J Biochem Technol (2025) 16(3): 135-142
https://doi.org/10.51847/f1XIVtcOF6
ISSN: 0974-2328

Predictors of Psychotropic, Pain Treatment Attitudes and Factors Associated with the Medication Stigma Among Saudi Adults

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Received: 02 June 2025 / Received in revised form: 12 September 2025, Accepted: 14 September 2025, Published online: 29 September 2025

Abstract

Psychotropic and pain medications are vital for mental and neurological disorders, but in Muslim-majority settings, their use is influenced by religious beliefs, stigma, and cultural attitudes. To assess public knowledge, attitudes, perceptions, and behaviors related to psychotropic and neuroactive medications among Saudi adults, and identify demographic and psychosocial predictors. An online survey of 1,033 Arabic-speaking adults in Saudi Arabia used questionnaires including the Mental Health Knowledge Schedule, Drug Attitude Inventory, Beliefs about Medicines Questionnaire, and a new Islamic Perception Scale. Descriptive statistics and regression analyzed predictors of knowledge, Islamic permissibility perceptions, and behaviors. Most participants were Saudi (88.4%), female (81.9%), and under 30 (66.9%). Knowledge was mainly moderate (53.7%), with 33.8% low and 12.6% high. Attitudes were mostly neutral (56.6%), and Islamic permissibility perceptions were moderate primarily (67.1%). Hesitant or conditional behaviors appeared in 67.8%. Previous prescribed use was linked to greater knowledge; age, residence, and education influenced perceptions of permissibility behaviors, which varied by sex, profession, religious literacy, knowledge, attitudes, and Islamic views. Mental health literacy, religious perceptions, and sociodemographic factors shape attitudes and behaviors, underscoring the need for integrated, religion-informed mental health education and policies in Saudi Arabia.

Keywords: Psychotropic medication, Pain management, Islamic jurisprudence, Mental health literacy, Stigma, Treatment behavior

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Introduction

Psychotropic and analgesic medications are essential in addressing mental health disorders and chronic pain; however, their utilization is shaped not only by biological factors but also by the social, cultural, and religious contexts that influence personal health decisions (Meints & Edwards, 2018). In certain regions, public concerns regarding the safety, necessity, or acceptability of these medications lead to treatment delays, insufficient adherence, and increased stigma surrounding mental healthcare (Ahad *et al*., 2023). These issues are particularly pronounced in countries where cultural/ religious values and legal interpretations profoundly influence public perceptions and everyday health behaviors.

In Saudi Arabia, both personal and communal decision-making, particularly in relation to medical treatments, are broadly affected by the cultural and religious perceptions. Contemporary laws often deem drugs with psychoactive or narcotic elements legal for genuine medical use; yet, public understanding of these decisions is notably insufficient (Lin & Mukai, 2024; Varoneckaitė *et al*., 2024). A considerable number of individuals continue to associate psychotropic medications with addiction, cognitive decline, or moral and spiritual deterioration, reflecting pervasive global misconceptions regarding mental health treatment (Al-Shareef *et al*., 2024). Additionally, analgesics such as opioids are occasionally viewed with skepticism due to concerns regarding dependency, even when prescribed in safe therapeutic dosages. This lack of clarity makes people hesitant to get treatment, makes them feel bad about themselves, and makes them not want to start or continue medically necessary treatment (Graczyk *et al*., 2017).

