# BARRIERS TO MENTAL HEALTH SERVICES AT THE PRIMARY HEALTH CENTER IN LUWU DISTRICT, SOUTH SULAWESI

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## ABSTRACT

The basic mental health service system is organized integrated in general health services at the community Health centers and networks. Ironically the mental health service management system at the Community Health Center level is not a priority program, so the government's attention is still focused on referral facilities, which are hospitals that have psychiatric clinics. The research aims to identify mental health services at the community Health centers by looking at the inhibiting factors. This research is a qualitative research with a phenomenological approach. Data obtained by in-depth interviews, unstructured observation and documentation on 20 informants in the area of the Larompong Health Center in Luwu Regency, South Sulawesi. Content analysis is used to identify topics or categories in the data. The results show that the factor that inhibits mental health services in terms of users is the internalization of stigma. Stigma that comes from the sufferer and family are bad prejudice, guilt, anger and family shame. Whereas the inhibiting factor of mental health services in terms of service providers is the availability of insufficient human resources. It was concluded that people with mental disorders can behave not to use mental health services because the strength of the inhibiting factors is strong and the factors that support it remain or weaken. Community Health centers and health workers are advised to increase the provision of information and health education through counseling and mental health promotion to ODGJ families and communities in a programmatic manner in order to improve mental health services. The Regional Government and the Health Service are expected to carry out human resource development and education in the field of mental health.

**Keywords:** Inhibiting factors, mental disorders, mental health services, stigma internalization.

## INTRODUCTION

Mental health is one of the significant health problems in the world, including Indonesia. There are around 450 million people suffering from mental and behavioral disorders worldwide. It is estimated that one in four people will suffer from mental disorders during their lifetime (WHO, Prevention of Mental Disorders; National Alliance of Mental Health, 2015).

The category of mental disorders assessed in the 2018 Basic Health Research data is known to consist of mental emotional disorders (anxiety and depression), and severe mental disorders (psychosis) including schizophrenia. Other forms of mental disorder are postpartum depression, dementia and suicide (WHO, Global Mental Health, 2015). Anxiety disorders and depression are one of the most common psychiatric problems in society (Kelleher et al., 2014).

This disorder risks becoming more serious if not handled properly, can potentially lead to severe mental illness and lead to suicide. In 2015, WHO estimated that 788,000 people died of suicide, more than this number who tried to commit suicide but did not die. Depression is a

major contributor to suicide (categorized in the GBD analysis as an intentional injury) (WHO, Depression and Other Common Mental Disorders, 2017).

According to the WHO Asia Pacific Region (WHO SEARO) the highest number of cases of depressive disorder is in India (56,675,969 cases or 4.5 percent of the population), the lowest in the Maldives (12,739 cases or 3.7 percent of the population). As in Indonesia there are 9,162,886 cases or 3.7 percent of the population (WHO, Depression and Other Common Mental Disorders, 2017).

The world health system is considered not enough to respond to the burden of mental disorders, so there is such a large gap between the need for care and supplies. About 85% of people with severe mental disorders in developing countries do not receive treatment for the disorder (WHO, Mental Health Action Plan 2013-2020). In line with this it is also known that a year's expenditure on mental health is still low at less than US $ 2 per person, and mental health workers less than 1 per 100,000 population (WHO, Global Mental Health Atlas Country Profile, 2014).

Since 2000, the paradigm of mental health services in Indonesia has changed from referral-based mental health to community-based mental health in primary services (Machira, 2011; Wasniyati et al., 2014). The basic mental health service system is organized integrated in general health services at the Community Health Center and networks. Ironically, a mental health service management system at the Community Health Center level is not a priority program. Mental health is still included in the development program, so that government attention is still focused on referral facilities, namely hospitals that have psychiatric clinics.

