

A Review of the Perceptions of Mental Illness and Mental Health Literacy in Indonesia

Geraldine Pangiras, Ira Meilita binti Ibrahim and Taufik bin A Latif

Universiti Tunku Abdul Rahman, MALAYSIA

Abstract

Perceptions of mental health are often influenced by religious, sociopolitical and cultural beliefs, as well as the differing views, values and attitudes towards the medical model of diagnosis, the potential causes of mental health disorders, and the approaches to mental health treatment and management. 6% of the population of Indonesia, the fourth most populous nation in the world, struggle with mental illness. With strained mental health systems, pathways to improved mental health are further complicated by stigmatizing perceptions of mental illness and a significant lack of mental health literacy. These differing levels of mental health literacy in turn acts to prompt help-seeking behaviours towards mental health services and treatment. The current article aims to explore the different perceptions towards mental illness and the levels of mental health literacy among Indonesians from research literature of the past twenty years. By garnering a wider understanding of the aspects that contribute towards the perceptions of mental health, researchers may be better equipped to improve and develop approaches of increasing mental health literacy and improving mental health related help seeking behaviours of the overall Indonesian population.

Keywords: Mental health Perceptions, Mental Health Literacy, Indonesia, Mental Health Stigma, Help-seeking Behaviours

1. Introduction

The perceptions of the public about mental illness often develop from one's own knowledge of mental illness, interactions with someone struggling with mental illness as well as cultural specific perceptions or stereotypes (Choudry et al., 2016). These views and beliefs are further shaped by religious, socio-political and cultural beliefs, as well as the differing views, values and attitudes towards the medical model of diagnosis, the potential causes of mental health disorders, and the approaches to mental health treatment and management. Communities may possess strong and sometimes skewed perceptions of mental illness, and many of these concepts are based on persistent local systems of belief. These beliefs and attitudes that the public hold on mental illness may further determine the quality of interactions,

the types of opportunities, as well the kind of assistance received by those living with mental illness (CDC, 2012). Unfortunately, views and attitudes towards mental illness do not necessarily adhere to scientific findings, and as a result, may lead to unfair and stigmatised treatment of those with mental illness (Ventevogel et al., 2013). Consequences experienced by individuals with mental illness include social avoidance, exclusion from day to day activities and worst still, exploitation and discrimination (CDC, 2012). Negative stigma prevents efforts in reducing or delaying the onset of mental illness as well as preventing the awareness of the importance of early intervention of treatment (Weiss, Ramakrishna, & Somma, 2006). Untreated symptoms influenced by negative perceptions may lead to grim consequences for people living with mental illness, and negatively impact families affected by these disorders (CDC, 2012).

1.1 Mental Health in Indonesia

Indonesia, with a population of approximately 270 million people, is the fourth most populated country in the world. From this, sixteen million of the population (6 per cent) aged 15 and older have displayed symptoms of anxiety or depression, and approximately 400,000 individuals struggle with more serious forms of mental illness. Moreover, a suicide occurs every hour, with 3.4 suicides per 100,000 people (Riset Kesehatan, 2013). The Western Java Province illustrated that mental disorders had increased from 296,943 people in 2012 to 465,975 people in 2013 (Pusat Data dan Analisa Pembangunan Jawa Barat, 2014), with the highest incidence of severe mental health problems found in Jakarta (20.3 per mile) (Riskesdas, 2013). Social factors such as poverty, unemployment, crimes, disasters and political instability play a significant role in the increase of mental health sufferers in Indonesia. The mental health system in Indonesia is further strained with only about 800 psychiatrists (0.3 psychiatrist per 100,000), 450 psychologists and 48 mental health facilities with almost half of all the psychiatrists located in Jakarta, and with half of all the mental health facilities being located in only four of 34 provinces in Indonesia. (Our Better World, 2019). Further, social barriers of mental health stigma and a lack of knowledge, contact and low mental health literacy levels complicate help and treatment seeking efforts. The unrelenting mental health stigma and the lack of mental health literacy may affect the treatment given to those who need it, especially to those from the middle and lower class in populations where mental health services is a rarity (Damayanti, Hufad & Kamil, 2017).