The stigma surrounding mental illness remains a considerable barrier to treatment in Saudi Arabia. Even though there have been national reform efforts and more money has been put into mental health services, people still put off getting professional help or only use informal or spiritual ways to cope (Mohamed *et al*., 2024). Worldwide studies show that low mental health literacy, along with cultural norms that value privacy, family reputation, and avoiding social criticism, can greatly reduce treatment engagement (Lu *et al*., 2025). The stigma surrounding psychotropic medication is often associated with decreased adherence, poorer clinical outcomes, and increased stress on families and communities. Understanding how these attitudes relate to public beliefs is important for creating culturally appropriate therapies that help people get care quickly and effectively (Semahegn *et al*., 2020). The impact of religious beliefs on attitudes toward drug use has received considerable recognition. Islamic law includes concepts

like darura (necessity), maslaha (public interest), and the use of illegal drugs for medical purposes, which together support the legitimate therapeutic use of psychotropic and analgesic drugs (Lewis *et al*., 2024; Schanzempch *et al*., 2024). The extent to which the Saudi populace comprehends or implements these ideas in their everyday health choices remains mostly ambiguous. For several people, the distinction between illegal narcotics and medically regulated therapies is obscured, exacerbated by inadequate public education and contradictory signals from media or social networks (Lloyd, 1998). Consequently, therapeutic choices may depend more on individual interpretation or societal standards than on authorized, religious, or scientific counsel.

Recent research in Saudi Arabia and the broader Middle East has revealed fragmented comprehension of mental illness, heightened perceptions of stigma, and concerns regarding addiction to psychotropic substances (Tobaiqy & Al-Asmari, 2024). Most studies, on the other hand, have looked at these problems on their own, ignoring the important religious aspect that has a big effect on how people see things. There has been insufficient research into the interaction of religious tolerance, stigma, mental health literacy, and pharmacological attitudes in influencing treatment intentions and behaviors within the general population. The lack of extensive empirically validated knowledge hinders the development of public health policies that integrate clinical recommendations with cultural and spiritual expectations. This research investigates the determinants of public perceptions of psychotropic and analgesic drugs across a large national cohort of people in Saudi Arabia. The research provides a thorough understanding of how sociocultural elements influence treatment decision-making by evaluating mental health knowledge, medicine beliefs, stigma, and opinions of acceptability. Considering the growing prevalence of mental health disorders and chronic pain in the area, such insights are crucial for guiding national awareness initiatives, enhancing culturally sensitive therapeutic communication, and augmenting treatment compliance.

This study ultimately adds to the increasing data highlighting the need for contextually informed mental health interventions. Comprehending the interplay between beliefs and stigma within Saudi contexts offers a basis for treatments that respect cultural identity while advancing evidence-based care. The research bolsters current initiatives in Saudi Arabia aimed at improving public mental health literacy, reducing stigma, and harmonizing professional treatment with community expectations in the Saudi Population.

Materials and Methods

Study Design

A descriptive cross-sectional survey design was utilized to investigate the determinants of public attitudes towards psychotropic and analgesic medications among adults in Saudi Arabia. This design was suitable for obtaining population-level perceptions, beliefs, and behavioral tendencies at a specific moment, facilitating the identification of correlations among cultural acceptability, stigma, mental health awareness, and treatment attitudes. The design also made it possible to look at several psychosocial and demographic variables at the same time, which gave a full picture of the factors that affect how people make decisions about taking medication.

Setting

The study was done all over Saudi Arabia in all of its major regions: the Eastern, Western, Central, Northern, and Southern provinces. To make sure that people from all over the world were represented, data was collected online through social media and institutional networks. This method allowed people from both cities and the countryside to take part and made it easier for people from different demographic groups to join, such as those with different levels of education, jobs, and religious involvement. The study's national scope underscores its significance for public health planning and mental health policy formulation in Saudi Arabia.

Sample and Sampling

We used a convenience sampling strategy to find Saudi adults over the age of 18 who could read and understand Arabic. Participants were qualified if they lived in Saudi Arabia, had access to the online survey link, and gave their informed consent. Exclusion criteria encompassed non-Arabic speakers and individuals below 18 years of age. A target sample size of over 1,000 participants was aimed for to improve statistical power, enhance precision in multivariable analyses, and facilitate robust subgroup comparisons. Previous studies investigating mental health attitudes in the region have employed comparable sample sizes to guarantee sufficient representation and the reliability of estimates. Recruitment persisted until 1,033 completed surveys were collected. Convenience sampling may restrict generalizability; however, the substantial and geographically varied sample enhances the external validity of the results.

