

## Perception of mental health stakeholders in West Java province toward mental disorders

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### ABSTRACT

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**Background:** Stigma, discrimination, and ignorance on mental health are still obstacles happening in Indonesia. Perception of Mental health stakeholders influence the intervention of mental health.

**Objective:** The purpose of this study is to describe mental health stakeholders' perception toward mental illness in West Java.

**Methods:** This was cross-sectional descriptive study using a database survey of event "Persiapan Jawa Barat Bebas Pasung" and involving 59 representatives of mental health stakeholder working at level of regency/city in West Java. Perception of stakeholders was assessed using a Likert scale questionnaire, on scale 1 to 4 (Alpha Cronbach=0.776) and important needed resources in handling mentally ill people (scale 1 to 10). Questionnaire about information of mental health training was conducted for stakeholders working at general hospital and health department.

**Results:** The perception of mental health stakeholders in West Java toward mental disorders is good. Respondents had a good perception for instance causal and treatment of mental disorders. Majority of respondents disagree toward shackling as a treatment of mental ill people meanwhile there were still 5% respondents agreed. Based on the most important needed resources in handling people with mentally ill were psychiatry's presence in each local general hospital (9.39), mental healthcare provider's skill (9.32), and funds (9.32). About 60% majority respondents of present study said ever receive training on mental health.

**Conclusion:** Respondents' perception showed a good understanding toward mental illness. Stakeholders were expected to implement the policy and intervention program in order to handle mental health problem in West Java.

**Latar Belakang:** Stigma, diskriminasi, dan pengabaian dalam kasus gangguan jiwa merupakan tantangan terbesar yang masih terjadi di Indonesia. Persepsi pemangku kepentingan bidang kesehatan jiwa mempengaruhi langkah intervensi di bidang kesehatan jiwa.

**Tujuan Penelitian:** Penelitian ini bertujuan untuk mendeskripsikan persepsi pemangku kepentingan kesehatan jiwa di Jawa Barat terhadap gangguan jiwa.

**Metode:** Penelitian ini adalah penelitian deskriptif potong lintang yang menggunakan database survei dari kegiatan "Persiapan Jawa Barat Bebas Pasung" yang melibatkan 59 orang perwakilan pemangku kepentingan bidang kesehatan jiwa tingkat kabupaten/kota di Jawa Barat. Persepsi dinilai menggunakan kuesioner dengan skala Likert 1 sampai 4 (Alpha Cronbach=0,776) dan kuisioner terkait hal-hal yang

*mendukung keberhasilan program penanganan gangguan jiwa (skala 1-10). Kuisioner terkait informasi pelatihan dan penanganan gangguan jiwa hanya diperuntukkan tenaga kesehatan.*

**Hasil:** *Persepsi pemangku kepentingan bidang kesehatan jiwa terhadap gangguan jiwa baik. Responden memiliki persepsi yang baik terhadap penyebab dan cara penanganan gangguan jiwa. Responden tidak menyetujui pemasangan (shackling) bagi penderita gangguan jiwa tetapi masih ada sekitar 5% menjawab setuju. Hal paling penting dan dibutuhkan dalam penanganan gangguan jiwa menurut responden adalah keberadaan psikiater di setiap RSUD (9,39); keterampilan tenaga kesehatan (9,32); dan pendanaan (9,32). Sekitar 60% responden mengatakan pernah menerima pelatihan kesehatan mental.*

**Kesimpulan:** *Persepsi pemangku kepentingan bidang kesehatan jiwa terhadap gangguan jiwa sudah baik. Pemangku kepentingan diharapkan dapat mengimplementasikan dalam kebijakan dan program intervensi sehingga permasalahan gangguan jiwa terutama di Jawa Barat dapat teratasi.*

## INTRODUCTION

In WHO report 2001, there were 450 million worldwide people suffering mental disorders. Neuropsychiatric disorders occupy four of ten leading causes of disability worldwide, considering more than 10% of the total burden of disease that affects all ages, cultures, and economic status. Mental disorders are predicted to rise and will have been as the second rank in Global Burden Disease by the year of 2020.<sup>1</sup>

