

Stigma, Discrimination, and Public Perception: A Relationship between Screening for Mental Emotional Disorders and Public Perception of Mental Disorders




Ichdinavia Harsaya^{1*}, Alifiati Fitrikasari², Innawati Yusuf²,
Elly Noerhidajati², Yetty Movieta Nancy³

¹ Psychiatry Study Program, Faculty of Medicine, University of Diponegoro, Indonesia

² Lecturer at the Psychiatric Study Program, Faculty of Medicine, Diponegoro University, Indonesia

³ Lecturer at the Pediatrics Health Study Program, Faculty of Medicine, Diponegoro University, Indonesia

 harsaya@gmail.com

ARTICLE INFORMATION

History of Article

Submitted : September 5, 2021

Revised : September 28, 2021

Accepted : October 28, 2021

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Conflicting Interest Statement

All authors declared that there is no potential conflict of interest on publishing this article.

Funding

None

Publishing Ethical and Originality Statement

All authors declared that this work is original and has never been published in any form and in any media, nor is it under consideration for publication in any journal, and all sources cited in this work refer to the basic standards of scientific citation.

Cite this article as:

Harsaya, I., Fitrikasari, A., Yusuf, I., Noerhidajati, E., & Nancy, Y. M. (2021). Stigma, Discrimination, and Public Perception: A Relationship between Screening for Mental Emotional Disorders and Public Perception of Mental Disorders. *Unnes Law Journal: Jurnal Hukum Universitas Negeri Semarang*, 7(2), 405-418. <https://doi.org/10.15294/ulj.v7i2.52696>

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ABSTRACT. Mental-emotional disorder is a condition of emotional changes that can develop into a pathological state, with a prevalence of 9.8% in people over 15 years of age in Indonesia. Public perception of people with mental disorders leads to stigma and discrimination that have negative consequences for both sufferers and their family members. The purpose of this study was to determine the relationship between mental emotional disorders and people's perceptions of mental disorders. This research is an analytic observational study with a design cross sectional. The sample in this study were employees, students and visitors of the Diponegoro National Hospital, Semarang taken by consecutive sampling method. The research instrument used a sociodemographic questionnaire, a Self-Reporting Questionnaire (SRQ) 20 and a Community Attitude Towards the Mentally Ill (CAMI) questionnaire. This study found and confirmed that the subjects in this study 27.3% experienced mental emotional disorders and the majority had a counter-stigma and discrimination attitude, although there were still some who had a pro attitude towards stigma and discrimination, namely 7.3%. There is a significant correlation between emotional mental disorders and public perception of mental disorders (0.035) with a 95% confidence level. This study concludes that there is a significant relationship between emotional mental disorders and people's perceptions of mental disorders.

KEYWORDS. Mental Emotional Disorders, Stigma, Discrimination, Perception

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Introduction

Mental health is a basic component of the definition of health. Health is a state of health, both physically, mentally, spiritually, and socially that enables everyone to live socially and economically productive lives.¹ Good mental health enables people to realize their potential, cope with the normal stresses of life, work productively, and contribute to social community.¹

Cases of mental disorders are quite worrying, namely there are 450 million people suffering from mental disorders worldwide with 50% occurring in developing countries.² Based on Riskesdas data in 2018, the

¹ World Health Organization. Mental Health Action Plan 2013 – 2020. Geneva: World Health Organization, 2013; Kementerian Kesehatan Republik Indonesia. Undang-undang Nomor 18 Tahun 2014 tentang Kesehatan Jiwa. Kementerian Kesehatan Republik Indonesia, 2014

² World Health Organization. Prevention of Mental Disorders : Effective Interventions and Policy Options: Summary Report / A Report of the World Health Organization Dept. of Mental Health and Substance Abuse ; in Collaboration with the Prevention Research Centre of the Universities. Geneva: World Health Organization, 2004; Campos L, Dias P, Palha F. Finding Space to Mental Health1 - Promoting Mental Health

prevalence of Indonesian population experiencing mental emotional disorders at the age of more than 15 years was 9.8 %. In Central Java Province, the prevalence of mental emotional disorders at the age of more than 15 years is 7.7%.³

Mental emotional disorder is a condition that indicates that the individual experiences an emotional change that can develop into a pathological state. Perception is experiences about objects, events, or relationships obtained by inferring information about mental disorders. Perception and sAttitudes about mental disorders are shaped by personal knowledge about mental disorders, knowing and interacting with someone living with a mental disorder, cultural stereotypes about mental illness and media stories and are also influenced by culture.⁴ Negative perceptions or stigma towards people with mental illness is a barrier. greatest contribution to recovery, development of effective treatments, treatment, and prevention of mental illness.

