

## MENTAL HEALTH PROBLEM IN INDONESIA IN PUBLIC STIGMA AND SELF-STIGMA PRACTICES

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### ABSTRACT

In practice, the current legislation system has not adequately helped in improving mental health services. Stigma is still firmly attached to people with mental disorders that often become a victim of injustice and abuse by the public. A person with mental disorder is also commonly faced with stigma, discrimination and marginalization. The mental health Act is intended to ensure that everyone can achieve a good quality of life, enjoy a healthy psychiatric life as well as free from fear, pressure, and other disturbances that may interfere with mental health; ensure that everyone can develop the potential of intelligence; provide protection and guarantee services of mental health based on human rights; provide integrated, comprehensive and sustainable health services through promotive, preventive, curative and rehabilitative efforts; ensure the availability and affordability of resources in mental health efforts; improve the quality of mental health efforts in accordance with the development of science and technology; and provide an opportunity to be able to carry out its rights and obligations as an Indonesian citizen. Based on field facts as well as bibliographical studies conducted, the stigma forms in people with mental disorders remaining to occur indirectly become an evidence of the absence of the Law No.18/2014 on Mental Health that can be mentioned in two things, namely *public stigma* (stigma coming from society) and *self-stigma* (stigma coming from the sufferer and its own family). The forms of public stigma found in the research include rejection, exclusion and violence. Meanwhile, the forms of self-stigma consist of prejudices, feeling of guilty, fear and anger.

Keywords: mental health, public stigma and self-stigma

### INTRODUCTION

Health problem is a human right and one of the welfare elements that must be realized in accordance with the ideals of the Indonesia as referred to in Pancasila (five basic principles) and the 1945 Constitution of the Republic of Indonesia. The health as set forth in Article 1 paragraph 1 of the Law No. 36/2009 on Health is a “healthy, physical, mental, spiritual and social condition that enables everyone to live productively, socially and economically (MOH RI KMK No. 406, 2009: 1).”

To achieve these goals, it is necessary to make various health efforts including mental health efforts with promotive, preventive, curative and rehabilitative approach. The mental health efforts shall be conducted in an integrated, comprehensive and sustainable manner by the government, the regional government and / or the community.

The Law on Mental Health is intended to ensure that everyone can attain a good quality of life, enjoy a healthy psychiatric life as well as free from fear, pressure and other disturbances that can interfere with mental health (Law No.18/2014: 43).

Furthermore, the national long-term development plan vision 2005-2025 is the advanced, just and prosperous Indonesia. The vision realized in the four health development missions 2010-2014 is improving public health through community empowerment. To achieve the above vision and mission,

one of the strategies having been implemented by the Ministry of Health is 'to improve equitable, affordable, quality, fair and evidence-based health services with priority on promotive and preventive efforts (SKN, PP No. 72/2012).

However, in reality the vision and mission in the development plan does not run smoothly. The data carried in the <http://www.kemosos.go.id/> indicate that in Indonesia there are only about 773 psychiatrists (0.32 per 100,000 populations), 451 clinical psychologists (0.15 per 100,000 populations) and 6,500 psychiatric nurses (2 per 100,000 populations). Actually it needs a psychiatric nurse per 10,000 populations. If the population of Indonesia amounts to 247 million, then 24,700 professionals are needed.

Result of the Household Mental Health Survey (SKMRT) in 2007 also shows the symptoms of mental health disorder in the population of adult household in Indonesia, namely 185 cases per 1,000 populations. The result of the SKMRT also mentions that emotional mental disorders at the age of 15 years and over amount to 140 cases per 1,000 populations, while in the age range of 5-14 years were found 104 cases per 1,000 populations (Ministry of Health, the Republic of Indonesia, 2009, 1-2).

Meanwhile, more than 450 million people worldwide live with mental disorders caused by poor adherence to medical treatment as well as lack of support and life conditions vulnerable to the increase in stress (Sheewangisaw, 2012: 1-10). Basic Health Research in 2007 indicates the data there are 4 to 6 patients of severe mental illness (schizophrenia) per 1,000 populations.

Result of Basic Health Research indicates that emotional mental disorder reaches 11.6 percent. Previously, the psychiatric disorders (neuroses) including anxious, obsessive, hysteria and psychosomatic / psycho-physiologic mental health disorder as a result of life stresses lies in the range of 20 to 60 per 1,000 populations (Ministry of Health of the Republic of Indonesia, 2010: 2). Meanwhile, the data of Basic Health Research in 2013 recorded the prevalence of severe mental disorder in Indonesia reaching 1.7 per 1,000, meaning that 1 to 2 people of 1,000 populations in Indonesia suffers from serious mental disorder (Riskedas, 2013: XI).

Today, many people assume that mental illness is a stain or an effect of the sins committed by human beings, so that people respond to the sufferers with fear and avoidance. They become angry and very offended if being examined as considering themselves psychiatrically healthy and not sick (Kartono, 1989: 25).

The current applicable legislation system has not helped much in improving mental health service efforts. This problem roots in the stigma and the knowledge developed in the community about mental disorders (Irmansyah, 2009: 45-46). Stigma is still firmly attached to people with mental disorders aside from discrimination and marginalization experienced.