2. Stigma and Perceptions of Mental Illness

Stigma plays a significant role in the lives of people with mental illness as well as their families. It impacts the experience of their illness and their access and approach to seeking available health services. In Indonesia, as in many parts of the world, people with mental illness are often viewed and thought upon as aggressive, dangerous, violent, unpredictable, a lower capacity to handle responsibility, and more likely to commit offenses or crimes, and these negative perceptions lead to much fear and social distance from the community (Bennett & Stennett, 2015; Ross & Goldner, 2009). Subu and colleagues (2021), in their qualitative research of interviewing 25 family members of individuals with mental illness, found that that

misunderstanding and stigma about mental illness led to the individuals and families of those with mental illness to be rejected or completely separated from their community, suggesting stigma as a true challenge in seeking help for their loved ones and themselves.. People with mental illness in Indonesia are often deemed as dangerous, irreligious, difficult to engage with, and are often widely categorised as ‘crazy’ or ‘insane’ (Tristiana, Yusuf, Fitriyarsi, Wahyuni, & Nihayati, 2017). Further, Wahyuni and colleagues (2017) in their research found that spirituality plays an influential role in the prevailing stigmas, including that one’s struggling mental health condition was a punishment from Allah, or God according to the Muslim faith – the predominant religion in Indonesia. These types of beliefs may continue to reinforce stigmas towards those with mental illnesses although, it may not necessarily affect help seeking for mental health challenges.

Stigma attached to having a family member with a mental illness seems to be common in the Indonesian community, but the level of stigma may differ between families. While some perceived high levels of stigma and attempted to hide their family member’s illness from the community, others reasoned that the mental illness was granted by God and held positive attitudes toward treatment, and therefore, felt less stigmatised (Marthoenis, Aichberger, Schouler-Ocak, 2016). These experiences of perceive stigma may profoundly affect the patients and their family members. In Indonesia, mental health stigma is perceived not only by members of society, but also among professionals in healthcare (Subu, Holmes, Elliott, & Jacob, 2017). Subu and colleagues (2017) in their study of exploring mental illness associated stigma in 15 nurses and 15 patients from a psychiatric hospital in Indonesia, found that the stigmatization of mental illness was prevalent in mental health professionals and staff as well as governmental institutions and the media. Health professional workers' attitude towards those with mental illness may have the strongest negative impact, where research findings have shown that a negative experience with a health professional may result in the patient ceasing their current treatment or leading them to choose another mental health service instead (Motjabai et al., 2011).

Demographic factors may also play a substantial role in the perceptions of mental health disorders and illness among Indonesians. Onie and colleagues (2021) investigated whether the prevalence of stigma were influenced by certain demographic characteristics of age, marital status, religion, education, income, and household income. The results revealed that while the prevalence of social stigma (that is, public stereotypes about those with mental illness) did not differ as a function of demographics, the variables of education and household income were negatively correlated with self-stigma (that is negative self-beliefs about one’s own mental illness that impact self-esteem), where individuals who had a higher household income and education were less likely to internalise stigma. Hartini, Fardana, Ariana and Wardana (2018) assessed stigma and mental health knowledge, and reported that younger people had a higher stigmas, and individuals were less likely to stigmatize as they got older, presumably because maturity of thought and behaviour is to be gained as one ages (Hsiao, Lu & Tsai, 2015).