People are forced to travel to referral facilities in the provincial capital to get mental health services, while only a few Community Health Center provide these services and lack resources. Only about 30 percent of the 9,000 Community Health Center have mental health services (Marchira, 2011; Yusuf, 2015). Of this limited amount, Community Health Center which have mental health services often only have a nurse who has been provided with basic mental health training. Plus there is absolutely no stock of mental health drugs (Rahayuni et al., 2018).

The existence of mistaken stigma about mental disorders that hinder access to health services results in mismanagement, so that it is often an obstacle in efforts to reduce the prevalence of mental disorders. People who have experience of living with a mental disorder are often underestimated and experience inhuman treatment. Such an attitude can contribute to the stigmatization of mental health service users (Thornicroft, 2007; Hill & Startup, 2013; Corker, 2013; Knaak et al., 2017).

This is an obstacle to quality care and treatment which then affects their recovery because of the feeling of being 'restricted, punished or insulted' (Pellegrini, 2014; Corrigan, 2014). Several studies suggest that barriers to mental health services are lack of knowledge about mental health (Langley et al, 2010; Brown et al, 2015; Ross et al, 2015; Ali et al, 2016; Rahayuni et al, 2018), resource readiness (Ali et al, 2016), stigma (Brown et al, 2015; Petersen et al, 2015; Ali et al, 2016; Kantor et al., 2017), and financing (Supper et al., 2014; Ross et al, 2015; Ali et al, 2016).

Based on a preliminary study conducted at the District Health Office of Luwu, South Sulawesi Province in 2018, out of 353,277 inhabitants there were 470 (0.13 percent) recorded cases of mental disorders including old and new cases, most of which were schizophrenic and psychotic

disorders. Other chronicles. Of these 252 people (53.6 percent) with mental disorders who come for treatment at the health center.

The highest number of visits was in the Larompong Community Health Center (32% (78 percent) who came and were recorded at the Health Center out of 41 (0.19 percent) cases of Mental Disorders. Based on data from the Larompong Health Center the number of people with mental disorders who visited the Larompong Health Center increased from the previous year.

Various data indicate that the prevalence of mental disorders ranging from local to national levels is generally very high, while mental health services are still lacking. Failure to access mental health services can lead to failure in the management of mental disorders. Failure to manage mental disorders affects sustainability and can lead to disease severity, decreased productivity, loss of work, economic burden and decreased quality of life and death. Therefore, this study was conducted to identify mental health services at the Larompong Health Center by looking at the inhibiting factors.

## METHODOLOGY

This research was conducted at the Larompong Health Center in Luwu Regency, South Sulawesi. This type of research is a qualitative research with a phenomenological approach. The informants in this study were selected by purposive sampling. The informants in this study were people with mental disorders (ODGJ) and ODGJ families, and health workers. Data collection method used in this study is in-depth interviews, unstructured observation and documentation.
Analysis of the data used in this research is content analysis which is a way to find the meaning of written or visual material by way of systematic content allocation to the detailed categories by dividing the data into small parts and then coding each part and then gathering the coding into similar and calculated groups.

## RESULTS

### Stigma Internalization

Today many people assume that mental disorders are a stain or are the result of sins committed by humans. Society shows a response to sufferers with fear and avoidance. Many sufferers themselves are afraid and do not like to undergo a doctor's examination. They become angry, very offended or assume that he is not sick and healthy soul.

1. Prejudice

The view that mental disorders can not be cured and people who suffer it may not function normally in society. This causes complexity because mental sufferers withdraw, do not want to be open for fear of being judged and humiliated. The implication is that the patient does not want to seek help when symptoms of a mental disorder begin to be felt. Some people with mental disorders withdraw and lock themselves in the house. They do not want to meet and communicate with others.