This study aims to determine the relationship between mental emotional disorders and people's perceptions of mental disorders. This study was conducted with very heterogeneous subjects including students, employees and visitors who are part of the interacting community at the Diponegoro National Hospital.

Literature Review

1. Emotional Mental Disorder

Mental-emotional disorders according to the Dictionary reference of Princeton University are part of mental disorders that are not caused by organic brain disorders and are more dominated by emotional disturbances (disturbance of emotions). Research conducted by Harison showed that there were clients who visited general hospitals who experienced symptoms of somatization, namely treatment with symptoms of physical complaints but no organic cause. This understanding implies that emotional mental disorders are more directed to psychological aspects than biological aspects. Richmon

in Adolescents: Pilot Study. *Education and Health*. 2014, 32(1):23-29

³ Kementerian Kesehatan Republik Indonesia. *Riset Kesehatan Dasar (RISKESDAS) 2018*. Jakarta: Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan Republik Indonesia, 2018, p.97–103.

⁴ Choudhry FR, Mani V, Ming LC, Khan TM. Beliefs and Perception about Mental Health Issues: A Meta-synthesis. *Neuropsychiatric Disease and Treatment*, 2016, 12:2807–2818.

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suggested that mental-emotional disorders are changes in mood and affect that are associated with specific thoughts or physical conditions that match mood and affect. Mental-emotional disorders are changes or disorders of mood and affect that also affect a person's physical because of biological (physical), psychological (emotional) and social aspects, so that physical and mental aspects influence one's emotional mental disorder. Everyone has experienced changes in their lives where these changes require someone to adapt in overcoming them. These changes can be a condition that threatens the individual. If the individual is unable to find a solution to the situation that threatens him, the individual will experience a mental emotional disorder. Everyone has experienced changes in their lives where these changes require someone to adapt in overcoming them. These changes can be a condition that threatens the individual. If the individual is unable to find a solution to the situation that threatens him, the individual will experience a mental emotional disorder. Everyone has experienced changes in their lives where these changes require someone to adapt in overcoming them. These changes can be a condition that threatens the individual. If the individual is unable to find a solution to the situation that threatens him, the individual will experience a mental emotional disorder.

The variable of emotional mental disorder uses the Self Reporting Questionnaire (SRQ) measurement which is a tool to measure/screening mental state of a person who has a time limit of 30 days. The SRQ is also a questionnaire that is commonly used to screen for mental health problems in the community that has a "yes or no" answer, making it easier for the community to answer it. In the 2018 Basic Health Research (*Riskedas*) it was found that the assessment of emotional mental disorders using SRQ 20.5 and SRQ 20 showed symptoms of anxiety and depression.

2. Public Perception of Mental Disorders

Perception and Attitudes about mental disorders are shaped by personal knowledge of mental disorders, knowing, and interacting with someone living with a mental disorder, cultural stereotypes about mental illness and media stories. Cultural context is important when studying beliefs about mental health. Understanding of mental health and its interpretation varies from culture to culture. A person's perception of a disease will explain their behavior in seeking help

Variables of public perception of mental disorders using measurement *Community Attitude Towards the Mentally Ill* (CAMI) which is a measure of perception of mental disorders. The CAMI questionnaire was made by Taylor and J. Dear in 1981 consisting of 40 items on a Likert scale from strongly agree to strongly disagree. Each sub-scale has pros and cons. The pro value is a negative attitude that creates a stigma and discrimination.

Method

The research was carried out from December 2019 to November 2020. The research location was carried out at the Diponegoro National Hospital. The type of research used is analytic observational which aims to find the relationship between related variables. The research design is cross sectional which emphasizes the process of collecting data on the independent and dependent variables only once at the same time. The subject of this research is employees, students, and visitors at the Diponegoro National Hospital the age 18-55 years. The number of samples required in this study is 150.

