



KNOWLEDGE AS IMPORTANT DOMAIN IN REDUCE STIGMA AGAINST PEOPLE WITH MENTAL DISORDERS

Wildan Akasyah

Institute Ilmu Kesehatan Bhakti Wiyata Kediri

Email : wildan.akasyah@iik.ac.id

ABSTRACT	Keywords
<p>The negative stigma of people with mental disorder has become a social phenomenon that harm sufferers. Discriminatory actions, gossip, the view that cannot live normally, were an attitude that still maintains its negative stigma. The purpose of this study is to find a relationship between students 'and nurses' knowledge about mental health with the negative stigma that befalls, Correlational design was used in this study. A cross-sectional research approach. Data were collected by questionnaire. Respondents' knowledge of mental health was measured by the MAKs questionnaire, and the stigma questionnaire for students and nurses was measured by MICAquestionire. A total of 115 student and nurse respondents were sampled in this study. The sampling technique was used simple random sampling. Statistical analysis used Spearman Rank correlation test. Correlation value obtained (r) 0.02 (p <0.05). The statistical results interpret the existence of a meaningful relationship between knowledge and the formation of stigma in society. There is a relationship associated with knowledge with the formation of stigma. The knowledge contributes greatly to the formation of a positive mindset of students and nurses about people with mental disorders. The role of nurses as educators is needed to block the increasing stigma. Continuity assistance and cross-sector collaboration are needed to succeed in a stigma-free program.</p>	<p>Reduce Stigma, Knowledge, Mental Disorder</p>

INTRODUCTION

Stigma on people with mental disorders is still a crucial problem in the community and society (Bharadwaj, Pai, & Suziedelyte, 2017). Society views people with mental disorders as a taboo and incurable disease (Niedzwiedz, 2019). Stigma is an attitude or a person's perspective on a phenomenon that tends to be negative (Corrigan & Bink, 2016). It does not stop there, exclusion, exclusion, eviction, rejection, and physical violence are sometimes obtained by people with mental disorders. The acts of intimidation

above indicate that poor public stigma makes the problem murkier and there is no contribution to the treatment of healing (Corrigan & Bink, 2016)

This is also the view of prospective health workers who are still pursuing nursing education (Valery & Prouteau, 2020). Students also feel scared (Sercu, Ayala, & Bracke, 2015) when meeting with people with mental disorders (Wada et al., 2019). In their minds, mental disorders are people who are always raging or severe mental disorders. Though mental disorders are not only raging. Mental health disorders

according to Keliat (2007) namely the realm of mental health, the realm of risk (stress, anxiety, depression, helplessness, hopelessness, grieving) and the realm of illness (low self-esteem, withdrawal, social isolation, hallucinations, self-care deficits, delusions, violent behavior, risk of suicide).

The data shows that the estimated mental disorder of the global population is 450 million people with the most in India (4.5% of the population, or 56,675,969 cases), and those with low people with mental disorders are in the Maldives (3.7% of the total population or a total of 12,739 cases). As for in Indonesia as many as 9,162,886 cases or 3.7% of the population. (Ayuningtyas, Misnaniarti, & Rayhani, 2018; WHO, 2014). In Indonesia alone, the number of people with symptoms of mental-emotional disorders marked by depression and emotions at the age of > 15 years is around 61% (Depkes RI, 2019).

From the data mentioned mental health problems can not be underestimated. Increased mental disorder patients can become a burden of disease. Public stigma is one of the factors not yet optimal in the treatment of mental disorders in the community (González-Sanguino, Muñoz, Castellanos, Pérez-Santos, & Orihuela-Villameriel, 2019; Wang, Link, Corrigan, Davidson, & Flanagan, 2018). This is due to community indifference and lack of public knowledge about mental health (Schnyder et al., 2018).