#### **MENTAL HEALTH PROBLEMS IN INDONESIA, BETWEEN HOPE AND REALITY**

Mental disorders are diseases experienced by people affecting their emotions, thought or behavior, beyond their cultural belief and personality, and have a negative impact on their life or family life (Maramis, 2005: 3).

Mental Health Services for everyone and guarantees of its rights related to psychiatric problems and people with mental disorders cannot be realized optimally. Their rights are often overlooked, both socially and legally. Socially, there is still a stigma in the community so that families hide the existence of family members suffering from mental disorders. This results in limited access to health services. Meanwhile, legally the existing legislation has not been comprehensive so that it hampers the fulfillment of their rights.

The problem of mental health in Indonesia is a very important public health issue and should receive serious attention from all levels of government as well as the whole society. Stigmatization and discrimination frequently experienced by people with mental disorders include expulsion from school, dismissal from workplace, abandonment by family and even imprisonment in shackles. Stigma operates like a prison, not a prison in the physical sense that confines inmates, but prisons in social relation. Similarly, the categories of abnormality and deviation are social constructs that have become myths. A myth of rationality is built by the apparatus of advancement, the regime of knowledge, and modernism.

Based on field facts and bibliographical studies conducted, the forms of stigma in people with mental disorders remain to occur and indirectly become evidence of the absence of the Law No.18/2014 on Mental Health that can be seen in two things, namely *public stigma* (the stigma coming from society) and *self-stigma* (the stigma coming from the sufferer and its own family). The forms of *public stigma* found include rejection, exclusion and violence. The forms of *self-stigma* include prejudice, guilt, fear and anger.

#### **PUBLIC STIGMA IN PEOPLE WITH MENTAL DISORDERS**

Moving space of people with mental disorder problems is very limited. It can be seen from the attitude of society/surrounding environment that gives “hostile” impression through soft rejection by not involving them (intentionally) in the interaction process. Attitudinal rejection of people with mental disorders is also evident from the tendency of family / community to make the Mental Hospital as a place of disposal for people with mental disorders.

Social exclusion in people with mental disorders has an impact on behavior, recovery and participation in society. They also have social isolation experiences that result in all kinds of relationships, either with friends or family. This isolation also causes them not to get a balance of access to information, education, employment, shelter and other social opportunities that can aggravate their social exclusion where as the implications they lead to be judged, unappreciated and even declared a dangerous person.

The stigma remaining to strongly get attached to the realm of society causes people with mental disorders to have no access to health services for treatment like having to be always silent in a locked room, getting no permission when going out of the house, chaining in hands or legs, even being imprisoned in shackle to the pair of legs by reason of justification so as not to harm themselves or to injure others around them.

## **SELF-STIGMA IN PEOPLE WITH MENTAL DISORDERS**

The view considering that mental disorders are unlikely to be cured and the suffering people are unlikely to function normally in society results in complexity because psychiatric sufferers increasingly draw themselves, be unwilling to be open for fear of being judged and humiliated. As the implication, the patients do not seek help when the symptoms of mental disorders begin to be felt.

The presence of feeling of guilty on the part of family ultimately leads to the behavior of delayed searching for help for the patient. Since the family members suffer from mental disorders, the family seems to have bad origin, so the family feels guilty, feels socially shame and loses of self-esteem. In this case, the family often blames on itself for the illness suffered by its members. Feeling of guilty can also originate from within the patient in the form of a belief that the disorder experienced happens due to weakness in facing challenges or difficulties of life and the belief if it poses a punishment of God or even the mistakes of the past.

Stigma against mental disorders further aggravates the condition of mental disorders. This, of course, results in complexity because people with mental disorders are increasingly withdrawing themselves, unwilling to be open for fear of being judged and humiliated. Another problem frequently emerging in people with mental disorders, especially in the cases of people with mental disorders with violent behavior, is the anger or excessive anger. Disclosure of anger or the anger of the mental disorder sufferer is a burst of emotion emerging as a reaction to increased anxiety, and the sufferer considers it as a threat but results in a sense of relief.

## **CONCLUSIONS**

In its implementation, the current legislation system has not helped much in improving the efforts of mental health services. The stigma stays to get firmly attached to people with mental disorders that often become a victim of injustice and abuse of treatment by society. The social body machine of society develop its social stigma (*public stigma*) consisting of rejection, exclusion and violence, and the control of bodily discipline over the stigma shadows the patient (*self-stigma*) consisting of prejudice, guilt, fear and anger, where all of which perpetuate the process of mental disorders (madness) reproduction denoting the consequence of the enactment of strategy control and social regulation in society. In this case, the empowerment of sustainability becomes a very important thing for people with mental disorders. All these efforts are largely determined by the concerns of family members, communities, private parties (NGOs), and the government.

## **SUGGESTIONS**

Eliminating the stigma of mental disorders in society is not easy, so that it needs the participation of all parties. However, it is important to always try to reduce the stigma in the hope that it will disappear by itself (de-stigmatization) in the future. The handling of such stigma requires education and strong will of the individuals in the community and great courage to participate in the handling so that it is not just limited to legal discourse.

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### Source: Internet

<http://www.kemsos.go.id/>