Data Collection Tools

Data were collected using a structured questionnaire composed of four validated tools and additional demographic items. The questionnaire assessed mental health literacy, attitudes toward psychotropic medications, beliefs about medicines, perceptions of religious acceptability, and medication-related behaviors.

The first tool was the Mental Health Knowledge Schedule (MAKS), which Evans *et al*. developed to assess how much people know about mental health disorders (Pisano *et al*., 2023). The MAKS seeks to assess knowledge pertaining to stigma, encompassing awareness of mental health diagnoses, treatment alternatives, and societal stereotypes. There are 12 questions on the instrument, which are split into two groups. Questions 1 to 6 test knowledge about stigma and common misunderstandings, while questions 7 to 12 test recognition of mental health problems like depression and schizophrenia. Responses are rated on a Likert scale, with higher scores showing that the person knows more about mental health. In international studies, the MAKS has shown that it is very valid and reliable, with Cronbach's alpha values between 0.65 and 0.75. For this study, bilingual experts translated the MAKS into Arabic using standard forward-backward translation methods. Content validity was evaluated via expert review by psychiatric nursing and mental health professionals,

with minor linguistic modifications implemented to improve cultural relevance. The pilot phase showed that the Arabic version had good internal consistency.

The second tool was the Drug Attitude Inventory (DAI-10), which Hogan *et al*. developed to measure how people feel about psychotropic drugs (Poornachitra & Maheswari, 2023). The DAI-10 seeks to assess favorable or unfavorable perceptions concerning the necessity, safety, and subjective effects of psychotropic medications. There are 10 statements on the tool that can be answered with either "true" or "false." The total score can range from negative to positive, with higher scores indicating more positive attitudes. The DAI-10 is a widely used tool in psychiatric research. It has high validity and reliability coefficients above 0.80. The tool was translated into Arabic using the same rigorous translation and back-translation approach. Expert reviewers confirmed semantic and conceptual equivalence, and the pilot test indicated satisfactory reliability among Arabic-speaking participants.

The third tool was the Beliefs about Medicines Questionnaire (BMQ), which Horne *et al*. created to find out what people generally think about medications and what they specifically think about the treatments they are given (Varoneckaitė *et al*., 2024). There are two main parts to the BMQ: the General Scale, which has subscales on Overuse and Harm, and the Specific Scale, which has subscales on Necessity and Concerns. There is a 5-point Likert scale for each item, and higher scores mean stronger beliefs in each area. The BMQ has been shown to be highly valid and reliable across diverse groups, with Cronbach's alpha values typically between 0.70 and 0.85. The BMQ was translated into Arabic for this study by using forward and backward translation methods. A group of experts looked over the translation to make sure it was culturally and conceptually correct, and the Arabic version worked well in the pilot sample.

The fourth instrument was an Islamic Perception Scale created for this study to evaluate public beliefs regarding the religious acceptability of psychotropic and analgesic medications. The tool was developed in accordance with Islamic jurisprudential principles, such as necessity, harm reduction, and medical permissibility, alongside contemporary fatwas on medication use. Items examined beliefs regarding halal and haram considerations, perceived religious acceptability, and the degree to which religious perspectives impact medication choices. The items were rated on a 5-point Likert scale with higher scores indicating a higher level of perceived religious acceptability. Islamic scholars and mental health professionals reviewed the content to make sure it was valid. During the pilot phase, reliability testing showed that the results were very consistent within themselves.

Data Collection Procedure

Data collection took place electronically over a span of four weeks. The survey was conducted on a secure online platform and distributed via social media, institutional mailing lists, and community networks. Participants clicked the survey link, read an electronic consent form, and then completed the questionnaire without providing their names. The average time it took to finish was about 10 minutes. To reduce missing data, all items were designated as mandatory unless participants opted to withdraw from the survey.

