

**BELIEFS, STIGMAS AND FAMILY'S ROLE OF HELP SEEKING FOR
VULNERABLE OF MENTAL DISORDERS FAMILY MEMBERS**

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ABSTRACT: *Nowadays, around 6 million people suffer from mental health issues but the help is not pursued because of number of factors. Present research is highlighting some of the crucial factors that are significant and when they are combined, can change the situation utterly. Factors discussed in this paper are named as beliefs of control, perceived cause of mental illness, role of family and help seeking with stigmatization regarding seeking help from Kiai, Dukun and Psychiatrists. Research was conducted with participants who are significant family members of individuals with mental health problems and lived in Java, Indonesia. Using Cluster sampling method the data was collected because of large area of districts/ municipality. The respondents included in research who had mental illness were specified in neurosis kind of illness for instance Anxiety, OCD- Obsessive Compulsive Disorder, Phobia, Trauma and Somatoform. Detailed findings based on thorough analysis of previous researches in a systematic way is given in this research in order to highlight that modern treatment can become high in relation among these families of Indonesia.*

KEYWORDS – *Families; Help seeking; Stigma; Beliefs*

INTRODUCTION

Background of the study

A. The Prevalence of Mental Health Challenges in Java

Nowadays, around 400 million people are considered to have mental disorders. Therefore WHO (World Health Organization, 2013) consider it necessary to highlight mental disorders into World Health Day theme. There are six mental challenges taken into account as global issue by WHO, named as epilepsy, depression, schizophrenia, Alzheimer, mental retardation and alcohol addiction (Irawati, Basri, Arias, Prihatini, Rintiswati, Voskens, & Kimerling, 2007). In Java, Indonesia, around six million people have anxiety and among 5.5 million do not have good health care. Furthermore, a research result by Directorate of Mental Health in 2007 finds that every 20 of 1000 family members have anxiety issues (Irawati, Basri, Arias, Prihatini, Rintiswati, Voskens, & Kimerling, 2007). According to Chief of Department of Psychiatry, medical school University of Indonesia/National General Hospital of Dr. Cipto Mangunkusumo (RSCM), Irmansyah, one of five adults have mental disorders with ordinary to severe level of functional abnormality (Forum, 2009).

However, facility and mental health workers in Indonesia are very limited. Today, there are only 32 public asylums and 16 private asylums. From 1.678 public hospital recorded, only 2% has mental health service. Meanwhile, only 15 hospitals of 441 local general hospitals, owned by District/Municipal Government, has psychiatry service. The same condition is with Community Health Centers (Puskesmas) in Java. Only 1.235 Community Health Centers give mental health service, from total about 9.000 Community Health Centers (Anna, 2012).

This research chooses Special Region of Yogyakarta as field of research based on result of basic health research by Ministry of Health which stated that nationally Special Region of Yogyakarta is included in one of provinces which has high prevalence of emotional and behavioral mental challenges in Indonesia (Tampubolon, Gindo, & Wulung Hanandita, 2015). Special Region of Yogyakarta has prevalence of 2.7 serious mental disorders per mile (Tampubolon, Gindo, & Wulung Hanandita, 2015).

B. Disinclination in Help Seeking

As a matter of fact, a mental condition in developing countries, including Indonesia, should have good prognosis because of family support (primary support groups) but the data of Health caters show a different picture (De Los Reyes et al., 2015). Researches attribute stigmatization as the main factor because of which this positive feature (Family) of developing Islamic countries seem to lack its well-known value. Stigma for serious mentally challenged patients does not only cause negative effect for themselves but also for their family members, including social hostility, exclusion and isolation (De Los Reyes et al., 2015).

C. Proposed Reasons for Disinclination in Help Seeking in Yogyakarta

Although, traditional approach to deal with a disease is through emphasis on source of disease which is needed to be overcome but if the real source is overlooked because of inherited false beliefs than the root cause of problem stays the same and keeps growing. One of traditional beliefs that is inherited explanation for mental challenges in Yogyakarta is believing in spiritual creature. One of them is *lelembut* (Javanese ghost) believed as cause of mental disorders (Ciftci, Ayse, Nev Jones, and Patrick, 2013). Most Yogyakarta people believe that only people who are mentally weak, or people with empty mind can be possessed (the devil dwells within someone's body). According to (Riany, Eva, Cuskelly, & Meredith, 2016), such belief in Indonesia is not merely a belief, but it has been reinforced with attitudes and live experienced stories of local people in a way to secure the traditional spiritual heritage. It means no matter how high someone's education gets, he cannot escape from this imposed belief of spirits and ghosts.