Research Result

In this study, the proportion of sexes included in this study was more female, male (22.7%) and female (77.3). The youngest age is 18 years and the oldest is 55 years. The research has a level of education, namely Bachelor. The proportion of occupations in the subjects of this study were more employed than those who did not work, with the highest occupation being the health sector.

TABLE 1. Frequency Distribution Based on Characteristics of Research Subjects

Characteristics	Frequency	Percentage
Gender		
Man	34	22.7
Woman	116	77.3
Total	150	100.0
Age		
18-25 yrs	72	48.0
26-35 yrs old	41	27.3

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36-45 yrs	28	18.7
46-55th	9	6.0
Total	150	100.0
Education		
junior high school	3	2.0
SMA/SMK	35	23.3
S1/S2	112	74.7
Total	150	100.0
Work		
Employee	23	15.3
Student	65	43.3
civil servant	39	26.0
Private	15	10.0
Does not work	8	5.3
Total	150	100.0
Field of work		
Health	102	68.0
Non Health	48	32.0
Total	150	100.0

**TABLE 2. Frequency Distribution of Emotional Mental Disorders
Variables and Public Perceptions of Mental Disorders**

Variable	Frequency	Percentage
Emotional Mental Disorder		
No symptoms of emotional mental disorder	109	72.7
There are symptoms of mental emotional disorders	41	27.3
Total	150	100.0
Mental Emotional Disorders (Symptoms of Depression) Screening		
No symptoms of depression	101	67.3
There are symptoms of depression	49	32.7
Total	150	100.0
Mental Emotional Disorder Screening (Anxiety Symptoms)		
No symptoms of anxiety	79	52.7
There are symptoms of anxiety	71	47.3
Total	150	100.0
Public Perception of Mental Disorders		

There is Stigma & Discrimination	11	7.3
There is no Stigma & Discrimination	139	92.7
Total	150	100.0
Public Perception of Mental Disorders (Indicator of Authoritarianism)		
There is authoritarianism	18	12.0
No Authoritarianism	132	88.0
Total	150	100.0
Public Perception of Mental Disorders (Indicators of Social Restrictions)		
There are Social Restrictions	20	13.3
No Social Restrictions	130	86.7
Total	150	100.0

TABLE 3. Characteristics of Research Subjects Against Mental Emotional Disorders

Characteristics	Emotional Mental Disorder		Correlation (r)	Significance (p)
	Not	Yes		
Gender				
Man	27	7	0.082	0.316ts
Woman	82	34		
Age				
18-25th	51	21	-0.077	0.162ts
26-35th	27	14		
36-45th	25	3		
46-55th	6	3		
Education				
junior high school	2	1	-0.022	0.952ts
SMA/SMK	25	10		
S1/S2	82	30		
Work				
Employee	18	5	-0.025	0.420ts
Student	43	22		
civil servant	32	7		
Private	11	4		
Does not work	5	3		

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Characteristics	Emotional Mental Disorder		Correlation (r)	Significance (p)
	Not	Yes		
Field of work				
Health	74	28	-0.004	0.962ts
Non Health	35	13		

TABLE 4. Characteristics of Research Subjects on Public Perceptions of Mental Disorders

Characteristics	Public Perception of Mental Disorders		Correlation (r)	Significance (p)
	There is Stigma and Discrimination	No stigma and discrimination		
Gender				
Man	5	29	0.153	0.061ts
Woman	6	110		
Age				
18-25th	7	65	0.052	0.524ts
26-35th	1	40		
36-45th	2	26		
46-55th	1	8		
Education				
junior high school	0	3	0.124	0.185ts
SMA/SMK	5	30		
S1/S2	6	106		
Work				
Employee	1	22	-0.026	0.548ts
Student	6	59		
civil servant	1	38		
Private	2	13		
Does not work	1	7		
Field of work				

Health	5	97	-0.136	0.096ts
Non Health	6	42		

In this study using bivariate analysis with the *chi square* method, where there is a correlation which is significant if the significance value is less than 0.05.

TABLE 5. The Relationship between Mental Emotional Disorders and Public Perception of Mental Disorders

Perception	Public Perception of Mental Disorders		Correlation (r)	Significance (p)
	There is Stigma and Discrimination	No Stigma and Discrimination		
Emotional Mental Disorder				
There is not any	11	98	0.173	0.035*
There is	0	41		
Mental Emotional Disorder Screening (Depression Symptoms)				
There is not any	9	92	0.087	0.287ts
There is	2	47		
Mental Emotional Disorder Screening (Anxiety Symptoms)				
There is not any	6	73	0.011	0.897ts
There is	5	66		

Source: Primary Data Process
description = * (significant), ts (not significant)

Based on Table 5, there is a correlation between mental emotional disorders and people's perceptions of mental disorders ($p = 0.035$).

