Mental Health Understanding from Culture Perspective: A Study of Lay People Mental Health Literacy

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Abstract: The gap between the prevalence and the access to professional treatment of mental disorder was one of the biggest problems that acknowledged by health professionals. Low in mental health literacy was one of the factors that contributed to prohibiting lay people to seek help. Culture has to get more attention in mental health discussion because it is probably related to mental health literacy aspects such as mental disorder recognition, belief about the cause of the mental disorder, stigma, even the help-seeking. In this study, we want to explore the mental health understanding from the sample of Chinese people's perspectives in Jakarta, Indonesia. The participants in this study were 130 people consisted of 85 women, 45 men (ranged 14-65 years old). The instruments to collect data in this study were two vignettes (depression and schizophrenia). The method to measure data was descriptive analysis. The result showed the mental health literacy of Chinese lay people was low, where Chinese culture mainly contributed to constructing beliefs about the cause of the mental disorder and the decision to seek help. This study implied the study of mental health should consider the culture to arrange a better mental health literacy program and help-seeking system.

1 INTRODUCTION

Jorm (2000) introduced mental health literacy as public knowledge and beliefs about mental disorder, which consisted of recognition or labeling mental disorder; (b) The knowledge and belief about the cause of mental disorder; (c) The knowledge and belief about self-help and professional help's belief; (d) and stigma towards mental disorder.

Some studies showed a trend that mental health literacy in developing countries relatively low compared to developed countries (Loo & Furnham, 2012; Kim et al., 2006; Wong et al., 2017). The culture was one factor that related to symptoms recognition, belief about the cause and the way to seek help related to mental disorder. The concept of mental health from the Western perspective probably unacceptable in some non-western countries because of the cultural tradition that would be a proximal cause for the lack of ability to recognize the symptoms (Novianty & Hadjam, 2017).

Race, ethnicity, and religion have a strong impact on individual health and well-being. The cultural background is important to be considered because the concept of mental health was intertwined by context, individual and the cause of the problem. Mental disorders, such as depression, anxiety, dissociative symptoms have a broader explanation from a cultural perspective that was not seen as health problems, instead of the challenge of individual, morality issue, or disharmony between family or community (Kirmayer & Swartz, 2014). The severe mental disorder was considered a problem in every culture, but it was addressed as different perspectives that usually related to religion, spirituality, and morality issue (Kirmayer & Bhugra, 2009). Therefore, global mental health should address the common mental disorder not separated from diverse psychosocial context. Most recognition or labeling of mental disorders could be found in any kind of label, culture and diverse ways of seeking help (Jacob & Patel, 2014).

Chinese culture in Indonesia has experienced acculturation. Amanah, Bahari, and Fatmawati (2014) studied the acculturation between Chinese and Malay in Pontianak in terms of languages is syncretistic, because of the Chinese Language in

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Indonesia was not only Mandarin but also had the other four languages, such as Hokkien, Hakka, Teo-Chiu, Kanton. Therefore, Chinese in Indonesia has a significant difference between one another because they have their own language that probably was not understood by others. Currently, Chinese in Indonesia was divided into two categories namely Tionghoa Totok and Tionghoa Peranakan (Tan, 2008).

Chinese's traditional concept about mental health was encouraging Chinese people to emphasize self- development to control the emotion, to avoid interpersonal conflict and to maintain harmony with other people. The great philosophers, such as Confucius, were strongly influenced by Chinese ideology and culture. Confucius taught eight dharma virtues "八德" (pinyin: Bā dé), such as "孝"(pinyin: Xiào), means filial piety, "悌" (pinyin: Tì) means humble, "忠" (pinyin: Zhōng) means loyalty, "信" (pinyin: Xìn) means trustworthy, "禮" (pinyin: Lǐ) means manner, "義" (pinyin: Yì) loyal friends, "廉" (pinyin: Lián) means sincere heart, "恥" (pinyin: Chǐ) means introspective. Chinese people believed that people with a mental disorder was a shame for family or having bad Fēngshuǐ. Family is very essential in Chinese culture, not only as basic social organization but also as a support to solve the problem. Family is an important aspect related to individual mental health (Tseng, Lin, & Yeh, 1995).