It has been seen that beliefs work as long as they serve a functional purpose for a person or family, otherwise they start to get ambiguous and vague (Topkaya & Nursel, 2014). For instance when a member of a family encounters a mental challenge, the first expression from society is reinforcement of previously learned spiritual beliefs but when they seem to find that spiritual tactics are lacking their grounds in curing his vulnerability, they start to look for other justifications in order to save their blood relative (Ciftci, Ayse, Jones, & Corrigan, 2013). Therefore, it can be said that the family's behavior for seeking help and walking pass the stigma is influenced by the belief system they possess and other personal and familial factors work in determining the nature of that belief system (Umegaki & Yusuke, 2015). The nature of these personal and familial factors are described by Al-Krenawi, Graham, Al-Bedah Kadri, Schewail (2009) as age, gender, race, education and socio-economic class. Furthermore, the behavior of family to seek help for the significant member of family is also determined by the nature of mental challenge and stigma they apprehend (Chang, Janet, Misaki Natsuaki, & Chen, 2013; Pattyn, Verhaeghe, Sercu, & Bracke, 2014). In a report to President Bush, New Freedom Commissions noted stigma as main hindrance in participation of psychiatric service for those labelled as "mentally sick" (Parcesepe, Angela, & Cabassa, 2013). To explain the functional nature of behaviors that are seen in terms of help seeking and dealing with stigmas (Montano, Daniel & Kasprzyk, 2015) postulated three determinants named as intention to do a behavior, attitude toward a behavior, subjective norm and perceived control of behavior. These are termed as Theory of Planned behavior and seem to explain the help seeking behavior in detail. It can be stated that beliefs about a certain behavior that is seeking for help in present study, tends to determine the attitude of a person. This whole phenomenon is based on the anticipated outcome of a certain behavior and this anticipated outcome is linked with belief that is mostly of subjective probability (De Leeuw, Astrid, Valois, Ajzen, & Schmidt, 2015).

METHOD

Present study focused on the factors that play significant role in determining the help seeking behavior of a family in a culture where prevalence of spiritual belief is high along with lack of mental health awareness and institutions. Study variables were based on antecedents in behavior of seeking help: Stigmas, Irrational beliefs in terms of causes of mental illness, belief control, subjective norms and behavioral control. Research was conducted with 101 participants who are significant family members of individuals with mental health problems and lived in Indonesia. Through Cluster sampling method the data was collected because of large area of districts/ municipality. The individual included in research who had mental illness were specified in neurosis kind of illness for instance Anxiety, OCD- Obsessive Compulsive Disorder, Phobia, Trauma and Somatoform. 101 patient's families were approached in this study. The data was taken from Special Region of Yogyakarta: Yogyakarta municipality, Bantul District, Gunung Kidul District, Sleman District and Kulon Progo District.

FINDINGS AND DISCUSSIONS

A. The perceived cause of mental illness and method of treatment significantly influence the search for help among family members

The results of the study were aligned with previous study conducted in Yogyakarta with similar population (Subandi, 1996; Al Ali, Mansour, Alqurneh, Dalky, & Al-Omari, 2017). It was found that the perceived cause of an illness was significant in deriving the search for help among people. The belief of families for successful treatment outcome was characterized in three domains based on treatment providers known as Psychiatrists, *Kiai* and *Dukun*. Further the results differentiated on the basis of demographic characteristics.

Clement, Schauman, Graham, Maggioni, Evans-Lacko, Bezborodovs, Morgan, Rüsçh, Brown, and Thornicroft (2015) proposed that a behavior of help seeking was derived by the beliefs people keep regarding the outcome and course of treatment. In present research, beliefs also became significant determinants of deriving a family towards seeking treatment. As the belief is related to the behavioral outcome, the people of Yogyakarta assign great disappointment with seeking treatment based on the belief that the course of treatment will be frustrating. This frustration of the family and patient enhances the illness and brings increased disappointment towards seeking help.

The finding went in alliance with (Held, Philip, & Owens, 2013) Theory of planned behavior which stated that the intention to seek help or work in certain direction require a certain behavior and belief system. In present research it was seen that people of Yogyakarta have a positive belief towards *Kiai* and *Dukun* which strengthened the idea that the course of treatment related to his work will be more effective and less frustrating. The P value for both dimensions was 0.00 ($P < 0.05$). Therefore, this belief increases their behavior of seeking help. It was also seen that this belief in certain healers like *Kiai* and *Dukun* also influenced their belief in the cause of mental illness which approved the hypothesis about the interrelation of beliefs and behaviors in intention for seeking help. This phenomenon was in accordance with the findings of (Marchira, Carla, Supriyanto, Subandi, Soewadi, and Good, 2016).

B. Stigma or Normative Beliefs significantly influence the behavior of seeking help

The results of this research suggested the frame of belief and behaviors to be related with stigma and normative beliefs about mental illness. It was seen that the normative behavior of seeking help when in such situation influences a common ground for everybody to walk on (Al-Krenawi, Alean, & John Graham, 2015). This common ground becomes a norm and effect the thoughts and beliefs of other people when encountering such situation. De Leeuw, Astrid, Valois, Ajzen, and Schmidt (2013) also proposed that in the case of subjective norm to search for help, family will search for help like people around does. It can be stated that stigma in society will be very decisive towards common practices in

treating mental challenges and searching for help (Montano, Daniel and Kasprzyk, 2015). In present research, stigma has positive causal relationship with subjective norm, and subjective norm was further positively related with intention to search for psychiatrist help (estimate Beta 0.671; $P < 0.05$). Therefore, it can be said that variable of stigma is closely related to intention to help seeking (Facer, Johannah, Crawley, Ingram, Odom, & Watts, 2014).

