

# Stigma, Discrimination upon People with Mental Disorder and Mental Health Literacy in Indonesia

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**Keywords:** Stigma, Discrimination, Mental Health Literacy.

**Abstract:** There has been an increase in the mentally retarded people number in Indonesia. The high rate of stigma and discrimination upon them is apparently one of the influential causes of the problem. The lack of honesty and openness of the family to admit the family member's mental problem and to seek proper treatment on it still occurs. Some may assume their mentally retarded family are suffering caused by genie disturbance or black magical practices and that cause them treated inhumanly, like being locked on their legs between two pieces of wood, got their legs chained or being isolated. Thus, there should be promote and curative efforts to prevent the increase and curative and rehabilitative efforts to fasten the healing process. This research is aimed at analyzing mental health literacy program – one of the promote programs in preventing stigma and discrimination regarding the mental health problem. The research method employed was literature review of the issue from various countries. The findings reveal that the mental health literacy program in the form of courses or trainings is very helpful to make the society aware of the issue and allow people with mental disorder may get immediate professional treatment and immediately cured.

## 1 INTRODUCTION

Mental health is the state of an individual which allows him to develop physically, mentally, spiritually and socially, to realize his own capacity, to overcome pressure, to work productively and to contribute positively to his surroundings as well (UU Kesehatan Jiwa, 2014). Someone is claimed to have a healthy mental if he performs good mental functions, shows productive activities, has comfortable social relations, adapts to changes and manages problems (Mohr, 2006). To sum up, concept of mental health is not related to a state of healthy or unhealthy, but rather an optimal condition which is ideal in thinking, behaving and performing social functions.

Someone with good mental health owns a descent quality of life for having the ability to play both the individual and social role suitably within the society in this global era. In fact, possessing this kind of ability is highly needed since nowadays people are getting more interconnected and interdependent to fulfill their needs. Otherwise, they will find it hard to carry their lives.

Stuart states that mental health is within a range of responses starting from adaptive to maladaptive response, from mentally healthy, psychosocially

disturbed to mentally disturbed (Stuart, 2009). Psychosocially disturbed people or in Laws of Mental Health called People with Mental Emotional Problem (PwMEP) are those who have physical, mental, social, growth and development, and/or life quality problems which further lead them to suffer from mental disorder. Meanwhile, People with Mental Disorder (PwMD) are those who undergo disturbances of thought, behavior and senses manifested in a collection of symptoms or eloquent change of behaviors which may cause griefs and hindrances to act out the humanity function as human beings (UU Kesehatan Jiwa, 2014).

Research findings issued by World Health Organization reveal that in general approximately 154 million people get depression, 25 million people get schizophrenia, 15 million people abuse the drugs, 50 million people suffer epilepsy, and 887,000 people commit suicide annually (WHO, 2001). This figure is estimated to keep increasing from year to year considering the complexity of problems faced.

In Indonesia, findings of Basic Health Research (Riskesmas) in 2013 displayed the augmenting prevalence of severe mental problem (psychosis/schizophrenia) amounting 1.7 per mile of population or equal to 400,000 sufferers, whereas in

2007 there were only 0.46 per mile. The highest prevalence of severe mental health problems occurred in Jakarta (20.3 per mile) (Riskesdas, 2013). This figure tends to keep increasing considering the rising complexity of social problems faced by Indonesian citizens such as poverty, unemployment, crimes, disasters, and political instability as well.

Based on the result of interviews with PwMD and the family of PwMD, it was found out that the decline of productivity and quality of life is worsened by stigma and discrimination experienced by the PwMD and the family. PwMD are very liable to encounter varied stigmatizations and discriminations from society members. These may include being dropped out of school, fired from the office, divorced by the spouse, ignored by the family, locked the legs with woods or chain and also defrauded (Depkes, 2014)

A research finding carried out in Australia discloses that the major factor to improve the life of mentally retarded people is to reduce stigma. It was exposed in a national interview by SANE Australia during the Mental Health Week in October 2000. The survey reveals that the misunderstanding of mental health problems and discrimination greatly influences all aspects of human life including the treatment provided by mental health service agency (Carr and Halpin, 2002).

The Low Prevalence Disorders Study (LPDS) pointed out that 15.3% people with psychotic disorder (17.2% male and 12.4% female) did not feel secured in their own place. Besides, 17.6% reported that they had gotten physical violence, been tortured and bullied within the last twelve months, and 13.2% indicated that they were expecting to have assistance from police or others, yet to no avail (Carr and Halpin, 2002).

