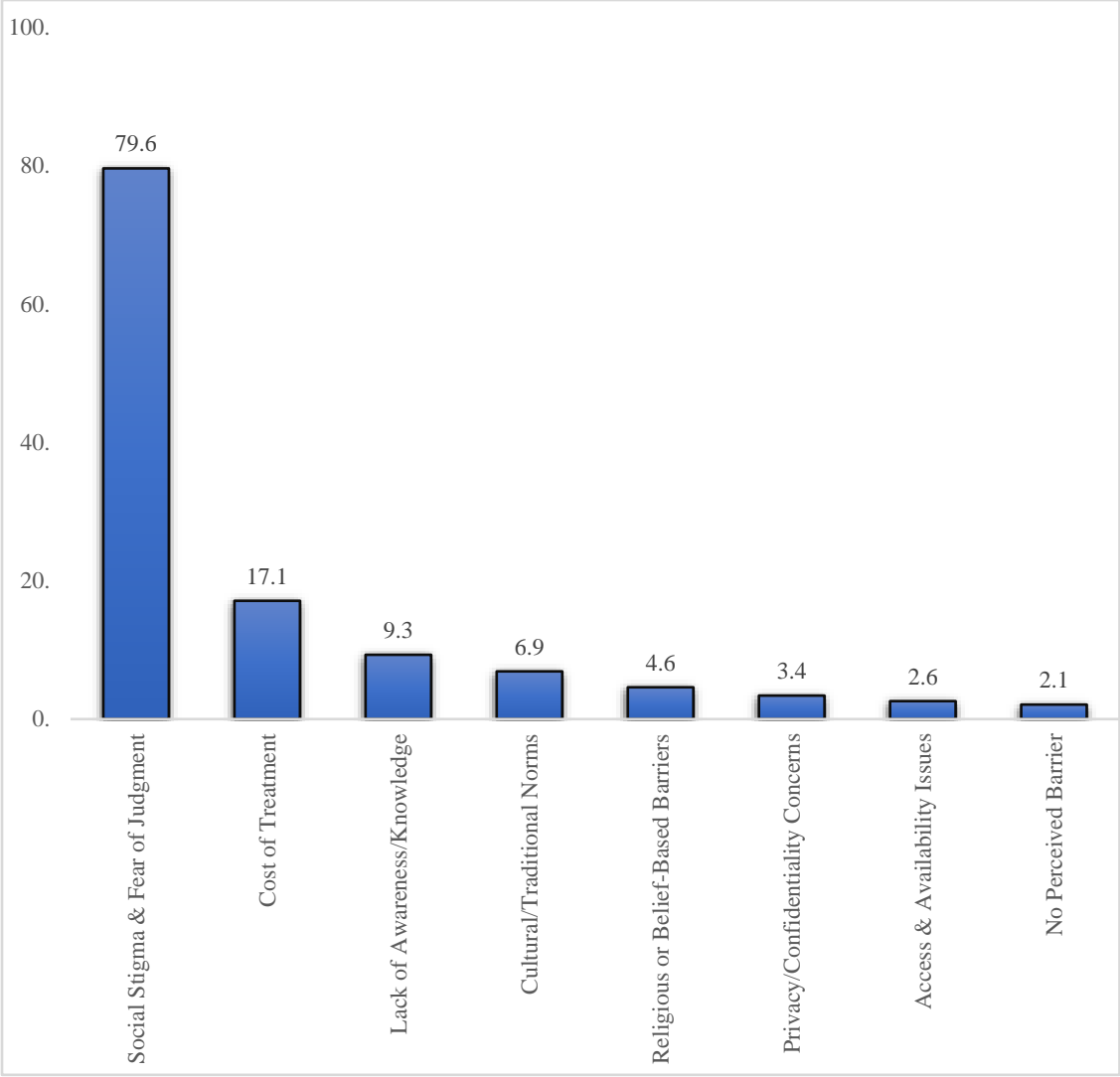


Figure 1: Biggest challenge or Barriers which prevent people in Saudi Arabia from seeking mental health care (n=700).