Traditional Chinese medicine based on the concept of Yin and Yang, which formulated an internal mechanism that works in the human body. The understanding of health from traditional Chinese medicine based on harmony between Yin and Yang (Yip, 2003). Some Chinese people more prefer to seek help from a traditional healer, drink herbal medicine and tonic to cure the sickness rather than finding psychosocial intervention and professional help (Yip, 2003).

Most of the research about mental health literacy currently constructed by Western perspectives, especially according to the psychiatry field (Jorm, 2000; Kutcher, Wei, & Coniglio, 2016). Similar to them, research about mental health literacy in Indonesia also emphasized psychiatry definition to measure the knowledge and belief about the label, the cause of mental disorder and help-seeking. The aim of this study was to measure mental health literacy according to the mental health literacy concept by Jorm (2000), as well as explore more the intertwined Chinese culture perspective in each aspect of the mental health literacy concept.

2 METHOD

The quantitative approach was applied in this study with descriptive analysis. Two vignettes (depression & Schizophrenia) were used as instruments in which adapted from Jorm (2000), to explore the recognition, belief about the cause of the mental disorder, the way to help people with mental disorders and stigma. Data were collected by an online questionnaire using google form which consisted of informed consent, personal information, depression and schizophrenia vignettes following eight questions of mental health literacy aspects.

2.1 Participants

Participants were Chinese adolescents (aged 14-22 years old, n=76) and Chinese adults (aged 23-65 years old, n=54) that were recruited by snowball sampling technique. Participants who were filled online questionnaires (n=130; 45 females; 85 males) which consisted of Hakka/Khe (n=41), Kanton (n=2), Hokkian (n=40), Tiochiu (n=9), dan Peranakan (n=52).

2.2 Research Instrument

The vignettes that were used in this study was an adapted story about the mental disorder (depression and schizophrenia) that have been translated into the context of Chinese people in Jakarta, Indonesia. The questions that were following the vignettes consisted of the aspect of mental health literacy by Jorm (2000). The vignettes were validated with four experts to confirm if all symptoms already fulfilled the diagnostic criteria in DSM-V, then Aiken's V was applied to check the validity of all vignettes that were used in this study.

Table 1: Aiken's V Value for All Vignettes.

Type of Vignettes	Aiken-V	Conclusion
Depression Vignette for Adolescent	0,625	Valid
Schizophrenia Vignette for Adolescent	0,875	Valid
Depression Vignette for Adult	0,625	Valid
Schizophrenia Vignette for Adolescent	0,750	Valid

2.3 Data Analysis

Data were coded into some categories according to previous literature, then descriptive statistics in percentage was applied in every theme.

3 RESULT

In this study, 130 data were collected in which divided into adolescent groups and adult groups. Data consisted of participant's responses in each aspect of mental health literacy.

3.1 Recognition of Mental Disorder

In the adolescent group, participants who are able to recognize and give the psychiatric label correctly for depression vignette (56.6%) were higher than for schizophrenia vignette (27.6%). In the adult group, most participants are able to recognize of psychiatric label correctly for depression vignette (38.8%) but are not able to recognize the schizophrenia vignette with a psychiatric label correctly (59.2%).

Table 2: Recognition of Mental Disorder.

Themes	Adolescent Group		Adult Group	
	D (%)	S (%)	D (%)	S (%)
Correct Psychiatric Label	56.6	27.6	38.8	1.8
Incorrect Psychiatric Label	13.2	42.1	35.1	59.2
Incorrect Label	30.2	29.0	26.1	39.0
Not know	0	1.3	0	0

Notes: D: Depression; S: Schizophrenia

3.2 The Belief about the Cause of Mental Disorder

In explaining the cause of the mental disorder, most participants in the adolescent group focus on personal factors as the cause of depression (60.6%) and schizophrenia (65.7%). It is really similar to the adult group that most participants tend to focus on personal factors in explaining the cause of depression (68.5%) and schizophrenia (63%) as well. The personal factor such as lack of doing a ritual, lack of pray, lack of wise seems related to the culture of participants and the paradigm of well-being in Chinese culture, which is social support, especially family as the main value in Chinese culture.