Data Analysis

We used version 26 of the Statistical Package for the Social Sciences (SPSS) to look at the data. We used descriptive statistics like frequencies, percentages, means, and standard deviations to summarize the sample's characteristics and tool scores. Independent t-tests, chi-square tests, and one-way ANOVA were used in inferential analyses to look at differences between demographic groups. Multiple linear regression models were employed to ascertain predictors of attitudes towards psychotropic and analgesic medications. Variables encompassed mental health knowledge, beliefs regarding medication stigma, and perceptions of religious acceptability. The cutoff for statistical significance was $p < 0.05$.

Ethical Considerations

Before collecting data, the study got ethical approval from the right institutional review board. An electronic information sheet was sent to all participants. It explained the purpose of the study, that participation was voluntary, that their privacy would be protected, and that they could leave at any time without any problems. Participants had to provide their consent electronically before they could proceed to the questionnaire. No personal identifiers were gathered, thus preserving anonymity. The research team was the only one that could access the data, which was stored safely. The study complied with the ethical standards outlined in the Declaration of Helsinki.

Results and Discussion

Sample Characteristics

Table 1 indicates that the sample is largely Saudi (88.4%), young (66.9% under thirty), and predominantly female (81.9%), with most participants single and more than half holding a bachelor's degree. Almost half are students, reflecting a youthful, academically oriented demographic. Familiarity with Islamic rulings is mostly moderate or low, and a substantial majority (64.4%) have never used psychiatric or neurological medications, suggesting that many opinions may be shaped without direct treatment experience. Social media stands out as the primary source of religious information (51.7%), underscoring the influential role of informal digital platforms in shaping perceptions of psychotropic and pain-medication permissibility and use.

Table 1. Sociodemographic Characteristics of Respondents (N = 1,033)

Characteristic	Category	n	%
Nationality	Saudi	914	88.4
	Non-Saudi	119	11.6
Age	< 30 yrs	681	66.9
	30–39 yrs	222	21.4
	≥ 40 yrs	130	12.6
Sex	Female	846	81.9
	Male	187	18.1
Marital Status	Single	635	61.4

	Married	316	30.6
	Other	82	7.9
Education	Bachelor	553	53.6
	Diploma	159	15.3
	Postgraduate	141	13.6
Occupation	Student	523	50.6
	Employed	317	30.7
	Other	193	18.7
Familiarity with Islamic Rulings	Moderate	562	54.4
	Low	318	30.7
	High	153	14.8
Prior Use of Psychiatric/Neurological Medications	No	665	64.4
	Yes	368	35.6
Source of Religious Information	Social Media	534	51.7
	Religious Scholars	283	27.4
	Websites	160	15.4
	Other	56	5.4

Table 2 shows that public knowledge of psychotropic and neuroactive medications is generally limited, with only a small proportion demonstrating high understanding. Over half of respondents reported moderate knowledge (53.7%), while one-third reported low knowledge (33.8%), indicating substantial gaps in awareness of medication indications, effects, and safety. Only 12.6% achieved high knowledge, suggesting that informed decision-making about psychiatric and neurological treatments is likely constrained for most individuals, potentially contributing to hesitation stigma and reliance on nonprofessional sources of information.

Table 2. Public Knowledge Levels Regarding Psychotropic and Neuroactive Medications (N = 1,033)

Knowledge Category	n	%
Low Knowledge	349	33.8
Moderate Knowledge	555	53.7
High Knowledge	129	12.6

Table 3 indicates that respondents' attitudes toward the medical use of mental health and pain medications are predominantly neutral, with more than half of the sample expressing neither clear support nor opposition (56.6%). Positive attitudes were reported by 30.7% reflecting a substantial but not majority endorsement of these treatments. Meanwhile, 12.7% demonstrated negative attitudes, suggesting a meaningful minority that may resist or reject such medications. Overall, the high proportion of neutral responses highlights a general ambivalence that may translate into uncertainty or hesitancy when considering treatment options.