A form of discrimination that has resulted from stigma toward people with mental illness in Indonesia is the practice of Pasung (Lestari & Wardhani, 2014). Pasung, which is the practice of confining and restraining the mentally ill, is unfortunately common with a recorded 1,655 cases of pasung against people with mental disorders in Indonesia. Pasung appears to be

practiced more in rural communities and is often perpetrated by family members from the lower income group (Hartini, Fardana, Ariana, & Wardana, 2018). A number of anti-pasung programs have been carried out, such as Indonesia Bebas Pasung (pasung-free Indonesia) and Jawa Timur Bebas Pasung (pasung-free East Java). However, despite these efforts to eliminate this practice, repeated delays of the year of completion for these program goals have been pushed from 2015 to 2019, therefore delaying these honourable intentions (Hartini, Fardana, Ariana, & Wardana, 2018).

2.1 Mental Health Literacy and Help- Seeking Behaviours

One way to challenge and reduce negative stigmatic attitudes and practices towards mental illness is through education (Corrigan & Shapiro, 2010). Knowledge is important for changing stigmatic beliefs against people with mental illness by reducing prejudice, creating and increasing awareness of mental disorders, as well as in reducing and eliminating stigmatizing labels (Corrigan & Shapiro, 2010). Conversely, poor mental health literacy may result in delays of help seeking behaviours in patients which in turn prevents proper care and increases treatment omission (Henderson, Evans & Thornicroft, 2013).

Kristina, Mardea, Ramadhani and Aliyah (2020) carried out a survey-based cross-sectional study, that aimed to measure the mental health literacy among university students in Yogyakarta. 650 health and non-health related field students participated in the study, and researchers found that mental health literacy among university students in Yogyakarta was relatively poor. Another study explored 130 adolescent students' general knowledge of mental disorders in Surakarta, Indonesia through open ended questions, and results revealed that students' mental health literacy was inadequate (Asyanti & Karyani, 2017). Their recognition of symptoms were limited to behavioural symptoms of mental disorders and not, emotional or cognitive symptoms, and mistakenly claimed that experiences of stress, a lack of self-confidence and a lack of problems solving skills as mental disorders rather than psychological symptoms or experiences. Research by Willenberg and colleagues (2020) echoed these findings, and concerning evidence found that adolescents believed that poor mental health would not impact or would 'exempt' them from a mental disorder, and found that stigmatized views dominated. The participants did not explore the common symptoms of poor mental health, and did not possess information of common mental disorders, nor the notion of the how struggles of mental health are very much relevant to a normal human experience. This lack of mental health literacy in Indonesian students is worrying as it may result in an increased risk of developing moderate to severe depression, and thus, a call for a universal mental health literacy program is crucial in lowering this risk (Lam, 2014; Jorm, 2007).

Among family members, a delay in seeking assistance from mental health services was substantially influenced by the lack of knowledge and low literacy with regards to an understanding of mental health disorders (Marthoenis, Aichberger, & Schouler – Ocak, 2016). Supernatural beliefs were attributed as the cause of mental illness, with many believing that ghosts, black magic, being possessed, sorcery, or the casting of spells on one, being the possible reasons underlying the mental health illness of their family member. These supernatural causes of mental illness were often referred to as *sakit kampung* (sakit = sick,

**14-16 May, 2021
Paris, France**

12th International Conference on Humanities, Psychology & Social Sciences

kampung = village), which led family members to *berobat kampung* (berobat = to seek medication), which is to seek care and help from traditional healers. Using traditional healers as a first point of contact for assistance often led them to be misinformed where healers provided inappropriate information about mental disorders and occasionally prevented families from getting help from a healthcare professional. Families only reached out to mental health professionals once the repeated treatments from traditional healers failed and did not show to help the person with mental illness's condition (Marthoenis, Aichberger, & Schouler – Ocak, 2016). Perceived and experienced stigma and a lack of mental health knowledge or literacy may play a significant role in determining the degree to which one seeks help and treatment and in turn determine a possible prognosis of an individual with a mental illness (Langholz, 2014; Braun, 2013, Shidhayea & Kermodéb, 2012).