> *"My mother locked herself in her house. He did not want to meet people. Just stay in the house, then the door is locked"*
>
> (RW, 48 Years Old, Family of ODGJ)
>
> *"I often feel sorry for him, it is very obvious that he relapses again. He will not want to meet people. The door to his house was closed and he was secretly inside his house"*
>
> (HJ, 56 Years Old, Family/Neighbor of ODGJ)

2. Guilty

Also seen how the emergence of stigma in patients. The stigma is in the form of guilt and negative perception towards himself because he considers himself incompetent and has a weak character. Besides that, feeling of lack of confidence or consider himself unable. Guilt from people with mental disorders takes the form of the belief that the cause of the disorder is due to punishment from God. Like the phrase from the following informant:

> *"My thinking was like I was still a grade 4 elementary school student, I wanted more but could not afford it. Sometimes I feel sad, I feel that I can't do anything, feel unable. Sometimes I ask, O God, what is my fault, why are you getting trials like this?"*

(HP, 33 Years Old, ODGJ)

3. Fear and Anger

The results of an interview with ODGJ about the attitude of the informant when he found out he was experiencing psychiatric disorders, the informant said that he would feel quickly offended when he was in a crowd. The informant felt that the people around him talked badly about him. The following is the statement of the informant:

> *"Actually I really want to gather with other people if there is a crowd, but I am ashamed. I was very quick to be offended, I felt that the people who were gathered must be telling bad stories about me"*

(MS, 33 Years Old, ODGJ)

Another problem that often arises in people with mental disorders is excessive anger. Disclosure of anger or anger of people with mental disorders is an overflow of emotional feelings that arise as a reaction to increased anxiety and felt by patients as a threat.

> *"I sometimes feel so angry that I want to destroy everything. They said that I was sick, but I never felt any pain. I know they only want to torture me, they are angry because I don't want to follow their teachings"*

(MM, 43 Years Old, ODGJ)

4. Shame on family

Families tend to hide or keep the situation from other people or the community. Shame directly causes families to be reluctant to give proper treatment to their families who have mental disorders. The impact is late treatment and can worsen the state of mental disorders.

The family does not want to admit that one of their family members has a mental disorder so the sufferer is taken to see a neurologist. The following are excerpts of the interview with the informant:

> *"Once my child was taken to the health center, it has been a long time but I was advised to go to a psychiatrist. My child is not crazy, what is taken to a psychiatrist. Now go to a neurologist"*

(MB, 60 Years Old, Family of ODGJ)

This information was strengthened by information from the Head of the Community Health Center. He revealed that the thing that prevented people with mental disorders from getting treatment was the shame of the family, so they did not want to admit that their family members were suffering from mental disorders.

> *"What really hinders our service to people with mental disorders is their families. There are some families who do not want to say that their family members suffer from mental disorders. They feel ashamed if they say that their family members are crazy or insane"*

(SH, 39 Years Old, Head of Community Health Center)

Not much different from the statement from a psychiatric officer who said that some families assume that family members do not suffer from mental disorders. The family seems to be hiding so the sufferer cannot be found.

*"The shame of the family was a challenge for me. Sometimes they assume (the illness) is not a mental disorder, do not want to say their family members suffer from mental disorders. So when we do home visits, families like hiding sufferers so it is difficult to find"*

(SR, 33 Years Old, Mental Health Officer)

**Lack of Human Resources Availability**

Larompong Health Center has a mental health service facility but does not have enough human resources in the mental health field. Health workers who provide mental health services consist of general practitioners and nurses. The nurse with a general nursing education background is not a specialized officer with competence in mental health.

*"There is no special nurse for mental health, I'm just a general nurse, not a mental nurse, not an expert"*

(SR, 33 Years Old, Mental Health Officer)

*"There is no Larompong Health Center (mental health doctors and nurses), who provide services to mental patients are doctors and general nurses, just like in other health centers."*

(SH, 39 Years Old, Head of Community Health Centre)

The same thing was conveyed by the Head of the Section of Prevention and Control of Non-Communicable Diseases Luwu District Health Office. He revealed that all Community Health Center in Luwu District already had mental health services but that there were only doctors and general nurses at the Community Health Center. As the following statement:

*"22 Community Health Center in Luwu regency already have mental health services, but the officers who provide services are only doctors and general nurses, there are no officers who have qualifications in the field of mental health. But if there are sufferers (mental disorders) who come at the health center, it is endeavored to continue to be served. Even if there is something that cannot be dealt with later, it will be referred to the Batara Guru Hospital"*

(RN, 39 Years Old, Section Head of P2PTM)

The problem faced is the competency of doctors and nurses at the Community Health Center are not sufficient enough to provide mental health services at the Community Health Center. The interview results showed that health workers claimed not to have sufficient knowledge and skills to be able to provide optimal services to people with mental disorders.