In Riset Kesehatan Dasar (Riskesdas) report 2013, there were 6% (14 million Indonesia people) prevalence mental disorders for age more than 15 showing emotional problems such as depression and anxiety. Meanwhile, there was 1.7 per mil prevalence severe mental disorders in Indonesia.<sup>2</sup> At the time, West Java Province showed mental disorders had increased statistically in number from 296,943 people in 2012 to 465,975 people in 2013.<sup>3</sup>

Two-thirds suffered people do not seek and receive a care.<sup>4</sup> Ignorant, stigma, and discrimination are true obstacles still happening in Indonesia.<sup>4,5</sup> The obstacles are hard to eradicate

in view of lacking knowledge and delivering right information about mental disorders to the public.<sup>6,7</sup> In WHO's Mental Health Action Plan 2013-2020 reported that one of contributing factors to deliver mental health information is mental health stakeholders' role.<sup>8</sup>

Moreover, one of important role of mental health stakeholders is to make and assign mental health policy in order to improve mental health service and quality of life mental disorders sufferer. In order to construct policy, their knowledge and experience of handling mental disorders are needed and affect their perception. Perception is important since it refers to interpretation of sensory stimuli. Perception could actualize in action. In short, mental health stakeholders' perception is a basis to make an action and could be interference in mental health field. Therefore, the aim of this study is to describe mental health stakeholders' perception in West Java toward mental disorders.

## METHODS

This was cross-sectional descriptive study which was conducted using questionnaire from database survey of event "Persiapan Jawa Barat Bebas Pasung". Subject of this study were 75 representatives of mental health stakeholder working at health department (Dinas Kesehatan), local general hospital, social service department (Seksi Rehabilitasi Sosial Dinas Sosial), and local government (Kesejahteraan Rakyat and Badan Pembangunan Daerah) regency/city of West Java. Sampling method was taken by using total population. Sample was taken from questionnaire filled by study's subject at event "Persiapan Jawa Barat Bebas Pasung". The event was held by Health Department of West Java Province in Bandung. Subject was invited as respondent to join the event in year 2014 by Health Department of West Java Province.

Inclusion criteria of this study is respondents who completed the questionnaire. Whereas, exclusion are respondents who did not fill questionnaire as its instruction and the handwritten can not be read clearly. Questionnaire was arranged by psychiatry team

of Psychiatric Department of Dr. Hasan Sadikin General Hospital. Questionnaire was categorized in three different criterias, which were about:

- A. Information about training and handling of mental disorders which is only allocated for health workers. This questionnaire are assessed using yes or no question.
- B. Mental health stakeholder's perception toward mental disorders. This questionnaire was using Likert scale which consists of 6 positive statements and 7 negative statements. The scores for positive statements are Strongly Agree= 4, Agree= 3, Disagree= 2, Strongly Disagree= 1 and the scores for negative statements are Strongly Agree= 1, Agree= 2, Disagree= 3, Strongly Disagree= 4.
- C. Importance of needed resources that support the success of program about handling mental disorders. This questionnaire consists of 19 statements using interval scale range 1 to 10. Point 1 shows that it is very unimportant up to 10 which shows that it is very important.

Questionnaire was validated by factor analysis (Kaiser-Meyer-Olkin). Alpha Cronbach of the questionnaire was 0,776. The level of perception was measured using a scoring system as follows: Good : score is  $\geq 75\%$ , Moderate : score is  $40\% - 74\%$ , and Poor : when the score is  $< 40\%$ . Collected data categorized in characteristic column such as age, gender, education level, workplace institution. The data was processed by using SPSS 15.0 and served in descriptive analysis.

## RESULTS

A total of 75 stakeholders responded to questionnaire given to them. Among them, only 59 questionnaires were passed inclusion and exclusion criteria. Table 1 showed respondents characteristics. Age range of respondents is between 27 to 56 years old and mean is  $44.10 \pm 1.028$  years old . All respondents are bachelor's degree. Respondents represented 19 regencies/cities in West Java.

Table 1. Frequency and percentage of respondent's characteristics (n=59).