Nursing students need to be prepared to face the possibilities in the future when working at the Mental Hospital (Dobransky, 2020). The purpose of this research is to evaluate the knowledge of nursing students about health science and mental nursing which can then be used as a basic foundation in developing learning methods on campus (Morgan, Reavley, Ross, Too, & Jorm, 2018). Students with sufficient knowledge, attitudes, and skills

are expected to be ready to be deployed in the community or the mental hospital. Besides, it can be a role model in their area of work to reduce the bad stigma of people with mental disorders. Knowledge plays an important role in shaping one's perspective and behavior (Maulana et al., 2019).

METHOD

The research design uses an interpretive approach with the methods needed to answer the problem formulation. A correlational research design was used in this study, with a Cross-Sectional approach. The use of this method aims to find a relationship between the independent variables of knowledge and the dependent variable of stigma in people with mental disorders. There are two variables studied in this study. The independent variable in this study is knowledge and the dependent variable is stigma. The population in this study were all nursing students level 1 to level 4, students in the professional education stage, and nurses. The sample used in this study was $n = 115$ respondents. The number of samples is calculated with the help of G-Power software (Faul, Erdfelder, Buchner, & Lang, 2009). This software can estimate the number of eligible samples simply by entering data analysis techniques into the programmed options. Then the sample was taken using a simple random sampling technique because it is one of the probability sampling techniques that has the advantage that every sample of nursing students and nursing alumni of the Bhakti Wiyata Kediri Institute of Health Sciences have the same opportunity to be respondents.

The instruments used were sociodemographic, knowledge questionnaires, and stigma questionnaires. Demographic instruments were compiled by researchers to retrieve data in the form of respondent characteristics which

contained age, gender, the current level of nursing education, the experience of meeting people with mental disorders, bad experiences when meeting people with mental disorders.

Mental Health Knowledge Schedule

The instrument used in measuring respondents' knowledge was the Knowledge Questionnaire of people with mental disorders. This questionnaire consisted of 2 types, each of which amounted to 6 questions. The first type measures the area of knowledge related to stigma and the second type measures the level of recognition and familiarity with the condition of the soul. Researchers use only the first type because they are most appropriate for this study. A high score indicates good knowledge (Evans-Lacko et al., 2010).

Mental Illness Clinician Attitudes

Stigma on nurse students and nurses was measured using the MICA questionnaire. This questionnaire consists of 16 questions with 6 answer choices ranging from "Strongly agree" to "Strongly Disagree". A high score indicates a strong negative stigma against mental disorders. The questionnaire has passed the test of validity and reliability (Gabbidon et al., 2013).

The process of collecting data in this study uses primary data, which is data taken directly by researchers in the field according to the required criteria. Data collection was carried out for 7 days. Data was collected with the help of a questionnaire using Google form media. The questionnaire was tested for validity and reliability, as well as the back-translation process. An electronic questionnaire with google form media is chosen by researchers by considering efficiency, effectiveness, and faster and more flexible time. The data obtained in the form of demographic data that contains the characteristics of respondents, respondents'

knowledge, and Stigma about people with mental disorder.

The process of managing the collected data is descriptively processed by Univariate analysis (editing, coding, scoring, and tabulating) and Bivariate with the help of software (SPSS ver. 24).

Research Ethics

This research uses ethical principles in its implementation. First, the provision of informed consent to respondents as a form of licensing and approval before conducting research. Second, still pay attention to the principle of ethical confidentiality (Anonymity and Confidentiality), that the respondent's identity will be guaranteed and not circulated or disseminated.

RESULTS

The research has carried out the fund providing results in the form of respondent characteristics, knowledge of student nurses and nurses about mental health, stigma results, and analysis of the relationship of knowledge and stigma.

The first table discusses the characteristics of respondents. This table contains sociodemography. The second table displays the Knowledge of Students and Nurses about Mental Health. The third table shows the Stigma against people with mental disorder. The fourth table shows the results of the analysis with SPSS. The following results from this study are in tabular form.