Table 5: Association of different features with the overall stigma and attitudes toward mental health (n= 700).

		Mean (SD)	Sig. Value
Age	18–29 years	39.77 (4.85)	0.922
	30–44 years	39.72 (4.65)	
	45–59 years	39.86 (5.25)	
	≥ 60 years	39.30 (6.20)	
Gender	Female	39.88 (4.96)	0.411
	Male	39.56 (5.11)	

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Highest level of education	No formal education	33.00 (1.41)	0.147
	High school diploma	39.52 (5.33)	
	Bachelor's	39.97 (4.79)	
	Master's or higher	39.20 (5.55)	
Job status	Not employed	39.45 (4.84)	0.823
	Student	39.84 (4.96)	
	Employee	39.92 (4.94)	
	Retired	39.57 (5.65)	
Previously received psychological treatment?	No	39.58 (5.09)	0.009
	Yes	41.17 (4.26)	

Table 6: Association of different features with the overall help-seeking behavior and barriers for mental health ($n=700$).

		Mean (SD)	Sig. Values
Age	18–29 years	25.41 (4.11)	0.232
	30–44 years	24.70 (3.99)	
	45–59 years	25.02 (3.90)	
	≥ 60 years	24.51 (3.40)	
Gender	Female	25.64 (3.69)	<0.001
	Male	24.27 (4.29)	
Highest Level of Education	No formal education	27.50 (2.12)	0.344
	High school diploma	25.10 (4.01)	
	Bachelor's	25.01 (3.97)	
	Master's or higher	26.14 (4.10)	
Job Status	Not employed	24.87 (3.47)	0.338
	Student	25.47 (4.12)	
	Employee	24.87 (4.29)	
	Retired	25.07 (3.41)	
Previously received psychological treatment?	No	25.06 (4.07)	0.419
	Yes	25.45 (3.26)	

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behavior ($p = 0.419$). However, gender revealed a statistically significant association: females reported higher help-seeking scores (25.64, SD 3.69) compared to males (24.27, SD 4.29; $p < 0.001$), suggesting greater openness and fewer perceived barriers among women.

Discussion

Mental health is becoming a growing public health concern worldwide [9]. In Saudi Arabia, cultural beliefs and social norms influence people's attitudes toward help-seeking behavior for mental health care [10]. Generational differences may shape how individuals perceive mental illness and their willingness to seek psychological support. The younger population today is widely exposed to mental health awareness through education and social media, but older generations may hold more stigmatised views toward mental health issues [11]. Thus, understanding these generational perspectives is essential for the design of targeted interventions that promote mental well-being. This study aimed to assess generational perspectives on mental health stigma and help-seeking behaviors in Saudi Arabia. Notably, this study found that younger individuals, particularly those aged 18–29 years, were perceived as the most open to discussing mental health issues. This is consistent with previous studies which show that younger generations tend to demonstrate more progressive and accepting attitudes toward mental health (Mahsoon et al. 2020) [12]. Moreover, the majority of participants (81.1%) also believed that social stigma around mental health has decreased in recent years. These findings suggest there has been a positive shift in public attitudes toward mental health care, which is likely influenced by increased mental health discourse in schools, universities, and on social media platforms (Khalaf et al. 2023) [13]. Notably, this positive shift was further supported by the fact that 90.9% of participants acknowledged generational differences in mental health views. Thus, there is a growing importance of intergenerational mental health education and tailored interventions, especially because older populations may still carry stigma rooted in traditional beliefs (Reynolds et al. 2022) [14]. Moreover, despite improving attitudes, social stigma and fear of judgment remain the most prominent barriers to seeking care, reported by 79.6% of respondents. This is in line with previous studies, where stigma was consistently identified as the leading barrier to help-seeking for mental health (Husain et al. 2020) [15]. Furthermore, cultural expectations, fear of

