

STIGMA INFLUENCE OF THE OUTCOME (EXPERIENCES, MOTIVATIONS, AND OBSTACLES) TOWARDS PEOPLE WITH MENTAL ILLNESS PROBLEMS IN BABAKA PUBLIC HEALTH CENTRE, LOMBOK

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Abstract:

Mental health services are an important requirement for handling people with mental illness in the community, the high number of people with mental illness in West Nusa Tenggara and the achievement of services to them are currently a concern. Recurrence and drug withdrawal are a concern, one of the causes of the increasing number of relapse cases is the stigma against people with mental illness. The purpose of this study was to determine the effect of stigma on the outcome of people with mental illness in mental health services. The design of this study is a qualitative design carried out by in-depth interviews with 7 participants: 3 people with mental illness, 2 families or care givers, 1 Community Health Center Programmer and 1 medical doctor in public health centre to obtain information about stigma that affects outcomes (experiences, motivations and obstacles) of people with mental illness at Babakan Health Center, Mataram City, West Nusa Tenggara. The results of this study are that there is still a stigma that is felt by patients, both externalizing and internalizing stigma, so that it has an influence on patients in accessing mental health services.

Keywords: people with mental illness; primary health services; stigma

Introduction

Talking about mental disorders is like a circle that has not found its end. Until now, mental disorders are still a problem that has not led to a decrease in cases both globally and nationally from the aspect of mental problems and mental disorders. This is also supported by prevalence data which shows that mental disorders are still the top five world problems, in addition to cardiovascular disease, neoplasms, maternal and neonatal problems, as well as respiratory infections and tuberculosis. Mental disorders globally and in Southeast Asia rank first in terms of years lived with disability (YLDs). The world prevalence in 2018 estimates that the number of patients with mental disorders is around 450 million people, including schizophrenia. While cases of schizophrenia based on data from the World Health Organization (WHO) in 2019 around 20 million people in the world experience schizophrenia.^{1,2}

Nationally, based on 2007 RISKESDAS data, the prevalence rate (per mile/1000) of households with household members with schizophrenia or psychosis in West Nusa Tenggara ranks 4th after the Special Capital Region Jakarta, Aceh, and West Sumatra, with the percentage reaching 9.9% which was much higher than the national (Indonesia) percentage at that time, which was 4.6%. Meanwhile, RISKESDAS data in 2013 shows that West Nusa Tenggara ranks 8th after the Special Region of Yogyakarta, Aceh, South Sulawesi, Bali, Central Java, East Java and Bangka Belitung, with a percentage reaching 2.2%, which is much higher than the national percentage (Indonesia) at that time, which was 1.7%. The data shows the total population in Indonesia is around 236 million with 68% of them experiencing schizophrenia. Then the latest RISKESDAS data in 2018 shows that households with ART with schizophrenia or psychosis in NTB ranks 3rd after Bali and Special Region of Yogyakarta, with a

percentage reaching 9.6% which is certainly much higher than the national percentage (Indonesia) at that time, which is 6.7%. These data indicate that 1.8 per 1000 Indonesian population have experienced schizophrenia.²

Perception and behaviour from the community and care giver againts people with mental illness ofeten create stigma toward mental health problem. Thus because of the lack in knowledge and understanding in health workers about the mental disorders itself. Many health workers think that mental health disorders problem is same as a severe mental disorder such as skizofenria or commonly knowing as "crazy person", which only can be handled by a psychiatric in a mental hospital.³

Mental disorders patients often get stigma and bigger discrimination from the community than people with other medical disease. This behaviour is caused by the lack of knowledge and understanding about mental disorders from one of family members or the community.⁴

The purpose of this study was to discover the effect of stigma in people with mental illness while getting the services which can be affected on the patients. Broadly, as a source of information for health practitioners at the public health centre in the West Nusa Tenggara area, which can be used as a basis in providing a more optimal and effective approach or treatment for people with mental illness at the public health centre.

Research Method

The research designed using qualitative design with inductive persuasion and data collecting design carried out by in-depth interviews. The research conducted in Jul 2022. Samples were selected when they visited the Mental Health Policlinic at Babakan Public Health Center. The in-depth interview aims to explore the effects of stigma experienced by people with mental illness while receiving services that are quite

influential on patient outcomes. Prior to the interview, each patient was given an explanation and filled out an informed consent form. Analysis of interview data was carried out inductively, reading the text in detail and then considering the important meanings in the text.⁴

In the discussion will be discussed about patient outcomes based on the theory of planned behavior. From the theory of planned behavior, they can describe what experiences, motivations and obstacles they feel that can be influenced by the norms and values they believe and cause difficulties in utilizing mental the services at health polyclinic in public health centre.^{4,5}

The researcher then identified the important meaning by doing coding, the process of breaking the data into smaller units and having meaning and then making categories. The intended result of this process is to create a summary of three categories which in the researcher's view are key aspects and are considered to be the most important themes according to the research objectives. To ensure the validity of the data, the participants' answers were examined using data triangulation, peer debriefing and comparison with the literature. This research has received ethical approval from the Research Ethics Commission of Mutiara Sukma Mental Hospital, West Nusa Tenggara.

Results

In this research, in-depth interviews were carried out with 7 participants: 3 people with mental illness, 2 families or care givers, 1 Community Health Center Programmer and 1 medical doctor in public health centre.