Table 1. Characteristics of Respondents

No.	Item	N=	Percentage
1	Age		
	17-25 years old	109	94,8
	25-36 years old	6	5,2
2	Gender		
	Male	98	85,2
	Female	17	14,8
3	Current level in nursing education		
	Level 1	28	24,3
	Level 2	23	20
	Level 3	29	25,2
	Level 4	13	11,3
	Profesi Ners	17	14,8
	Clinical nurse / S.Kep., Ns	5	4,3
4	The experience of meeting people with mental disorders		
	Ever		
	Not yet	108 7	93,9 6,1
5	Have a bad experience when meeting people with mental disorders		
	Yes		
	No	35 80	30,4 69,6

Table 1.1 shows the sociodemographic respondents. The average age of respondents is 17-25 years because they are still taking nursing education, only 6 respondents who have become nurses. As many as 85% of respondents were female and 14% were male. At the level of education the number of students participating in this study at level 1 there were 28 respondents, level 2 there were 23 respondents, level 3 there were 29 respondents, level 4 there were 13 respondents, professional nurses had 17 respondents, and clinical nurses had 6 respondents. Most of the respondents have met people who have mental disorders, only 7 respondents who have never. Furthermore, respondents who had a bad experience when meeting people with mental disorder. totaled 35, and some others did not have a bad experience.

Table 2. Nursing student and Clinical Nurse Knowledge about Mental Health

Variable	Interpretation	N=	%
Knowledge	Good	104	90,43
	Less	11	9,57
	Total	110	100%

Table 2 interprets 90.43% knowledge of students and nurses about mental health in a good category and only 9.57% have less knowledge. Lack of knowledge, when viewed from the results of the survey, is at level 1 because at this level there is still no subject on mental health.

Table 3 Stigma on People with Mental Disorders

Variable	Interpretasi	N=	%
Stigma	Weak	109	94,78
	Strong	6	5,22
		110	100%

Table 3 explains the number of respondents with a stigma level. Several 94.78% of respondents were in the low stigma category and 5.22% had a high stigma.

Table 4. Hubungan antara Pengetahuan dan Stigma

		Knowledge	Stigma
K Knowledge	Correlation Coefficient	1.000	-.190*
	Sig. (2-tailed)	.	.042
	N	115	115
Stigma	Correlation Coefficient	-.190*	1.000
	Sig. (2-tailed)	.042	.
	N	115	115

*. Correlation is significant at the 0.05 level (2-tailed).

From table 4 it can be concluded that between knowledge about mental health and stigma against mental disorders there is

a correlation or relationship. This is evidenced by the results of statistical analysis using the Spearman rank test with a significance value of $p = 0.042$ (<0.05). The correlation value of 0.042 indicates a sufficient relationship between the knowledge and stigma variables. The direction of the relationship based on table 3 is an inverse / negative relationship where the correlation coefficient is -0.190. The correlation coefficient is negative, meaning that the correlation relationship is inverse. The higher the value of knowledge about mental health, the lower the stigma value.

DISCUSSION

This study aims to analyze the relationship between students 'and nurses' knowledge about mental health with the occurrence of negative stigma affecting people with mental disorders. Based on statistical analysis with the Spearman rank test showed a correlation or a relationship because of the value of $p < 0.042$ (<0.05). The direction of the relationship between knowledge and stigma variables is an inverse relationship (negative correlation coefficient of -0.190) which means that the higher the score of knowledge about mental health in students and nurses, the stigma score will go down or low.

As many as 90.43 respondents know about good mental health. Only 9.57% are lacking knowledge. When seen from the results of the survey most of those who lack knowledge are at level 1. They are still unfamiliar with people with mental disorders. Even the data says there have never met people with mental disorders and some others have had a bad experience.