*"We have not enough skills and knowledge. Sometimes there are certain cases that we have not been able to handle, we are forced to refer to the hospital. Actually it still needs more training"*

(SR, 33 Years Old, Mental Health Officer)

Mental health services and human resources in developing countries including Indonesia are still rare. Service and treatment of mental disorders can only be done by general practitioners and other health workers. But to be able to conduct management and early diagnosis of mental health, general practitioners and other health professionals must be given training and education about mental health.

Mental health workers in the Larompong Community Health Center have received training. The training that followed was only in the form of training and meetings at the district level. The training was about handling psychiatric patients and making reports. The following is the statement of the informant:

*"Training has been held from the district health office but only for one day on the handling of mental patients. Once also attended the workshop, if in Belopa there were meetings of mental health center staff with district mental health officials, usually about making reports"*

(SR, 33 Years Old, Mental Health Officer)

The same thing was said by the Head of Community Health Center. He said that the mental health worker at Larompong Community Health Center only attended training and routine meetings held by the District Health Office:

> *"If the training is still at the district level, no one has ever participated in training in Makassar. So it's just a routine meeting with the mental health manager of the district office, I don't know whether I have ever brought a mental specialist at the meeting"*
>
> (SH, 39 Years Old, Head of Community Health Center)

In addition to the competency problem that is owned by the human resources owned by the Community Health Center, another problem found related to human resources for mental health services in the Community Health Center is the amount of human resources available at the Community Health Center. During this time doctors and health workers at the health center face a very heavy burden in their work with the dual tasks.

The work of doctors and health workers at the Community Health Center does not only examine patients but must run many programs. The interview revealed that mental health workers at the Larompong Community Health Center were also serving as nurses at the public clinic, which caused a heavy workload.

> *"Even though I am responsible as a mental health program holder, I still have to carry out my main duties as a nurse. I also served in general poly. Quite heavy, I have to make patient nursing care, as well as monthly reports and activity reports. Not to mention if you have to carry out activities outside the health center"*
>
> (SR, 33 Years Old, Mental Health Officer)

Based on the observation of the researcher, when conducting interviews with informants showed that the informant was working on several monthly reports and reports on the results of their activities. Informants work on these reports when there are no patients to be treated or to be counseled.

## DISCUSSION

Stigma means the sign or attitude given when embarrassing or demeaning others. Stigma is a form of assessment and negative behavior deviations that occur because mental patients do not have the skills or ability to interact and the dangers that may be caused (Michaels et al, 2012). According to the Big Indonesian Dictionary stigma is a negative that sticks to a person because of the influence of his environment.

People with mental disorders are often seen to be vagabonded with poorly maintained physical appearance, and strange behavior that is unusual compared to people in general. Sometimes they appear to be laughing to themselves, such as talking to themselves or interacting with something that is not clear, making movements that only he knows the reason for. Some of them even went berserk with no logical reason or were naked themselves without a piece of clothing attached to their bodies. His behavior often scares the people around him.

That's all that ultimately gave birth to stigma in public. Lack of knowledge about mental health is undeniably the main cause of stigma received by people with mental disorders (Smith and Casswell, 2011).

The direct impact of stigma on people with mental disorders is low self-esteem, shame about their illness, feeling depressed and afraid. Fears that arise include fear of social rejection, fear of difficulties in getting a job and fear of losing the right to health services. In addition to direct influence on ODGJ, stigma also affects ODGJ families (Corrigan et al, 2006).