Table 3. Attitudes Toward the Medical Use of Mental Health and Pain Medications (N = 1,033)

Attitude Category	n	%
Negative Attitude	131	12.7
Neutral Attitude	585	56.6
Positive Attitude	317	30.7

Table 4 shows that perceptions of Islamic permissibility toward psychiatric and neurological medications are largely uncertain, with two-thirds of respondents reporting moderate views (67.1%). Nearly one-quarter held negative perceptions (23.2%), indicating notable skepticism or perceived religious concerns regarding these treatments. Only a small minority expressed positive perceptions (9.7%), suggesting that clear confidence in the religious acceptability of such medications is relatively uncommon. This overall pattern reflects substantial ambiguity in how individuals interpret Islamic guidance in relation to psychotropic and neuroactive drug use.

Table 4. Perceptions of Islamic Permissibility of Psychiatric and Neurological Medications (N = 1,033)

Perception Category	n	%
Negative Perception	240	23.2
Moderate Perception	693	67.1
Positive Perception	100	9.7

Table 5 demonstrates that treatment behaviors and consultation practices are predominantly cautious, with a large majority of respondents exhibiting hesitant or conditional engagement with psychiatric or neurological care (67.8%). Only 19.5% reported positive treatment behaviors, indicating a relatively small group willing to seek or adhere to recommended medical support without reservations. Negative behaviors were observed in 12.7% of the sample, reflecting explicit avoidance or resistance. Overall, the distribution highlights substantial uncertainty and reluctance to initiate or continue treatment, consistent with earlier findings of moderate knowledge and ambivalent attitudes.

Table 5. Treatment Behaviors and Consultation Practices (N = 1,033)

Behavior Category	n	%
Negative Behavior	131	12.7
Hesitant / Conditional	700	67.8
Positive Behavior	202	19.5

Table 6 highlights a multidimensional set of factors influencing knowledge, religious perceptions, and treatment behaviors. Knowledge was significantly higher among individuals with prior experience using prescribed psychiatric medications (OR = 1.288), indicating that direct exposure plays a key role in improving understanding. Perceptions of permissibility were shaped by sociodemographic factors: respondents from certain residence areas and older age groups showed lower permissibility perceptions, while higher educational attainment was associated with more favorable views. Treatment behaviors were influenced by a broader range of predictors. Females and certain professional groups were less likely to exhibit positive treatment behaviors, while greater familiarity with Islamic rulings was also associated with reduced treatment engagement, suggesting that uncertainty or stricter interpretations may discourage help-seeking. In contrast, higher public knowledge, more positive attitudes, and stronger perceptions of Islamic permissibility significantly increased the

likelihood of engaging in treatment, underscoring the central role of cognitive and belief-based factors in shaping behavioral decisions.

Table 6. Significant Predictors of Knowledge Perceptions and Treatment Behaviors

Outcome	Predictor	B	Wald	p-value	OR
Knowledge	Prior use of prescribed psychiatric medication	0.253	6.024	.014	1.288
Perceptions of Islamic Permissibility	Residence area	-0.143	7.011	.008	0.867
	Age	-0.206	3.872	.049	0.814
	Education	0.213	5.621	.018	1.237
Treatment Behaviors	Sex	-0.672	15.282	.000	0.511
	Profession	-0.135	7.785	.005	0.874
	Knowledge of Islamic rulings	-0.250	4.312	.038	0.779
	Public knowledge	0.032	4.183	.041	1.033
	Attitudes	0.188	28.462	.000	1.207
	Islamic permissibility perceptions	0.094	11.563	.001	1.099