Based on this approved hypothesis it can be said that to change the behavior of seeking help and make the belief of psychiatric help positive, one has to work on normative grounds so that common stigma related to *Kiai* and *Dukun* can be eliminated from the society. Relation between subjective norm and intention to search for help is in accordance to result of research (Mo Phoenix., Winnie, Mak, 2009), which showed that subjective norm can predict intention of search for help concretely. It is also in accordance with result of research by Blackstone & Lynn (2013) which showed that aspect of different stigma also has impact on behavior to search for help for mental disorders. In such direction, it means that people who have intention to search for *Dukun* and *Kiai* help will be based on the growth of stigma in the first place. Therefore, it can be said that stigma with variable of intervening subjective norm, influences intention to search for *Dukun* and *Kiai* help for treating mental disorder.

C. Belief of control has a positive causal relationship with behavior of seeking help in Families

Belief of control is described as the availability of services, facilities and cost that is apprehended by the family. It was proposed that Belief of control act as significant factor in determining the behavior of seeking help. According to Maulida (2016) belief of control is the faith in achieving something based on internal and external resources that are required. This believe determines a behavior afterwards and allow a person to seek towards achieving a goal on the basis of his belief in available resources.

Behavior control is a kind of belief about presence or absence of factors that act in facilitating and hindering individual behavior performance (Ajzen & Icek., 2011). Behavior control is determined by past experience and individual measures the difficulty level or ease to do something. This belief is based on past experiences about set of behaviors, influenced by information from significant others. Besides, it is also influenced by other factors which increase or decrease difficulty level while someone is involved in such practice of behavior (Arora, Perna, Metz, & Carlson, 2016). Behavior control is necessary in explaining intention of behavior and consequence from that behavior. According to Theory of Planned Behavior (Ajzen & Icek., 2011), individuals tend to involve in a behavior if he considers the pursuing as beneficial (Gulliver, Amelia, Kathleen Griffiths & Christensen, 2010). Based on this explanation, it can be said that people who intend to search for help in order to treat mentally challenged patient, have a certain belief about affordability of treatment cost and availability of services. Therefore, these aspects become interrelated aspects in positive causality

pattern. In present research, control of behavior has positive causal relationship with behavior control, and was further positively related with intention to search for *dukun* and kiyai help ($P < 0.05$). Therefore, it can be said that variable of stigma is closely related to intention to help seeking (Facer, Johannah, Crawley, Ingram, Odom, & Watts, 2014).

D. There is insignificant relation between Perceived cause of mental illness and behavior of help seeking

This research shows that direct influence of belief about cause of mental disorder on intention to search for help is not proven. It is stated that people's belief does not automatically influence intention to search for help in its process. In present research it is enlightened that beliefs about cause of an illness can be separated from help seeking behavior and the relationship is not significant ($P > 0.05$). In Indonesia, it is a common belief that cause behind mental illness is Dark magic or possession of some dark entity (Nurwidodo, Promosi, Kesehatan, 2006). They believe that mental challenges are caused because one ignores a taboo or prohibition. Moreover, most of the people characterize the mental illness as one's acting instead of a real problem (Clement et al., 2015). It was hypothesized that such systems of beliefs may impact one's search for help in order to treat a family member's mental illness.

According to (Blanton, Burrows, & Jaccard, 2016) a belief influences someone's intention to behave. If there is reference to do something, someone will think whether it is a must or not, and eventually will be motivated to fulfill every reference given. Every mental disorder patient may also be different in case of nature of belief and the belief's strength (Topkaya, 2015). Therefore, behavior to search for help by every patient's family is also different depending on their opinions and strengthened beliefs systems. In present research it is clarified that mere nature of perceived cause and believe of cause are not significant to determine the behavior of help seeking by the family.

IV. CONCLUSION

It has been a well-established phenomenon that humans are social animals and live through social experiences. These experiences derive their belief systems about norms, practices, the apprehensions about outcomes and the cost or benefits. In present research, it has been enlightened that the population in Indonesia and specifically in Yogyakarta, are highly under influence of stigmas and beliefs about the causes behind mental illnesses and this derive their approach towards seeking help. In Indonesia, families play a significant role in building whole personality of a person and then helping them deal with difficulties of life. Therefore, present research has highlighted some significant points for intervention by explaining the family about mental illnesses through

psychoeducation and changing their stigmas and belief systems about Dukun and Kiaia so that Psychiatric help can become high in ratio among these families.

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