The involvement of the family member in help seeking is persistent among Asian cultures, and is similarly reflected in Indonesia. Families as discussed earlier, continue to play an active role in deciding the form of the treatment and provide financial support and care treatment (Scheppers, et al., 2006), and therefore are to be considered in matters of treatment planning (Marthoenis, Aichberger, & Schouler – Ocak, 2016). In addition, School-based psycho-educational interventions have been found to be successful in reducing stigma, promoting young peoples' mental health literacy, and increasing mental health literacy in higher and lower income countries (Weare & Nind, 2011). Besides education, contact is another approach to reducing stigma associated with more positive attitudes towards mental illness (Penn& Couture, 2002). Research findings showed that knowing or having direct contact with individuals with mental disorders was associated with more positive attitudes toward mental illness (Even-lacko, Henderson & Thonicroft, 2013; Kelly, 2014; Radha kanth, Vijayalakshmi, Rahul & Reddy, 2016), and interventions may truly benefit by including a component of creating opportunities for direct contact between the public community and those with mental disorders. The Indonesian government has also put forth various interventions in dealing with issues pertaining to mental disorder treatments namely through continuing to provide an all-inclusive and sustainable mental health service, supplying the needed resources to support mental health services in all regions of Indonesia (including drugs, medical devices, health professional and health workers and advocating community efforts to implement preventive and promotive interventions, and to increase the early detection of mental disorders as well as to implement rehabilitation efforts of individuals with mental illness (Tristiana et al., 2018).

3. Conclusion

While Indonesian government continues to work towards improving the mental healthcare system in its developing nation (Tristiana et al., 2018), much still needs to be done in order to transform the largely negative perceptions towards individuals with mental illness. Anti-stigma campaigns and interventions along with education and contact based approaches may provide positive changes in mental health perceptions and knowledge, and in the long term, the hope that those with mental illness receive the support, care and understanding that they need improve their sense of well-being and belongingness within their communities.

References

- Asyanti, S., & Karyani, U. (2018). Mental health literacy among youth in Surakarta. *Proceedings of the 3rd ASEAN Conference on Psychology, Counselling, and Humanities (ACPCH 2017)*. <https://doi.org/10.2991/acpch-17.2018.24>
- Bennett, J., & Stennett, R. (2015). Attitudes towards mental illness of nursing students in a baccalaureate programme in Jamaica: A questionnaire survey. *Journal of Psychiatric and Mental Health Nursing*, 22(8), 599-605. <https://doi.org/10.1111/jpm.12234>
- Braun B. B., (2013). College of Education and Human Development | CEHD | UMN. <https://www.cehd.umn.edu/FSoS/projects/ruralspeak/pdf/md-mental-health-task-force.pdf>
- Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, National Association of County Behavioral Health & Developmental Disability Directors (2012) Attitudes Toward Mental Illness: Results from the Behavioral Risk Factor Surveillance System. Atlanta (GA); Centers for Disease Control and Prevention
- Choudhry, F. R., Mani, V., Ming, L. C., & Khan, T. M. (2016). Beliefs and perception about mental health issues: a meta-synthesis. *Neuropsychiatric disease and treatment*, 12, 2807–2818. <https://doi.org/10.2147/NDT.S111543>
- Corrigan, P. W., & Shapiro, J. R. (2010). Measuring the impact of programs that challenge the public stigma of mental illness. *Clinical Psychology Review*, 30(8), 907- 922. <https://doi.org/10.1016/j.cpr.2010.06.004>
- Damayanti, R., Hufad, A., & Kamil, M. (2017). Stigma, discrimination upon people with mental disorder and mental health literacy in Indonesia. *1st International Conference on Educational Sciences*. <https://doi.org/10.5220/0007041803980401>
- Fitri, K. F., Iskandar, S., & Achadiyani, A. (2017). Mental health stakeholders' perception toward mental illness in West Java. *Jurnal Kedokteran dan Kesehatan Indonesia*, 8(3), 146-153. <https://doi.org/10.20885/jkki.vol8.iss3.art2>
- Hartini, N., Fardana, N. A., Ariana, A. D., & Wardana, N. D. (2018). Stigma toward people with mental health problems in Indonesia. *Psychology Research and Behavior Management*, 11, 535-541. <https://doi.org/10.2147/prbm.s175251>
- Henderson, C., Evans-Lacko, S., & Thornicroft, G. (2013). Mental illness stigma, help seeking, and public health programs. *American Journal of Public Health*, 103(5), 777-780. <https://doi.org/10.2105/ajph.2012.301056>