Table 3: The Cause of Mental Disorder.

Themes	Adolescent Group		Adult Group	
	D (%)	S (%)	D (%)	S (%)
Social	35.5	19.7	24	24.1
Personal	60.6	65.7	68.5	63
Biological	1.3	1.3	2	0
Mystical	1.3	9.2	0	9.2
Not know	1.3	0	0	0
Unidentified	0	4.1	5.5	3.7

Notes: D: Depression; S: Schizophrenia

3.3 Help-seeking

Most participants in the adolescent group try to seek help informally for depression vignette (80.3%), and it was higher than the schizophrenia vignette (42.1%). Interestingly, it also similar to the adult group in which most participants try to seek help informally for depression vignette (88.8%) and schizophrenia vignette (55.6%) as well.

Table 4: Help-seeking of Mental Disorder.

Themes	Adolescent Group		Adult Group	
	D (%)	S (%)	D (%)	S (%)
Formal	17.1	39.5	10.1	31.5
Semi-formal	1.3	15.8	1.1	11.1
Informal	80.3	42.1	88.8	55.6
Unidentified	1.3	2.6	0	1.8

Notes: D: Depression; S: Schizophrenia

3.4 The Attitude towards People with Mental Disorder

In this aspect, we want to explore the attitude of laypeople towards people with depression and schizophrenia. It was found out that most participants are willing to be friends with people in depression vignette (97.4%) in the adolescent group and (100%) in the adult group with familial bonding as the main reason. Whereas, around 42.5% of participants in the adult group are willing to be close with people in schizophrenia vignette. The stigma for schizophrenic people such as dangerous, uncontrollable, able to attack, stink, unorganized look are the main reason for participants are not willing to be close with them.

3.5 Public Opinion about People with Mental Disorder

In this aspect, we want to explore how participants perceive what other people think and feel about the individual with depression and schizophrenia. In the adolescent group, most participants perceive people will give labels toward people in depression vignette as a common label such as stress (15.7%). They think the other people will consider depressive symptoms as an introvert, weird, and weak. Whereas people with schizophrenia will be considered as crazy (37%), mental illness (16.6%), annoying (12.9%), weird (11.1%), possessed by the spirit (1.8%), and feeling fear (15.1%).

3.6 Chinese's Perspective in Mental Health Literacy

In the recognition of the mental disorder, there is a participant using Mandarin Language to respond to depression vignette, such as 神情病 (pinyin: *Shénjīngbìng*, which means neurotic. In the belief about the cause of the mental disorder aspect, the absence of social support, such as family and close friend support was perceived as the cause of the mental disorder. It was related to Chinese value that prioritizes family support as one of the factors of individual well-being. Other causes were related to eight dharma virtues that were taught by Confucius such as lack of worship, lack of discipline, and untrustworthy. In a help-seeking aspect, for depression vignette, participants tend to seek help from a traditional healer (such as *tabib, sinshe, thiau tang*, monks), drinking *hu water*, go to *biokong*, drink herbal, praying in Vihara, or *fengshui*. In Schizophrenia vignette, participants also tend to seek informal help-seeking, such as doing *kwamia*, *lokthung* worship, go to *Biku* or monks.

4 DISCUSSION

Mental health literacy of Chinese people in this study was low in both groups (adolescent and adult). It was indicated by the lack of recognition of the mental disorder, the belief about the cause of mental disorder that mostly explained by the personal factor, informal help-seeking that was mostly accessed, as well as the stigma that was perceived by participants toward people with a mental disorder. Even though participants in the adolescent group tend to recognize depression vignette with psychiatric labels correctly, rather than the adult groups which tend to lack recognition of psychiatric labels for depression and schizophrenia vignette.

Chinese in Indonesia has been assimilated with other cultures that affect their perception and behavior in daily life. The recognition of depression and schizophrenia from the Chinese perspective mostly used common labels. There are some labels in the Chinese Language to describe people with mental disorder such as 神經病 (*pinyin: Shénjīngbìng*; translation: neurotic) which has a negative connotation in daily life.