The negative influence of stigma on ODGJ and family is called stigma internalization. Internalization of stigma is associated with lower levels of self-esteem (Norman et al, 2011). Stigma internalization is an individual's acceptance that he has a "sign" that causes him to be of little value in a social context.

Self stigma for people with mental disorders is a form of stigma internalization. Self stigma is an attitude in which a person evaluates or evaluates his own condition as a person who cannot be accepted by society because he has a mental disorder problem. Someone begins to realize that he has mental health problems when experiencing symptoms of psychological disorders such as insomnia, often feeling anxious, and panic and prolonged sadness (Overton et al, 2008).

The findings in this study indicate that some ODGJ withdraw and do not want to communicate with others when they find out that they have a disorder. This is caused by fear of being judged and insulted. The existence of this self stigma causes sufferers to deny their mental health conditions and are reluctant to seek help from people who are experts in that field. So that mental health problems that can still be overcome and prevented initially, are getting worse and have the potential to reach the stage of mental disorders.

The results of this study are in line with the results of the study of Brown et al (2015), Ali et al (2016) and Kantor et al (2017) who found that shame and fear of being rejected and judged are inhibiting factors for people with mental disorders to get access to mental health services.

The Force Field Theory by Kurt Lewin said if the supporting factors increase and the inhibiting factors remain or decrease, positive behavior is formed that is the desire to utilize health services and vice versa. In this study it was found that the stigma originating from the sufferer and family is an inhibiting factor for mental health services that is dominant enough to form negative behaviors from ODGJ and families in the form of no desire to seek treatment at a health care facility.

The results of this study also showed that the form of self-stigma possessed by people with mental disorders is insecurity, considers themselves weak and guilt in the form of belief that the cause of the illness experienced is a punishment from God. In addition sufferers experience a very low sense of inferiority.

The results of this study are in line with the results of the study of Petersen et al (2015) who found that self-stigma is an inhibiting factor for people with mental disorders to seek treatment and utilization of mental health services. The same thing was stated by the Office et al (2017).

Psychiatric disorders that are not handled properly, in addition to being unclear in terms of healing, can also endanger self and endanger others. Treatment of mental disorders in the community is still not an ordinary action. Sometimes because of family shame, mild mental illness that should be resolved quickly becomes a serious problem.

The shame that is borne by the family is a stigma created by the family against family members suffering from mental disorders. Such shame causes the families of people with mental disorders to close themselves off from the environment (Magaña et al., 2007; Wu & Chen, 2016). Families tend to try to cover up (hidden) if there are family members who suffer from mental disorders so that the patient's condition is getting worse.

The results of this study indicate that one factor that affects people with mental disorders not utilizing health services is the shame of the family. Feeling embarrassed if it is known by others that one of his family members is experiencing a psychiatric disorder. Embarrassment from the family causes people with mental disorders late to get the right treatment that can worsen the state of mental disorders.

Early symptoms of mental disorders that are not detected cause delays in handling mental patients. Delay in handling is also caused by stigma against people with mental disorders, so the family will refuse if there are family members who are detected experiencing symptoms of mental disorders. The coping mechanism carried out by the family is related to the causes of the disruption of the souls of family members (Ienciu et al., 2010; Franz et al., 2010). Most have to do with mystical or supernatural events experienced by sufferers or their families.

In addition, rejection of the labeling of mental disorders is also done by sufferers causing rejection of the treatment they are undergoing. People with mental disorders and mental emotional disorders are common. But some of those who need treatment see it as fear of the stigma and discrimination that will come. People reject the symptoms of pain and avoid seeking early help, which is easier to deal with in the early stages of symptoms of a mental disorder.

In this study it was found that a person with a mental disorder refused the treatment he was undergoing. The sufferer states that he feels fine and healthy, not feeling sick. Even drugs that should be taken regularly are usually thrown away.