Several related studies of knowledge in nursing students on stigma have been conducted. As a study conducted by Bingham & Brien (2017) that education about mental health in nursing students can make a good contribution in shaping

knowledge about mental health. Knowledge plays an important role in reducing stigma. Facts show that respondents with good knowledge result in low stigma scores. This is also evidenced by a variety of literature that mentions results that are not much different.

Knowledge about mental health is an important basis for nursing students especially and other prospective health workers (Lanfredi et al., 2019). In this case, knowledge includes knowledge about behavior seeking mental health assistance, recognition, forms of support, employment, care, and recovery of people with mental disorders (Evans-Lacko et al., 2010). Researchers observe and observe directly some things affect students' knowledge so that they have good knowledge. Their knowledge comes from direct education or lectures in class with the application of the 7th KKN curriculum on mental nursing (İnan, Günüşen, Duman, & Ertem, 2019; Sherwood, 2019). Also, outdoor education (by visiting) the land/soul posyandu, the existence of field learning practices (PBK), clinical supervision in the field as well as the existence of audio-visual education about people with mental disorders (Bilge & Palabiyik, 2016). Equally important is the question and answer from the facilitator both in formal education and outside formal education (Bingham & Brien, 2017).

The results showed that 94.78% of respondents had a low stigma against people with mental disorders. The experience of meeting with people with mental disorders also influences the perceptions of (Moses, 2014). The forms of stigma in the form of neglect, prejudice, and neglect are only found in 5.22 respondents. Educational background as student nurses who have received mental health information can be a major factor why the results of stigma scores are low (Maunder & White, 2019). There is a

relationship between knowledge, attitudes, and habits. It is expected that increased knowledge (Evans-Lacko et al., 2010; Gabbidon et al., 2013) can influence attitudes and habits (Gabbidon et al., 2013).

Good knowledge for health workers, especially nursing has good implications for the community is the role model of learners, the existence of facilitators as media help-seeking, as well as the habit of being non-stigma, and stigma reduction (Blais & Renshaw, 2013). Students need to have experience meeting people with mental disorders in nursing education related to knowledge and stigma formation (Vidourek & Burbage, 2019). Preparations to make nurse students become professionals must be prepared early on. Learning knowledge about mental health is expected to further broaden the perspective of nursing students (Schnyder et al., 2018). This can slowly affect changes in student behavior and attitudes when meeting people with mental disorders patients in both community and clinical (Fox, Smith, & Vogt, 2018). Besides, it also affects the rate of handling mental cases if found in the community (Dockery et al., 2015).

CONCLUSIONS

Found a relationship with the direction of an inverse / negative relationship between knowledge about mental health with the stigma of people with a soul. The higher the knowledge score, the lower the stigma score. This can be used as a basis for reducing the stigma of people with mental disorders in the community that is still high. This result is an important provision for student nurses and nurses when deployed and working in the community. They can become role models (educators, advocates, collaborators) in the community so that knowledge about mental health in the

community increases and stigma decreases. There is a need for an ongoing program on mental health education by involving various cross-sectors to promote mental health.

REFERENCES

- Ayuningtyas, D., Misnaniarti, M., & Rayhani, M. (2018). Analisis Situasi Kesehatan Mental Pada Masyarakat Di Indonesia Dan Strategi Penanggulangannya. *Jurnal Ilmu Kesehatan Masyarakat*, 9(1), 1–10. <https://doi.org/10.26553/jikm.2018.9.1.1-10>
- Bharadwaj, P., Pai, M. M., & Suziedelyte, A. (2017). Mental health stigma. *Economics Letters*, 159, 57–60. <https://doi.org/10.1016/j.econlet.2017.06.028>
- Bilge, A., & Palabiyik, O. (2016). The Effect Of Short Films About Mental Health And Disorders On Preventing Stigmatization In Nursing Education. *Archives of Psychiatric Nursing*. <https://doi.org/10.1016/j.apnu.2016.09.006>
- Bingham, H., & Brien, A. J. O. (2017). Educational intervention to decrease stigmatizing attitudes of undergraduate nurses towards people with mental illness. *International Journal of Mental Health Nursing*. <https://doi.org/10.1111/inm.12322>
- Blais, R. K., & Renshaw, K. D. (2013). Stigma and Demographic Correlates of Help-Seeking Intentions in Returning Service Members. *Journal OfTraumatic Stress*, (February), 77–85. <https://doi.org/10.1002/jts>
- Corrigan, P. W., & Bink, A. B. (2016). The Stigma of Mental Illness. *Encyclopedia of Mental Health: Second Edition*, 4, 230–234.