Patients' Experiences

Patients in utilizing the mental health polyclinic are often uncomfortable because they have to queue, sometimes if they want to get a prescription, they have to wait a long

time for the doctor so they don't come to the public health centre^{6,7}, here are the results of the interview:

"It is long, moreover when we need to go to market or etc. The queue is more than 10 people since it is merged with other patients that makes it crowded" (Patient 1, 45 y.o)

That interview went along with one of family member who said that many patient complain when they need to wait for doctor examination and to get the prescription.

"The hardest part when we bring them to public health centre, they hardly wait, become impatient and having anxiety while waiting" (Family Member 1, 38 y.o)

The experiences from people with mental illness and their family members went along with service description from the doctor of public health centre.

"Some of patients are hard to queue, so that we provide a solution by having a day dedicated for people with mental illness services; or giving a fasttrack card and delivering the medication to their home". (Public Health Centre's doctor, 30 y.o).

Patients have an impatient and emotional attitude when it comes to direct access to services. This illustrates that attitude is a closed reaction, not an open reaction or open behavior. Attitude is a readiness to react to objects in a certain environment as an appreciation of the object. Attitude can describe a person's likes or dislikes towards objects. Usually, attitudes are obtained from own experience or those of others who are closest to them.⁶⁻⁸

Patients's Motivation

The results of interviews with patients in utilizing mental health services, the patient explained that his motivation came from family support/care givers who always accompanied and compared patients who diligently took medication with those who did not. It turned out that according to participants who took medication regularly, they were healthier, besides that, family support and thinking about children were quite helpful. Families, peer mentoring tell the patient's motivation to appear to take advantage of the service because of routine assistance by the family and there is a place to convey the problems that the patient is experiencing.^{9,10}

"I have an 8-month-old baby at home that makes me hardly to go to public health centre. I often feel like I am already healed, but when I did not take my medications for days, I hardly sleep, and the voices come again. My family is always with me when I am visiting the public health centre, the place for me to vent if I am having problems at home". (Patient 2, 27 y.o)

The results of the interview with the family said that the patient's motivation arose because he had experience taking the medications before, so it was easy to give directions to utilize the service.

"It is easier to have a chat since I was also a patient if Mutiara Sukma Mental Hospital. I only take one kind of medication now, with the lowest dosage said my doctor. That motivates my younger sister to go to health public centre regularly, and she agreed with that". (Family Member 2, 48 y.o)

That interview result went along with an interview with a mental health programmer in the public health centre.^{7,11}

"The difficulties come if the patient is hard to take the medications. We usually have a trusted family member to explain the importance of taking medication regularly and monitoring them at home". (A Mental Health Programmer in the Public Health Centre, 38 y.o)

Patients's Obstacles

There is a viewpoint that often causes discomfort for patients regarding their status, there is a stigma from both the community and health workers and a severe fear in the patients itself regarding their status as people with mental illness, this is what often detain patients from utilizing of mental health polyclinic.^{12,13}

"For now, it's convinient, no one stares at us when we went to the public health centre to take our medication. At past, people used to stare at us. It is so uncomfortable." (Patients 2, 37 y.o)

"My sister used to be afraid if we were going to public health centre, she was afraid if she met someone who knows her. But after a long time, she is not afraid anymore since the health workers here are so friendly and gladly help here." (Family member 2, 28 y.o)

Based on those in-depth interviews resulted that stigmatization is still the reason why patients utilize the services in difficulty. This result went along with research in Medan stated that stigma againts people with mental illness at Montianak happens many times, with different intensity. Stigma againts people with Skizofenria was higher than other mental disorders such as depression and anxiety.^{8,14}

Discussion

This study is qualitative research to find out in depth the influence of stigma on outcomes in the form of experiences,

motivations, and obstacles for mental health polyclinic patients in accessing the mental health services of Babakan Public Health Center, as a primary service.¹⁵

Based on the results of this study, it was found that the experience felt by related patients during treatment and accessing services was heavily influenced by stigma and illness, in interviews conducted with patients there was an externalization stigma in the form of avoidance or environmental avoidance because of their condition as people with mental illness. This is reinforced by the stigma of internalization which they feel that the people around them are becoming distant. This is quite influential in increasing the motivation and desire of patients to continue using the medications.¹⁶

Patients feel the stigma they feel is greatly helped by the support from family and people around including officers who assist in the treatment they are doing, but not infrequently feelings or internalized stigma such as feeling that they are sick at this time because of their own mistakes often become obstacles in proper treatment they were going through. The feeling of internalizing stigma in the form of this is stated in the results of our evaluation of patients, in patient interviews it was found that this outcome was also affected by externalization stigma in the form of labeling carried out by the mass media and the environment by saying that people with mental illness is a public nuisance.

The drawback of this study is that there is still a lack of interviewed patients due to the limited number of patients who come to the mental health polyclinic so that the information obtained is less diverse.

Conclusions

There is still a stigma that is felt by patients, both externalization and internalization, so that it has an influence on patients in accessing mental health services. Patients who are undergoing long-term drug therapy need motivation in the form of social support. Social support is information from

others that he is loved and cared for, has self-esteem and is valued, and is part of a communication network and shared obligations which are one of the strong predictors of adherence to taking medication.¹³

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