Social isolation widely spread among the sufferers of psychotic disorder. LPDS also indicated that 63.5% of the single participants, 31.3% lived alone and did not actively participate in the family programs. Almost 40% reported that they did not have any one to whom they could share their burden, and 44.9% thought that they needed a close friend. Then, there were only few participants of LPDS reporting satisfactory sexual intercourse (Carr and Halpin, 2002).

## 2 REVIEW OF LITERATURE

Mental disorder is a maladaptive response upon internal and external stressors indicated by improper thought, feeling and behavior against the norms and disturbing social relations, job as well as physical

functions (Stuart, 2009). In addition, Videbeck (2006) affirms that mental disorder is a sort of syndrome or someone's psychological pattern or behavior clinically related to the presence of distress and disability or the death risk. In conclusion, mental disorder is the presence of maladaptive responses indicated by cognitive, affective, physiological, behavioral and social individual judgment.

The causes of mental disorder are very complex, multi-causalities, not only related to social problem as previously suggested. It can also be caused by biological, psychological, socio-cultural and spiritual factors.

The greatest hindrance in handling this problem is stigma or the response of society upon the mental disorder itself. The term 'stigma' here means sign, sign of disgrace or to discredit; and 'to stigmatize' means to label someone socially unacceptable or shameful. The consequences of being stigmatized include shame, humiliation, isolation and desperate. The burden is even worsened by the unfairness of treatment. This case is not only about the attitude of society and the efforts to change it but also related to human rights. Likewise, discrimination, prejudiced-based treatments, is also related to human rights and is not tolerable to occur within the society upholding the commitment of justice for all (Carr and Halpin, 2002).

The main focus of treating the symptoms of PwMD is aimed at improving the quality of life. Unfortunately, personal experience of being stigmatized which surely affects the quality of life is not becoming the priority of treatment given by either the society or the mental health professionals. As a matter of fact, Reports of National Investigation on the Human Rights of People with Mental Disorder recorded that PwMD experienced the awful stigma and discrimination almost in every aspect of their lives (Carr and Halpin, 2002).

Furthermore, stigma tends to intensify and strengthen the practice of social isolation, limit the equal chance for job and recreation (Markowitz, 1998), hamper the search for assistance activity (Sartorius 1998), create, affirm and nurture the mythology of pseudo-mental, often internalized by people with mental disorders which may cause a lot of pains (Markowitz, 1998). Even though PwMD are able to describe their personal experiences of being stigmatized, health mental nurses and professionals are often hard to prove that the experience took place as the direct impact of negative attitude or discriminative actions (Carr and Halpin, 2002).

Sartorius (1998) further asserts: "... stigma and discrimination are the most significant obstacles in

developing mental health treatment and ensuring quality life for the people with mental disorders ... actually there is sufficient fund to help people with mental disorder, but it is not available due to negative attitude of most of the decision makers as well as the society towards them (Carr and Halpin 2002).

Mass media also plays an important role in the practice of stigma and discrimination upon PwMD. Mass media is often blamed to wide spread the stigma upon PwMD, and it is true that the picture of people with schizophrenia looking harmful and unexpected is voraciously consumed by many people. It is not rare to find in some popular press in England such expressions as 'maniac', 'shizos', 'psycho pat', and 'crazy'. Prejudiced attitude and easily to define problems are likely to be the stereotype of 'media'. Moreover, traditional media in England like Broadsheets is considered to bear more responsibility because they tend to describe people with mental disorder having the potency to harm others in their both fictitious and non-fictitious representation (Carr and Halpin, 2002).

To deal with the mental health problem in Indonesia, the government has implemented the following efforts: 1) Utilizing comprehensive, integrated and continuous mental health service system; 2) Providing the necessary facilities and resources needed to assure the optimum mental health service including medicines, equipment, and medical and well-trained non-medical staff around Indonesia; 3) Steering the society to perform preventive and promote efforts, early detection of mental disorder, and rehabilitation and reintegration of PwMD to the community. Another urgent action is to do empowerment of PwMD with the purpose to enable them live independently, productively and confidently in the community free of stigma and discrimination and without feeling fear, ashamed and hesitant. This effort, of course, wily work well with the concern and active participation of the family and community members including the prominent figures of religion, custom and society, social organizations, organizations of profession, business sector and also private sector. Stigmatization as well as discrimination upon anyone must be eliminated since it is against the human rights and may further ignite social, economic and security problems (Depkes, 2014).