<https://doi.org/10.1016/B978-0-12-397045-9.00170-1>

Depkes RI. (2019). Riset Kesehatan Dasar 2018. *Badan Penelitian Dan Pengembangan Kesehatan Republik Indonesia*.

Dobrasky, K. M. (2020). Reassessing mental illness stigma in mental health care: Competing stigmas and risk containment. *Social Science and Medicine*, 249(February), 112861. <https://doi.org/10.1016/j.socscimed.2020.112861>

Dockery, L., Jeffery, D., Schauman, O., Williams, P., Farrelly, S., Bonnington, O., ... Clement, S. (2015). Stigma- and non-stigma-related treatment barriers to mental healthcare reported by service users and caregivers. *Psychiatry Research*, 228(3), 612–619. <https://doi.org/10.1016/j.psychres.2015.05.044>

Evans-Lacko, S., Little, K. L., Meltzer, H., Rose, D., Rhydderch, D., Henderson, C., & Thornicroft, G. (2010). Development and psychometric properties of the mental health knowledge schedule. *Canadian Journal of Psychiatry*, 55(7), 440–448. Retrieved from http://www.embase.com/search/results?subaction=viewrecord&from=export&id=L359589679%5Cnhttp://publications.cpa-apc.org/media.php?mid=996%5Cnhttp://sfx.metabib.ch/sfx_locator?sid=E-MBASE&issn=07067437&id=doi:&a title=Development+and+psychometric+properties+o

Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses.

Behavior Research Methods, 41(4), 1149–1160.

<https://doi.org/10.3758/BRM.41.4.1149>

Fox, A. B., Smith, B. N., & Vogt, D. (2018). How and when does mental illness stigma impact treatment seeking? Longitudinal examination of relationships between anticipated and internalized stigma, symptom severity, and mental health service use. *Psychiatry Research*, 268, 15–20. <https://doi.org/10.1016/j.psychres.2018.06.036>

Gabbidon, J., Clement, S., van Nieuwenhuizen, A., Kassam, A., Brohan, E., Norman, I., & Thornicroft, G. (2013). Mental Illness: Clinicians' Attitudes (MICA) Scale- Psychometric properties of a version for healthcare students and professionals. *Psychiatry Research*, 206(1), 81–87. <https://doi.org/10.1016/j.psychres.2012.09.028>

González-Sanguino, C., Muñoz, M., Castellanos, M. A., Pérez-Santos, E., & Orihuela-Villameriel, T. (2019). Study of the relationship between implicit and explicit stigmas associated with mental illness. *Psychiatry Research*, 272(December 2018), 663–668. <https://doi.org/10.1016/j.psychres.2018.12.172>

İnan, F. Ş., Günüşen, N., Duman, Z. Ç., & Ertem, M. Y. (2019). The Impact of Mental Health Nursing Module, Clinical Practice and an Anti-Stigma Program on Nursing Students' Attitudes toward Mental Illness: A Quasi-Experimental Study. *Journal of Professional Nursing*, 35(3), 201–208. <https://doi.org/10.1016/j.profnurs.2018.12.172>