Characteristics	n	Percentage (%)
Age		
<31	3	
31-35	8	
36- 40	7	
41-45	10	
46-50	13	
51-55	16	
>55	2	
Gender		
Men	38	64
Women	21	36
Religion		
Islam	57	97
Christian	2	3
Marriage Status		
Single	1	2
Married	57	96
Divorced	1	2
Workplace Institution		
Health Department	11	19
Social Service Department	16	27
Local Government	22	37
General Hospital	10	17

Based on table 2, ten respondents worked at general hospital. Information about training and handling of mental disorders for whom working at general hospital are presented in table 2. Other criteria is about mental health stakeholders' perception toward mental disorders are described in table 3. The questionnaire was divided in 2 statements which were positive and negative. Perception questionnaire was graded and classified in 4 group which was strongly agree (SA), agree (A), disagree (D), and strongly disagree (SD).

Table 2. Information about training and handling of mental disorders working at general hospital

Statement		Yes(N)	No(N)
1.	I ever receive training on mental health while doing my profession	6	4
2.	I am be able to detect mental disorder case in accordance with my profession (doctor/nurse)	4	6
3.	I am be able to handle mental disorder case in accordance with my profession (doctor/nurse)	4	6
4.	My institution has execution program for mental disorder cases	8	2
5.	My institution has considerable number of medicines to execute mental disorder cases	5	5
6.	My institution has considerable kind of medicines to execute mental disorder cases	3	7
7.	My institution directly refers mental disorder cases	5	5
8.	My institution refers mental disorder patients that have been in therapy, however they have not cured yet	8	2

Note : total respondent (N)=10

Table 3. Frequency and percentage mental health stakeholders' perception toward mental disorders

Statement	SA		A		D		SD	
	n	%	n	%	n	%	n	%
Mental disorder is caused by black magic	-	-	2	3	26	44	31	53
People who have mental disorders cannot be cured	1	2	-	-	27	45	31	53
Drugs abuse can cause mental disorder	10	17	43	73	5	8	1	2
The ways to treat people with mental disorder is by shackling them	1	2	3	5	26	44	29	49
Mental disorder patients should be taken to Community Health Center	6	10	32	54	17	29	4	7
I do not care for mental disorders patients	-	-	1	2	44	74	14	24
I will take mental disorder patient to health services center to be cured	11	19	44	74	4	7	-	-
I will not feel pity for people with mental disorders	-	-	2	3	35	59	22	38
I am happy to help mental disorder patients	17	29	42	71	-	-	-	-
Mental disorder patient should be isolated from society	-	-	-	-	24	41	35	59
If there is a family who shackles their family member whose mental disorder, I will advise them not to do that	25	42	30	51	3	5	1	2
I will not take my family whose mental disorder to doctor since it is very embarrassing	-	-	-	-	29	49	30	51
If there is one of my family member who has mental disorder, then I will treat him/her equally with my other family members	12	20	32	54	14	24	1	2

Note: total respondent (N=59)

In brief, mental health stakeholders' perception toward mental disorders for all positive statements were as good (average 85,88 %) as for all negative statements (average 97,58 %) (based on table 3). Table 4 showed the most important needed resources in support

the success of program about handling mental disorders which were psychiatrist presence in every Regional Public Hospital (9,39). The information was based on scale 1 to 10 and presented in table 4.

Table 4. Important needed resources in support the success of program about handling mental disorders

Statement	Mean (Scale 1-10)
Psychiatrist in every Regional Public Hospital	9,39
Mental health worker skill	9,32
Funding	9,32
Hospitalization facilities for mental disorder patients	9,21
Citizen participation	9,21
The shelter for homeless people with mental disorder	9,21
The availability of medicines	9,19
Cross program and cross sector cooperation	9,12
Supporting regulations	9,11
Integrated activity of the psychiatrist to Community Health Center	9,09
Citizen understanding of mental disorder	9,09
Referral system	9,04
The involvement of health cadres	9
Stakeholders understanding of mental disorder	8,93
Survey about mental disorder cases	8,91
Patient transport services	8,89
Getting advice from religious leaders	8,16
Mental health as a priority program in Community Health Center	7,91
Approaches to practitioners of the occult	5,95

Note : total respondent (N=59)

## DISCUSSION

This study was a survey of mental health stakeholder's perception in West Java Province toward mental disorders. This study concluded mental health stakeholders in West Java Province have good perception toward mental disorders. There is a difference about perception and attitude of hospital health workers toward mental illness patients compared diabetics patients in Malaysia.<sup>9</sup> Mental illness patients were treated diversely by hospital health workers. Negative attitude toward mental illness patients was tend to be showed by hospital health workers through

attitude questionnaire toward mental illness stigma. This result of study did not measure attitude as the limitation of study.