According to DSM-V, there are multiple causes for depression such as genetics, childhood trauma, medical condition, brain structure and function, psychosocial, drugs and alcohol consumption. However, participants in both groups of this study tend to explain the cause of the mental disorder (depression and schizophrenia vignette) by personal factors. It seems related to the Confucius as a source of guidance for Chinese people about the way of living in daily life. Family support was the main factor for Chinese people that indirectly having an important role in Chinese people's mental health model (Tseng, Lin, & Yeh, 1995).

The lack of mental disorder recognition as a psychiatric issue and the belief about the cause of mental disorder by the personal factor directed participants to seek informal help rather than professional help. This finding is comparable with findings of similar studies conducted by Novianty (2017), which also found out that public stigma was higher in schizophrenia vignette rather than depression vignette in both groups. There was a discrepancy between the participant's attitude and participant's perceived attitude of others toward people with a mental disorder. Participant's attitudes toward people with mental disorders tend to maintain a close relationship with them, on the other hand, the participants' perceived others have a negative attitude toward people with a mental disorder.

Wong et al (2017) stated that culture has important role in shaping the belief of the cause of mental disorder and help-seeking. This study also found out similar findings in which culture has an important role in the explanation of the cause of the mental disorder, such as family issues, social pressure, not having close friends or mystical factors such as possessed by ancestor's spirit, the imbalance between *yin* and *yang*. All those responses were related to the Chinese's value of social and family support as part of the individual well-being. Even

there is one participant which identified the cause of the mental disorder was being a minority.

The help-seeking from the Chinese's perspective that was found out in this study using ritual or traditional healing. Some participants believed amulet paper (*hu*) could heal a mental disorder. Another belief was *kuamia* or *suanming* (算命; pinyin: Suànmìng), which able to detect our health and well-being by analyzing the date and time of birth using *shio* (Qian, 2015). This method to be believed could predict our health condition and prevent from scarce diseases. Another belief was by rituals such as *lokthung*. Informal help-seeking that was mostly accessed by Chinese participants in this study probably happened because Chinese is one of the minorities ethnic in Indonesia. according to Gopalkrishnan and Babacan (2015), the minority ethnic tend to seek help for mental disorder issues to informal help-seeking rather than the majority in a country.

The role of culture in mental health (how laypeople recognize, understand, belief about the cause, type of help-seeking for mental disorder issues) was a consequence of their cultural history, racism, and even stigma towards culture (Gopalkrishnan & Babacan, 2015). The way of lay people in understanding the mental health model in different ethnicities showed similarly result that most indigenous participant in various ethnicities hardly recognize, identify, analyze the cause and seek to professional help because they will tend to try to access their cultural narrative concept in explaining the issue and seeking traditional healer (El-Islam, 2008; Kpanake, 2018; Rochford, 2004; Yip, 2003).

According to Kirmayer and Swartz (2014), culture affects how people perceive, express, explain the symptoms and interpret the cause of the symptoms, the pattern of help-seeking, even social stigma. There is a construct gap between how laypeople understand the mental disorder issue and the psychiatry field constructing the issue. It does not necessarily mean one against another, yet we have to understand both constructs to find a better solution.

We also found out the gap between adolescent and adult groups was significantly different in their ability to recognize the vignette using the psychiatric label. The adolescent group is able recognizing the vignette using a psychiatric label correctly than the adult group. Another point we have to focus on the term "your family/close friend" in vignette seems to affect the participant's attitude toward a person in depression and schizophrenia vignette. Most participants are willing to maintain a close relationship with him, because of familial bonding.

This study implies that culture affects how lay people, specifically in this study was Chinese participants, addressing, interpreting the cause, the way to seek help and stigma towards symptoms expressed by people with a mental disorder. Therefore, culture should be considered in promoting the awareness of mental health issues, even in diagnosing the mental disorder.

5 CONCLUSIONS

There is a discrepancy of knowledge and belief about representative symptoms of depression and schizophrenia between the psychiatric field and lay people's understanding of the mental health issue. The way Chinese lay people construct the label, the interpretation of cause, the way to seek help and the attitude towards people with a mental disorder were affected by their culture. Specifically, culture mainly affects the beliefs about the cause of the mental disorder and the way people try to seek help.

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