8.10.001

- Lanfredi, M., Macis, A., Ferrari, C., Rillosi, L., Ughi, E. C., Fanetti, A., ... Rossi, R. (2019). Effects of education and social contact on mental health-related stigma among high-school students. *Psychiatry Research*, 281(September), 112581. <https://doi.org/10.1016/j.psychres.2019.112581>
- Maulana, I., S, S., Sriati, A., Sutini, T., Widiati, E., Rafiah, I., ... Senjaya, S. (2019). Penyuluhan Kesehatan Jiwa untuk Meningkatkan Pengetahuan Masyarakat tentang Masalah Kesehatan Jiwa di Lingkungan Sekitarnya. *Media Karya Kesehatan*, 2(2), 218–225. <https://doi.org/10.24198/mkk.v2i2.22175>
- Maunder, R. D., & White, F. A. (2019). Intergroup contact and mental health stigma: A comparative effectiveness meta-analysis. *Clinical Psychology Review*, 72, 101749. <https://doi.org/10.1016/j.cpr.2019.101749>
- Morgan, A. J., Reavley, N. J., Ross, A., Too, L. S., & Jorm, A. F. (2018). Interventions to reduce stigma towards people with severe mental illness: Systematic review and meta-analysis. *Journal of Psychiatric Research*, 103, 120–133. <https://doi.org/10.1016/j.jpsychires.2018.05.017>
- Moses, T. (2014). Determinants of mental illness stigma for adolescents discharged from psychiatric hospitalization. *Social Science and Medicine*, 109, 26–34. <https://doi.org/10.1016/j.socscimed.2013.12.032>
- Niedzwiedz, C. L. (2019). How does mental health stigma get under the skin? Cross-sectional analysis using the Health Survey for England. *SSM - Population Health*, 8(February), 100433. <https://doi.org/10.1016/j.ssmph.2019.100433>
- Schnyder, N., Michel, C., Panczak, R., Ochsenbein, S., Schimmelmann, B. G., & Schultze-Lutter, F. (2018). The interplay of etiological knowledge and mental illness stigma on healthcare utilisation in the community: A structural equation model. *European Psychiatry*, 51, 48–56. <https://doi.org/10.1016/j.eurpsy.2017.12.027>
- Sercu, C., Ayala, R. A., & Bracke, P. (2015). How does stigma influence mental health nursing identities? An ethnographic study of the meaning of stigma for nursing role identities in two Belgian Psychiatric Hospitals. *International Journal of Nursing Studies*, 52(1), 307–316. <https://doi.org/10.1016/j.ijnurstu.2014.07.017>
- Sherwood, D. A. (2019). Healthcare curriculum influences on stigma towards mental illness: Core psychiatry course impact on pharmacy, nursing and social work student attitudes. *Currents in Pharmacy Teaching and Learning*, 11(2), 198–203. <https://doi.org/10.1016/j.cptl.2018.11.001>
- Valery, K. M., & Prouteau, A. (2020). Schizophrenia stigma in mental health professionals and associated factors: A systematic review. *Psychiatry Research*, 290, 113068. <https://doi.org/10.1016/j.psychres.2020.113068>

0.113068

- Vidourek, R. A., & Burbage, M. (2019). Positive mental health and mental health stigma: A qualitative study assessing student attitudes. *Mental Health and Prevention*, 13(May 2018), 1–6.
<https://doi.org/10.1016/j.mhp.2018.11.006>
- Wada, M., Suto, M. J., Lee, M., Sanders, D., Sun, C., Le, T. N., ... Chauhan, S. (2019). University students' perspectives on mental illness stigma. *Mental Health and Prevention*, 14(April), 200159.

<https://doi.org/10.1016/j.mph.2019.200159>

- Wang, K., Link, B. G., Corrigan, P. W., Davidson, L., & Flanagan, E. (2018). Perceived provider stigma as a predictor of mental health service users' internalized stigma and disempowerment. *Psychiatry Research*, 259, 526–531.
<https://doi.org/10.1016/j.psychres.2017.11.036>
- WHO. (2014). Mental health atlas. In *Who*.
<https://doi.org/10.1037/e360882004-001>