Respondents of the present study showed good perception toward mental disorders. Majority of respondents (90%) acknowledged drugs was one of the cause mental disorders. This present study's result is closed to study which was conducted in India about caregivers perception toward mental illness. The caregivers understood the contributors causing mental illness well, such as genetics, brain disease, and drugs.<sup>10</sup>

Most of this study's respondents agreed mental illness people could be treated. Respondents also stated in large percentage about mental illness people need to get a treatment to health care (93%). However, there were still 7% showed disagree to the statement. The result is similar to a research about primary health care officer's perception toward mental illness in Ethiopia. They agreed mental illness could be treated. That study also concluded that primary health care (Puskesmas) had an essential role in screening and intervening to handle mental illness.<sup>11</sup>

One of the important needed resources in support the success of program about handling mental disorders is psychiatry presence in each general local hospital. This result of present study strongly strengthen the data that Indonesia had been reported having only 773 psychiatrists (0,32 per 100,000 people), 450 clinical psychologists (0,15 per 100,000 people), and 6,500 psychiatric nurses (2 per 100,000 people) in 2015.<sup>12,13</sup> That is in contrast by the fact that total standard clinical psychologists and psychiatrists for one country is 3-4 per 100,000 people.<sup>12</sup> In short, this study presented Indonesia is in a need for mental health providers since they are not distributed equally in each province of Indonesia. Therefore, lack of number let number of health providers who had no mental health background engage to handle mental illness patient.<sup>14</sup>

The other important needed resources in support the success of program about handling mental disorders is mental health worker skill. Mental health training for health provider was viewed as one of factor in order to make good health provider's skill according to research in Guangzhou.<sup>15</sup> That study were also related to present study described on table 2. About 60% majority respondents of present study said ever receive training on mental health while doing their profession. Study conducted in Quangzhou concluded mental health training could be a contributor in knowledge, perception, and attitude improvement toward mental disorders patients in a short planning goal as showed as result of study on table 3.<sup>15</sup> Other side for long planning goals are to counter mental illness

stigma and to take an action against shackling.<sup>16</sup>

Shackling for mental illness people have been banned authorisedly since 1977 by Indonesia Government.<sup>17</sup> In fact, there are still 18,800 people now in Indonesia living under shackling.<sup>6</sup> There were 1,274 shackling cases around 21 provinces in Indonesia reported by Human Right Watch in 2014.<sup>6</sup> Respondents stated clearly against shackling according to table 3. The result support Indonesia Government program (Indonesia Free Shackling).<sup>17</sup> Even though there was still 5% said agree. The result happened in that way could have had several reasons which one of them is ignorant and misjudgement toward mental illness people. Other reason is stigma about mentally ill people could do harm to themselves and people around them.<sup>18</sup> Economic status and mental health service access could be the contributor why shackling is persisting nowadays.

One of difficulties found in handling mental disorders patients is primary health care's service. About 10% mental illness people can only get access through primary health care.<sup>19</sup> Primary health care should have provided good quantity and type of mental illness medicine. Lack number and type of medicine are reality of primary health care need to face.<sup>20</sup> That is not reflecting application of Acts number 18 year 2014 that government need to control the availability, distribution, and affordability of medicine for mental illness patient.<sup>21</sup> Result of this study supported the fact that only a few respondents said they had enough quantity and type of medicine in their workplace. Limitation of study is this study can not show a representation of all mental health stakeholders in West Java province since few of them did not attend the event. This study does not aim to measure knowledge and attitude respondents toward mental disorders therefore there is no relation to perception.

## CONCLUSION

The perception of mental health stakeholders in West Java toward mental disorders is good. Respondents had a good perception for instance

causal and treatment of mental disorders. Psychiatry presence in each local general hospital was the most important needed resources in support the success of program about handling mental disorders. Stakeholders were expected to implement the policy and intervention program in order to handle mental health problem in West Java. Thus, mental health stakeholders are expected to correct the limitation then mental disorders issues in West Java could be resolved.

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