### 3 RESEARCH METHODS

At this writing, the method used is descriptive qualitative approach, it is expected that this approach

can strengthen and sharpen the qualitative discussion. While the literature study and comparative study is used to search data from books, literature, records and reports that have to do with mental health literacy.

## 4 DISCUSSION

Laws of Mental Health Number 18 2014 Article 2 elaborates the efforts to promote mental health on the basis of: fairness, humanity, usefulness, transparency, accountability, comprehensiveness, protection and non-discrimination. Article 3 elucidates that the effort of mental health is aimed at, among others, assuring that everyone is capable of acquiring a quality life; possessing a healthy mental life, free of fear, stress and other disturbances which may lead to mental health problem; ensuring everyone to develop owned-intellectual potency; providing protection and mental health service for PwMEP and PwMD on the basis of human rights; providing health service with integrated, comprehensive and continuous way through promote, preventive, curative and rehabilitative efforts for PwMEP and PwMD; make certain the availability and within reach resources in the efforts of mental health; improving the quality of efforts of mental health in accordance with the development of science and technology; and providing equal chance to all PwMEP and PwMD to attain their rights as Indonesian citizen.

The availability of mental health service in a certain country depends very much on its understanding of the mental health issues which is then called Mental Health Literacy. It is defined by Jorm et al. (1997) as "knowledge and belief of mental disorder which may help to manage the problem. Health literacy includes the ability to recognize certain disorders; the knowledge to search for information of mental health; the knowledge about such factors as risks and causes, self-treatment, and the available professional assistance; and the attitude promoting openness and quick response to get assistance." (Jorm et al., 1997) However, this definition fails to state overtly that mental health literacy is knowledge based on proofs of mental disorder and its treatment.

The concept of mental health literacy is derived from health literacy aimed to augment the knowledge of PwMD about physical health, disease and treatment (Jorm et al., 1997).

There are three major components of mental health literacy: admittance, knowledge and attitude. A conceptual framework of mental health literacy

describes the relationship among the components, and each component is conceptualized as the area of target to measure and intervene (Jorm et al., 1997; Jorm, 2000; O'Connor et al., 2014). Some researchers are only focusing on a particular component, while some others are trying to see the relation between components. Take for an example, a researcher is researching the increase in admittance solely through a certain educational program, whereas another researcher may integrate the three components in one program.

The literature review reveals that the knowledge of the society about mental disorder as a clinical situation and the strategy of treatment in the developing countries in general is less than sufficient. It is also noted that there is a high need to improve the mental health literacy among the primary mental health treatment professionals themselves. Lack of literacy may affect the treatment given to those who need it, especially to those from the middle class people or lower in the countries where mental health service is rare to find. To better the situation, there should be comprehensive and innovative strategies by making good use of the strengths and dealing with the challenges properly.

This phenomenon indicates the urgency of mental health literacy program for the society, particularly in the developing countries to prevent stigma and discrimination. Mental health literacy program has been carried out in the developed countries like Australia and some other developed and developing countries. The program is in the form of training starting from knowledge of mental disorder (recognition of mental disorder, knowledge and beliefs about causes, about self-help, professional help, attitudes recognition and help seeking, knowledge of how to seek mental health information, cognitive organisation of mental health literacy and improving mental health literacy) (Jorm, 2000). that facilitate up to first aid to the sufferer of mental disorder. The training is given to some groups of teenagers and adult people organized by certain organizations having concern about the prevention of stigma and discrimination upon people with mental disorder.

## 5 CONCLUSIONS

People with mental disorder are very likely to experience stigma and discrimination in their community. It is indeed an awful situation and surely against the human rights. It also violates the Laws of Mental Health. It may happen due to lack of

understanding about mental disorder. Besides, misunderstanding of it may become the cause like the perception that it has nothing to do with medical matters, but more related to intervention of genes or ghosts.

Considering the trend of instant increasing number of PwMD, it is high time for Indonesia to set up mental health literacy programs to be carried out by either government institution closest to the society such as Center for Community Health Service (Puskesmas) or Non-Governmental Organizations.

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