This study examined public knowledge attitudes, perceptions, and treatment behaviors regarding psychotropic and neuroactive medications among adults in Saudi Arabia. The findings demonstrate a complex interplay between mental health literacy and sociocultural influences that shape individuals' willingness to engage in psychiatric and neurological treatment. Consistent with international literature, respondents in this study showed predominantly moderate knowledge and neutral attitudes, accompanied by considerable hesitation toward treatment. These patterns suggest that although awareness of mental health has increased, globally significant misconceptions and uncertainties remain, particularly in contexts where religious and cultural frameworks strongly influence health decisions (Mubayrik *et al*., 2022; Skeie *et al*., 2023).

The finding that over half of respondents demonstrated only moderate knowledge aligns with previous studies in the Middle East reporting limited understanding of psychiatric medications and their therapeutic role (García & Jaramillo, 2023; Son & Lee, 2024). Such knowledge gaps contribute to stigma, fear of dependency, and mistrust of psychotropic drugs, all recognized barriers to treatment adherence (Ingle *et al*., 2023). Moreover, only 12.6% of participants demonstrated high knowledge, reflecting persistent challenges in disseminating accurate evidence-based information to the broader public. As shown in prior research, inadequate mental health literacy is strongly linked to negative attitudes, greater perceived stigma, and lower help-seeking intentions. The present findings reinforce this association as higher knowledge significantly predicted more positive attitudes and better treatment behaviors.

Attitudes toward psychiatric and pain medications were largely neutral, a pattern suggestive of underlying ambivalence rather than outright rejection. Prior studies indicate that individuals with neutral attitudes may be more vulnerable to social influence and misinformation, especially through unregulated sources such as social media (Asher *et al*., 2023). In this study, more than half of the respondents relied on social media for religious information, raising concerns about the accuracy and credibility of the content that influenced their views on the permissibility of medication. Research consistently shows that digital platforms frequently spread stigma and misconceptions about psychotropic medications, undermining trust in mental health services (Marar *et al*., 2019).

Religious perceptions emerged as another critical determinant of attitudes and behaviors. The majority of respondents held moderate perceptions regarding the Islamic permissibility of psychotropic and neurological medications, reflecting uncertainty about the appropriate application of jurisprudential principles such as *darura* (necessity) and *maslaha* (public interest). This ambiguity has been reported in other studies where insufficient dissemination of fatwas and lack of structured religious education contribute to public confusion (Marar *et al*., 2019; Jaber, Hasan, *et al*., 2024; Ali *et al*., 2025). Only 9.7% supported strong positive religious perceptions, indicating that trust in the permissibility of these treatments remains low. Previous research has shown that perceived religious barriers significantly reduce willingness to seek mental health care in Muslim-majority societies (alHarbi *et al*., 2023). The significant predictive role of permissibility perceptions in this study supports this evidence, underscoring the need for collaborative interventions that integrate clinical and religious perspectives (Jaber, Al Tabbah, *et al*., 2024).

Treatment behaviors revealed significant hesitancy, with nearly two-thirds of respondents engaging in conditional or reluctant psychiatric or neurological care. This pattern is consistent with studies that show high levels of stigma and avoidance of mental health services throughout the Gulf region (Alluhaibi & Awadalla, 2022). Notably, female respondents and certain occupational groups were less likely to seek treatment, implying that gender and professional factors influence help-seeking behavior. Previous research has shown that women in conservative cultural settings may face additional barriers such as concerns about their reputation, family judgment, and marital prospects (Al Azdi *et al*., 2025). Furthermore, familiarity with fiqh rulings was found to be inversely related to treatment engagement, implying that people who are exposed to stricter or literal interpretations of jurisprudence may be more cautious about psychotropic medications. Alternatively, those with limited knowledge may misinterpret religious guidance, reinforcing hesitancy, a pattern seen in previous studies on religious literacy and health behaviors (Shahin *et al*., 2020).