14-16 May, 2021
Paris, France

12th International Conference on
Humanities, Psychology & Social Sciences

- Hsiao, C., Lu, H., & Tsai, Y. (2015). Factors influencing mental health nurses' attitudes towards people with mental illness. *International Journal of Mental Health Nursing*, 24(3), 272-280. <https://doi.org/10.1111/inm.12129>
- Jorm, A. F., & Wright, A. (2007). Beliefs of young people and their parents about the effectiveness of interventions for mental disorders. *Australian & New Zealand Journal of Psychiatry*, 41(8), 656-666. <https://doi.org/10.1080/00048670701449179>
- Kelly C. (2014) College students attitudes towards mental illness in relation to gender, empathy, agreeableness and exposure. *DBS School of Arts*
- Kristina, S. A., Mardea, N. A., Ramadhani, F., & Aliyah, H. (2020). *Mental health literacy among University students in Yogyakarta*. International Medical Journal | IMJ. <https://www.seronejhou.com/article/mental-health-literacy-among-university-students-in-yogyakarta>
- Lam, L. T. (2014). Mental health literacy and mental health status in adolescents: A population-based survey. *Child and Adolescent Psychiatry and Mental Health*, 8(1), 26. <https://doi.org/10.1186/1753-2000-8-26>
- Laporan Hasil Riset Kesehatan Dasar (Riskesdas)*. (2013). Badan Penelitian dan Pengembangan Kesehatan | Badan Penelitian dan Pengembangan Kesehatan. <https://www.litbang.kemkes.go.id/laporan-riset-kesehatan-dasar-riskesdas/>
- Langholz, H. C. (n.d.). *Systemic barriers to mental health care: A qualitative study*. SOPHIA. https://sophia.stkate.edu/msw_papers/352
- Lestari, W., & Wardhani, Y. F. (2014). *Stigma and management on people with severe mental disorders with "Pasung" (Physical restraint)* | Lestari | *Buletin Penelitian Sistem Kesehatan*. Jurnal Kesehatan Badan Penelitian dan Pengembangan Kesehatan. <https://ejournal.litbang.kemkes.go.id/index.php/hsr/article/view/3605>
- Marchira, C. R., Supriyanto, I., Subandi, Soewadi, & Good, B. J. (2015). The association between duration of untreated psychosis in first psychotic episode patients and help seeking behaviors in Jogjakarta, Indonesia. *International Journal of Culture and Mental Health*, 9(2), 120-126. <https://doi.org/10.1080/17542863.2015.1103276>
- Marthoenis, M., Aichberger, M. C., & Schouler-Ocak, M. (2016). Patterns and determinants of treatment seeking among previously untreated psychotic patients in Aceh province, Indonesia: A qualitative study. *Scientifica*, 2016, 1-7. <https://doi.org/10.1155/2016/9136079>
- Mental health in Asia: The numbers*. (2019). Our Better World | We tell stories of good. https://www.ourbetterworld.org/series/mental-health/facts/mental-health-asia-numbers?type=resource&gclid=EAIaIQobChMIzMPty9_B7wIVDKmWCh2VIwQUEAAYASAAEgIYLvD_BwE