Discussion

Based on the results of the study, several interesting things were found to be discussed. In this study, the prevalence of mental emotional disorders was 27.3%. This is higher than the 2018 Riskesdas results because this research was conducted during the COVID-19 pandemic, with the research subjects mostly working in the health sector. The correlation between work and the risk of being exposed to COVID-19 patients shows symptoms of

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greater anxiety and depression.⁵ Mental emotional disorders are reported to be higher in women than in men. Women are more susceptible to emotional mental disorders due to hormonal changes and differences in characteristics between men and women, women's characteristics are more emotional than rational. When faced with a problem, women tend to use feelings.⁶ In this study, 18-25 years of age the symptoms of emotional mental disorders were quite high, this was related to the fact that young people were more often exposed to social media which could trigger psychological distress.⁷ The level of higher education in this study was high in the occurrence of emotional disturbances because the high level of education in the subjects of this study had greater responsibilities in their work than other jobs. In the results of this study, it was found that there was a relationship between mental emotional disorders and people's perceptions of mental disorders.

In this study, women tend to be more inclined towards stigmatization, while men tend to be more prone to discrimination. The high stigma among women can be associated with the spread of bad information about mental disorders among them.⁸ Gender is one of the factors that influence perceptions of mental disorders. Women reported more tolerance and support for caring for the community, lower levels of social distancing and less prejudice and misunderstanding of people with mental disorders.⁹ Differences in the relationship between gender and perceptions of mental disorders may differ due to cultural differences between study populations. Ages 46 - 55 years had higher social distancing or discrimination attitudes

⁵ Departemen Kesehatan Republik Indonesia. *Pedoman Penggolongan dan Diagnosis Gangguan Jiwa Di Indonesia III*. Jakarta: Departemen Kesehatan RI, 1993; Ahmedani BK. Mental Health Stigma: Society, Individuals, and the Profession. *Journal of Social Work Values and Ethics*, 2011, 8(2):41-416.

⁶ Bautista CF, Velázquez JV, Icaza MEMM, López MM, López M de LG, Robles NO. Sociodemographic and Personal Factors Related to Depressive Symptomatology in the Mexican Population Aged 12 to 65. *Revista Brasileira de Psiquiatria*, 2012, 34(4), 395–404.

⁷ Le-Shi, Zheng-An, Que J-Y, Huang X-L, Liu L, Ran M-S. Prevalence of and Risk Factors Associated With Mental Health Symptoms Among the General Population in China During the Coronavirus Disease 2019 Pandemic. *JAMA Network Open*, 2020, 32(7):221–225.

⁸ Venkatesh B, Andrews T, Mayya S, Singh M, Parsekar S. Perception of Stigma toward Mental Illness in South India. *Journal of Family Medicine and Primary Care*. 2015, 4(3):449–453.

⁹ Yuan Q, Abdin E, Picco L, Vaingankar JA, Shahwan S, Jeyagurunathan A, et al. Attitudes to Mental Illness and Its Demographic Correlates among General Population in Singapore. *PLOS One*, 2016, 11(11):1–13.

than other age groups in this study. increasing public knowledge about mental illness and the development of information technology that makes this knowledge more accessible, especially for young adults who are more familiar with the use of this technology. In terms of education level, low education level is higher in discriminatory attitude, soul. Research subjects with low levels of education are unable to understand the scientific causes of mental disorders and regard them as supernatural. In addition, people with higher education will have more access to health information and can understand it. In terms of education level, low education level is higher in discriminatory attitude, soul. Research subjects with low levels of education are unable to understand the scientific causes of mental disorders and regard them as supernatural. In addition, people with higher education will have more access to health information and can understand it. In terms of education level, low education level is higher in discriminatory attitude, soul. Research subjects with low levels of education are unable to understand the scientific causes of mental disorders and regard them as supernatural. In addition, people with higher education will have more access to health information and can understand it.