In contrast, cognitive and belief-based variables, knowledge, attitudes, and religious perceptions, were the strongest predictors of treatment engagement. This finding is consistent with established psychological models such as the Theory of Planned Behavior and the Health Belief Model, which suggest that attitudes, perceived norms, and beliefs about consequences all have a significant impact on health behaviors (Matović *et al*., 2024). The consistency of this relationship across multiple analyses highlights the need for interventions targeting both informational and belief-driven determinants. Multifaceted educational programs co-developed by mental health professionals

and scholars may help clarify misconceptions, enhance perceived permissibility, and normalize help-seeking behaviors as recommended by recent culturally informed mental health initiatives (Wiedermann *et al*., 2023).

Implications of the Study

The findings of this study have important implications for mental health promotion, clinical practice, and policy in Saudi Arabia. The predominance of moderate knowledge neutral attitudes and hesitant treatment behaviors suggests an urgent need for structured national mental health literacy programs that move beyond general awareness to specifically address psychotropic and pain medications, their benefits, risks, and evidence-based indications. Given that social media is the main source of religious information for many respondents, ministries of health and religious affairs should collaborate to produce accurate, accessible, and engaging digital content that clearly explains the jurisprudential basis for the medical use of these medications. Clinicians, particularly psychiatrists, neurologists, primary-care physicians, and pharmacists, should be trained to proactively explore patients' concerns and address misconceptions about sensitive explanations during routine consultations. At the policy level, the development of unified guidance and public campaigns that align biomedical recommendations with widely accepted societal principles. Such coordinated efforts may reduce stigma, enhance trust, and improve adherence among individuals who currently remain ambivalent or hesitant about treatment.

Limitations of the Study

Several limitations should be considered when interpreting these findings. First, the cross-sectional design precludes causal inferences about the direction of relationships between knowledge, beliefs, and treatment behaviors; longitudinal or intervention studies are needed to assess how changes in knowledge or perceptions influence behavior over time. Second, the use of an online convenience sample, dominated by younger female and student participants, limits generalizability to older adults, digitally marginalized populations, and men who may have different patterns of belief and help-seeking. Third, all measures were self-reported and therefore subject to recall bias and social desirability bias, particularly on sensitive topics such as religiosity stigma and mental health treatment. Finally, the study did not include qualitative data that might have captured deeper nuances in how individuals reconcile religious teaching, social norms, and personal experience when making medication decisions.

Conclusion

This study highlights a nuanced and interdependent relationship between mental health knowledge, attitudes, perceptions, and treatment behaviors regarding psychotropic and neuroactive medications in Saudi Arabia. Most respondents demonstrated only moderate understanding of ambivalent attitudes and hesitant or conditional patterns of consultation and treatment, while clear positive perceptions of Islamic permissibility were relatively uncommon. Sociodemographic factors, direct experience with prescribed medications, and religious literacy all contributed to shaping these outcomes, but cognitive and belief-based variables, knowledge, attitudes, and perceived Islamic permissibility emerged as the strongest predictors of treatment engagement. These findings underscore the importance of integrated culturally informed strategies that simultaneously address mental health literacy, reduce stigma, and clarify the jurisprudential foundations for legitimate medical treatment. By aligning clinical practice, public health messaging, and guidance, stakeholders can better support informed, confident, and timely use of psychiatric and pain-management medications among Saudi adults.

Acknowledgments: None

Conflict of interest: None

Financial support: This work was supported by the Deanship of Scientific Research, Vice Presidency for Graduate Studies and Scientific Research, King Faisal University, Saudi Arabia [Grant No. KFU251983].

Ethics statement: This study was reviewed and approved by the Research Ethics Committee at King Faisal University, Saudi Arabia (Approval No. KFU-REC-2025-OCT–ETHICS3698). All participants voluntarily agreed to participate and provided electronic informed consent before completing the online questionnaire. No identifiable personal data was collected.

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