- Mojtabai, R., Olfson, M., Sampson, N. A., Jin, R., Druss, B., Wang, P. S., Wells, K. B., Pincus, H. A., & Kessler, R. C. (2010). Barriers to mental health treatment: Results from the national comorbidity survey replication. *Psychological Medicine*, 41(8), 1751-1761. <https://doi.org/10.1017/s0033291710002291>
- Onie, S., Kirana, A. C., Adisya, Mustika, N. P., Adesla, V., & Ibrahim, R. (2021). A sickness of the soul: An exploration into self and social stigma towards help seeking in Indonesia. <https://doi.org/10.31234/osf.io/5e4pc>
- Penn, D. L., & Couture, S. M. (2002). Strategies for reducing stigma toward persons with mental illness. *Journal of the World Psychiatry*, 1(1), 20-21. PubMed Central. (PMC). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489812/>
- Radhakanth C., Vijayalakshmi D., Rahul P. & Reddy, K.T. (2016) A comparative study of attitudes towards mental illness among nursing students. *Indian Journal of Psychiatry*, 15(9), 8–11
- Ross, C. A., & Goldner, E. M. (2009). Stigma, negative attitudes and discrimination towards mental illness within the nursing profession: A review of the literature. *Journal of Psychiatric and Mental Health Nursing*, 16(6), 558-567. <https://doi.org/10.1111/j.1365-2850.2009.01399.x>
- Sari, S. P., & Yuliastuti, E. (2018). Investigation of attitudes toward mental illness among nursing students in Indonesia. *International Journal of Nursing Sciences*, 5(4), 414-418. <https://doi.org/10.1016/j.ijnss.2018.09.005>
- Scheppers, E. (2006). Potential barriers to the use of health services among ethnic minorities: A review. *Family Practice*, 23(3), 325-348. <https://doi.org/10.1093/fampra/cmi113>
- Shidhaye, R., & Kermodeb, M. (2012). Stigma and discrimination as a barrier to mental health service utilization in India. *International Health*, 5(1), 6-8. <https://doi.org/10.1093/inthealth/ihs011>
- Subu, M. A., Holmes, D., Elliott, J., & Jacob, J. D. (2017). Persistent Taboo: Understanding Mental Illness and Stigma among Indonesian Adults through Grounded Theory. *Asian Journal of Pharmacy, Nursing and Medical Sciences*, 5(1). Retrieved from <https://www.ajouronline.com/index.php/AJPNMS/article/view/4316>
- Subu, M. A., Wati, D. F., Al-Yateem, N., Netrida, N., Priscilla, V., Maria Dias, J., Slewa-Younan, S., & Edwin Nurdin, A. (2021). ‘Family stigma’ among family members of people with mental illness in Indonesia: A grounded theory approach. *International Journal of Mental Health*, 1-22. <https://doi.org/10.1080/00207411.2021.1891363>
- Tristiana, R. D., Yusuf, A., Fitryasari, R., Wahyuni, S. D., & Nihayati, H. E. (2018). Perceived barriers on mental health services by the family of patients with mental

14-16 May, 2021
Paris, France

12th International Conference on
Humanities, Psychology & Social Sciences

illness. *International Journal of Nursing Sciences*, 5(1), 63-67.
<https://doi.org/10.1016/j.ijnss.2017.12.003>

Weare, K., & Nind, M. (2011). Mental health promotion and problem prevention in schools: What does the evidence say? *Health Promotion International*, 26(suppl 1), i29-i69.
<https://doi.org/10.1093/heapro/dar075>

Weiss MG, Ramakrishna J, Somma D. (2006) Health-related stigma: rethinking concepts and interventions. *Psychology, Health and Medicine*, 11(3):277-87.
doi:10.1080/13548500600595053. PMID: 17130065

Willenberg, L., Wulan, N., Medise, B. E., Devaera, Y., Riyanti, A., Ansariadi, A., Wiguna, T., Kaligis, F., Fisher, J., Luchters, S., Jameel, A., Sawyer, S. M., Tran, T., Kennedy, E., Patton, G. C., Wiweko, B., & Azzopardi, P. S. (2020). Understanding mental health and its determinants from the perspective of adolescents: A qualitative study across diverse social settings in Indonesia. *Asian Journal of Psychiatry*, 52, 102148. <https://doi.org/10.1016/j.ajp.2020.102148>