Wardhani, et al., (2012) in his study found that a person with severe mental disorders who was put on both feet in large wood stated that he was healthy and did not feel sick. Patient who can still be invited to communicate stated that he did not suffer any pain even though put in a pen. There is no logical justification in him to take medication regularly by the Community Health Center routinely every month.

Availability according to the Big Indonesian Dictionary is the readiness of a means (energy, goods, capital, budget) to be used or operated within a predetermined time or available condition. Human Resources (HR) health is a very important element and influences the improvement of all aspects of the health service system for all levels of society (Helmizar, 2014).

Health human resources are the main movers or motors in an organization or institution. Government Regulation Number 32 of 1996 explains that health human resources are people who work actively in the health sector, both those who have formal health education, or not who for certain types require authority in carrying out health efforts. Human resources in the field of mental health consist of health workers with competencies in the field of mental health, other professionals, and other personnel trained in mental health (Law of the Republic of Indonesia Number 18 of 2014).

There are three indicators used in the concept of availability, namely the type can meet existing needs, the amount is sufficient for existing needs and available on time. Health human resources cannot be prepared in a short time. For this reason, human health resources must be available in the right amount and time (Lachenmann, 1985; Kumar & Khan, 2013).

The findings of this study indicate that the human resources owned by the Larompong Health Center mental health services consist of a general practitioner and a nurse with a D3 educational

background in general nursing. This shows that the health human resources owned by the Larompong Health Center mental health services are not sufficient. In this case needs include the amount and type.

Dever (1984) says that a resource is said to be available if there is and can be obtained without considering easy or difficult to use. Availability affects its utilization because a service can only be used if it is available. Availability is usually calculated based on geographic area and is indicated by a comparison of the number of resources to the user population for example comparison of officers with population or comparison of the number of beds in a hospital with patients (Willcox et al., 2015).

A study conducted at the Makale Community Health Center in Tana Toraja District showed that the availability of resources had a relationship with the utilization of health services. The availability of resources in the form of health workers can encourage someone to utilize health services (Mujiati, 2016). The same thing was stated in the results of research at the Tanah Sareal Health Center, Bogor City (Hidana, 2018).

The above research results are in line with this study. This study found that the availability of limited human resources had an impact on increasing the workload and work hours of health workers. Excessive workload can affect the quality of work, causing services to be not optimal.

This study shows that the lack of available human resources is an inhibiting factor in mental health services. This happens if the strength of these inhibiting factors strengthens and the strength of the supporting factors remains or weakens.

The ability and skills of the human resource for health also need to be improved through continuous development including training and monitoring and evaluation. Mental health training aims to improve the knowledge and skills of health workers in providing ODGJ health services in health facilities (van Ginneken et al., 2017).

Mental health service activities are provided by mental health professionals or by mental health practitioners to doctors, nurses, and other health workers. This is aimed at being able to assist the handling of ODGJ in health facilities especially health facilities that do not yet have mental health specialists. The training covers prevention efforts, early detection, diagnosis, proper management and referral.
This research shows that informants as mental health workers do not get adequate training to improve their knowledge and skills in managing patients with psychiatric problems. Informants only attended training and meetings at the district level. The findings in this study are in line with research conducted by Gondek (2016) and Beidas (2016) who find that therapist's educational background and lack of expertise from service providers are inhibiting factors in the mental health care of children and adolescents.

## CONCLUSION

Mental health services are negative if there is a restraining power that prevents them from being positive. Internalization of stigma and limited availability of human resources are factors that have the power inhibiting mental health services found in this study. People with mental disorders can behave not to use mental health services because the strength of the inhibiting factors is strong and the factors that support it remain or weaken. Community Health Center and health workers are advised to increase the provision of information and health education

through counseling and mental health promotion to ODGJ families and communities in a programmatic manner in order to improve mental health services. The Regional Government and the Health Service are expected to carry out human resource development and education in the field of mental health by sending doctors or nurses to continue their education in the specialized field of mental health sciences.

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