gossip, and concerns about social status or marriage prospects often discourage individuals from accessing mental health services, as shown in the study of Prajapati et al. (2022) [16]. These findings emphasize that while awareness may be improving, stigma reduction efforts need to be more targeted and deeply embedded in community and religious structures. Notably, 64.3% of our participants reported that help-seeking is still viewed negatively in their communities, echoing persistent societal resistance that continues to inhibit treatment-seeking behavior (Acoba et al. 2024) [17]. If we consider help-seeking behavior, the majority (67.3%) reported knowing where to access mental health support, and 66.4% believed that services are available. However, cost remained a significant concern for 64.9% of participants, highlighting a financial barrier that aligns with previous research in other middle-income countries (Rowan et al. 2013) [18]. These findings suggest that while services may be present, affordability continues to restrict access, especially among unemployed or lower-income individuals. Interestingly, online and telephone counseling were viewed positively, with 79.0% stating that these options increased their willingness to seek help. This finding is encouraging and aligns with recent global trends showing that telepsychiatry has reduced access barriers, especially post-COVID-19 (Shaver et al., 2020) [19]. Thus, it shows the potential of digital mental health platforms in reaching younger and more tech-savvy populations, while maintaining privacy and reducing stigma. Notably, this study also shows a significant association in our analysis, which was between prior psychological treatment and positive attitudes toward mental health. Participants with a history of treatment had higher attitude scores ($p = 0.009$), which suggests that direct experience reduces fear and stigma, an effect noted in other literature as the "contact hypothesis" (Pullen et al. 2022) [20]. Moreover, exposure to mental health care may normalize the experience and improve understanding, reinforcing the importance of promoting early access to mental healthcare. Moreover, gender differences also emerged as a significant factor, with females showing significantly higher help-seeking scores than males ($p < 0.001$). This aligns with global findings that women are more likely than men to seek psychological support and express openness toward mental health care (Güney et al. 2024) [21]. Social norms around masculinity and emotional expression may still discourage men from acknowledging mental health

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struggles. Thus, public campaigns should consider tailoring the message to address these gender-specific barriers. This study also shows that when participants were asked to identify what influences generational perspectives on mental health; the most common responses were social media awareness (70.1%), education level (69.9%), and personal or family experiences with mental illness. These factors are consistent with international studies showing that mental health literacy and personal relevance strongly influence attitudes (Yang et al. 2012) [22]. Social media may act as a powerful tool for both spreading awareness and reducing stigma among younger generations. When discussing the suggestions given by participants to tackle stigma, the majority (70.6%) supported introducing mental health concepts into school curricula—a strategy shown to be effective in promoting early recognition and reducing stigma in adolescent populations (Wiedermann et al. 2023) [23]. Such efforts could close the generational knowledge gap and build long-term resilience among youth.

Limitations: There are several limitations to this study. The cross-sectional design of this study limits the ability to establish causality between stigma and help-seeking behavior. The self-reported data may be influenced by social desirability bias, which is particularly relevant due to the sensitive nature of mental health topics. The sample of this study is very diverse, but it is heavily represented by younger participants and educated individuals; thus, this may not fully capture the perspectives of older or rural populations. This study was also conducted online, which excluded individuals without internet access or digital literacy. Finally, this study did not explore the influence of specific mental health conditions, which could affect attitudes and barriers differently across groups.

Implications and Future Direction: There is a need for culturally tailored mental health interventions that can address stigma across different generations in Saudi Arabia. Public awareness campaigns, school-based education, and community engagement should focus on normalizing help-seeking behaviors, especially among older adults and men. There is a need to enhance access to affordable and confidential mental health services, which may also reduce key barriers. Future research should employ longitudinal designs to assess changes over time and to explore how specific mental health conditions influence attitudes. Thus, including rural populations and underrepresented age groups will provide a more comprehensive understanding.

Conclusion

This study shows that there is a notable generational difference in perceptions of mental health stigma and help-seeking behaviors in Saudi Arabia. Younger individuals were perceived as more open to discussing their mental health, while societal stigma and fear of judgment remained barriers across all age groups. Although awareness appears to be improving, cultural and religious factors still influence reluctance to seek professional help. Gender also plays a role in help-seeking behavior, with females showing greater willingness to seek mental health support. Prior experience with psychological treatment was linked to more positive attitudes.

Conflict of Interest

None

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