If correlated mental emotional disorders with people's perceptions of mental disorders that have a significant relationship. These results can be said that the higher the emotional mental disorder, the better the perception of mental disorders. Someone who is indicated as having an emotional mental disorder has a good perception of mental disorders, because the person is aware that the mental emotional disorder, he suffers is part of a mental disorder that should not get stigma and bad discrimination from other people. In addition, knowledge about mental health is also significantly associated with stigma on mental health. This shows that the better knowledge individuals have about mental health, the lower their tendency to be stigmatized towards people with mental disorders.¹⁰

Limitations of the Research

This study has limitations because there are several factors that influence mental emotional disorders and people's perceptions of mental

¹⁰ Hartini N, Fardana NA, Ariana AD, Wardana ND. Stigma toward People with Mental Health Problems in Indonesia. *Psychology Research and Behavior Management*, 2018, 11:535–541.

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disorders, including biological factors, genetic factors, psychosocial stressors, and local culture. The factors mentioned above were not investigated due to time constraints.

Conclusion

Based on the results of this study, there is a relationship between mental emotional disorders and people's perceptions of mental disorders. The prevalence of mental emotional disorders is 27.3%, high in women, aged 46-55 years, higher education level, in people who do not work or if they work, their field of work is health. Prevalence Public perception against mental disorders in the form of stigma and discrimination is 7, 3%, mostly found in old age, low level of education, type of work is non-health. Suggestions from the research are education using leaflets or other educational media for the public about mental disorders.

References

- Ahmedani, B. K. (2011). Mental health stigma: society, individuals, and the profession. *Journal of social work values and ethics*, 8(2), 4-1.
- Campos, L., Dias, P., & Palha, F. (2014). Finding Space to Mental Health-Promoting mental health in adolescents: Pilot study. *Education and Health*, 32(1), 23-29.
- Choudhry, F. R., Mani, V., Ming, L. C., & Khan, T. M. (2016). Beliefs and perception about mental health issues: a meta-synthesis. *Neuropsychiatric disease and treatment*, 12, 2807.
- Departemen Kesehatan Republik Indonesia. (1993). *Pedoman Penggolongan dan Diagnosis Gangguan Jiwa Di Indonesia III*. Jakarta: Departemen Kesehatan RI.
- Fleiz Bautista, C., Villatoro Velázquez, J., Mora Icaza, M. E. M., Moreno López, M., Gutiérrez López, M. D. L., & Oliva Robles, N. (2012). Sociodemographic and personal factors related to depressive symptomatology in the Mexican population aged 12 to 65. *Brazilian Journal of Psychiatry*, 34, 395-404.
- Hartini, N., Fardana, N. A., Ariana, A. D., & Wardana, N. D. (2018). Stigma toward people with mental health problems in Indonesia. *Psychology*

- Research and Behavior Management*, 11, 535-541.
- Kementerian Kesehatan Republik Indonesia. (2018). *Riset Kesehatan Dasar (RISKESDAS) 2018*. Jakarta: Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan Republik Indonesia.
- Republic of Indonesia. (2014). *Undang-undang Nomor 18 Tahun 2014 tentang Kesehatan Jiwa*.
- Shi, L., Lu, Z. A., Que, J. Y., Huang, X. L., Liu, L., Ran, M. S., Ran & Lu, L. (2020). Prevalence of and risk factors associated with mental health symptoms among the general population in China during the coronavirus disease 2019 pandemic. *JAMA network open*, 3(7), 221–225.
- Venkatesh, B. T., Andrews, T., Mayya, S. S., Singh, M. M., & Parsekar, S. S. (2015). Perception of stigma toward mental illness in South India. *Journal of family medicine and primary care*, 4(3), 449-453.
- World Health Organization. (2004). *Prevention of Mental Disorders : Effective Interventions and Policy Options: Summary Report / A Report of the World Health Organization Dept. of Mental Health and Substance Abuse. in Collaboration with the Prevention Research Centre of the Universities*. Geneva: World Health Organization.
- World Health Organization. (2013). *Mental Health Action Plan 2013 – 2020*. Geneva: World Health Organization.
- Yuan, Q., Abdin, E., Picco, L., Vaingankar, J. A., Shahwan, S., Jeyagurunathan, A., ... & Subramaniam, M. (2016). Attitudes to mental illness and its demographic correlates among general population in Singapore. *PloS one*, 11(11), 1-13.