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ORIGINAL RESEARCH

THE RELATIONSHIP BETWEEN HEALTH CARE CAREERS' STIGMA TOWARDS PEOPLE WITH MENTAL DISORDERS (ODGJ) AND THEIR MOTIVATION TO BECOME A MENTAL HEALTH CARE CARE CENTER IN THE GEDONGAN PUBLIC HEALTH CENTER WORKING AREA, MOJOKERTO CITY.

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ABSTRACT

Stigma is a negative assessment that is not easily changed or erased. Therefore, it is important to pay attention and be careful in assessing People with Mental Disorders (ODGJ) to assign stigma, especially by mental health cadres. Mental health cadres also need to identify the direction of their motivation during their time as mental health cadres. Stigma and motivation are two important variables closely associated with a mental health cadre. This study aims to determine the relationship between health cadres' stigma toward people with mental disorders (ODGJ) and motivation to become mental health cadres in the Gedongan Community Health Center (Puskesmas) work area. This study used a descriptive correlation design with a cross-sectional approach. The sample in this study consisted of 46 mental health cadres spread across several integrated health posts (Posyandu) within the Gedongan Community Health Center area. The sampling technique used was total sampling or saturated sampling. The data collection tools used in the study were a stigma questionnaire and a motivation questionnaire. Data were analyzed using Chi-square. There was a relationship between health cadres' stigma toward people with mental disorders (ODGJ) and motivation to become mental health cadres at the Gedongan Community Health Center in 2026, with a p-value of 0.000 ($p < 0.05$). The results of this study can be used as a consideration for developing interventions to address health cadres' stigma toward people with mental disorders (ODGJ) and motivation to become mental health cadres.

Keywords

Stigma, Mental Health Cadres, People with Mental Disorders (ODGJ), Motivation

INTRODUCTION

Mental health is an integral part of overall health that is often overlooked, especially at the community level. People with Mental Disorders (ODGJ) often face negative stigma in the form of labeling, discrimination, and social exclusion. This stigma not only exists among the general public but also among health workers who serve as the spearhead of community-based health services. Negative perceptions of ODGJ, such as the belief that they are dangerous, incurable, or a social burden, can impact the quality of support and services provided by health workers.

Health workers play a strategic role in promotive and preventive efforts, including early detection, education, and support for ODGJ in the community. However, the stigma held by health workers can be a barrier to carrying out this role. Negative attitudes have the potential to reduce empathy, limit interactions, and impact the success of community-based mental health programs. Therefore, it is important to understand how stigma is formed and how it impacts service practices in the field.

Furthermore, the motivation of health workers to engage in mental health services is also a crucial factor determining service quality. This motivation can be intrinsic, such as social concern and a desire to help others, or extrinsic, such as training, awards, and incentives. Cadres with high motivation tend to be more active in conducting home visits, monitoring medication intake, and educating families of people with mental disorders (PLWH). Conversely, low motivation accompanied by negative stigma can hinder the optimal role of cadres in mental health programs.

Epidemiologically, mental health issues in Indonesia continue to show a significant trend. Based on data from the Indonesian Ministry of Health and the 2023 Mental Health Situation Report, the prevalence of emotional mental disorders in the population aged 15 years and older is estimated to be around 10–11%, indicating an increase compared to the 2018 Basic Health Research (Riskesdas) (9.8%). Meanwhile, the number of people with severe mental disorders (such as schizophrenia and psychosis) in Indonesia is estimated to be more than 450,000–500,000. Data from the 2024 Ministry of Health also shows that efforts to eliminate shackling are continuing, with cases of shackling decreasing nationally, although it is still found in some regions.

In East Java Province, one of the most populous provinces in Indonesia, the caseload of people with mental disorders (PLWH) is also quite high. According to the 2023–2024 East Java Provincial Health Profile, the number of people with severe mental disorders (PLWH) was recorded at more than 70,000 across districts and cities. Furthermore, mental health service coverage continues to be improved through integrated service programs at community health centers (Puskesmas) and the role of health cadres. However, challenges remain, including limited human resources, community stigma, and poor patient compliance with treatment.

At the district level, Mojokerto Regency also shows a high number of PLWH cases that require serious attention. According to data from the Mojokerto Regency Health Office for 2023–2024, the number of people with mental disorders (PLWH) was recorded at around 2,000–3,000, with the majority of cases being severe mental disorders requiring long-term support. The shackling-free program in Mojokerto has shown positive progress, but sporadic cases of shackling are still found in several areas. Furthermore, the involvement of health cadres in assisting people with mental disorders (ODGJ) is key to the program's success, particularly in ensuring treatment adherence and family support.

Based on this description, it can be seen that the stigma health cadres hold toward people with mental disorders (ODGJ) and their motivation to carry out their role as cadres are important interrelated factors in determining the success of mental health programs in the community. Given the high number of people with mental disorders

(ODGJ) in East Java, particularly in Mojokerto Regency, coupled with the ongoing challenges of stigma and limited cadre motivation, research into the relationship between health cadre stigma toward people with mental disorders (ODGJ) and their motivation is highly relevant.

LITERATURE REVIEW

Definition of Stigma

Stigma was first widely discussed by Erving Goffman (1963), who defined stigma as an attribute that severely discredits a person, reducing them from a whole and normal individual to one deemed reprehensible or undesirable in society. According to Goffman, stigma is closely related to the process of social labeling, which causes individuals to experience a decline in social status.

Furthermore, Link and Phelan (2001) define stigma as a process that occurs when elements such as labeling, stereotyping, separation, status loss, and discrimination occur simultaneously in a context of power. This definition emphasizes that stigma is not simply a negative attitude, but a complex and systemic social process.

According to Corrigan and Watson (2002), stigma is a collection of negative attitudes, beliefs, and discriminatory behaviors directed at a particular individual or group, including people with mental disorders. They distinguish stigma into two main forms: public stigma (societal stigma) and self-stigma (internalized stigma).

Meanwhile, Thornicroft (2006) defines stigma as a combination of three main issues: ignorance, prejudice, and discriminatory behavior. This definition is often used in the context of mental health because it depicts stigma as a problem encompassing cognitive, affective, and behavioral aspects.

According to the WHO (World Health Organization, 2019–2023), stigma toward mental disorders is negative attitudes and beliefs that cause individuals with mental disorders to experience social rejection, discrimination, and barriers to accessing health services and participating in community life. The WHO also emphasizes that stigma is a major obstacle to the recovery and social integration of people with mental disorders.

Mental Health Cadres

Mental health cadres are selected or volunteer community members who play a role in supporting mental health service efforts at the community level. They are generally not professional health workers, but have received basic training from community health centers or related agencies to support promotive, preventive, and rehabilitative activities in the field of mental health.

According to the Indonesian Ministry of Health, mental health cadres are part of the community health cadre empowered to assist health workers in early detection of mental health problems, provide education, and provide support to people with mental disorders (ODGJ) and their families in their neighborhoods. These cadres serve as liaisons between the community and health care facilities.

Furthermore, from a community-based mental health perspective, mental health cadres are viewed as agents of change who play a crucial role in reducing stigma, increasing public awareness, and strengthening social support for ODGJ.

The Role of Mental Health Cadres

The role of mental health cadres is crucial to the success of community-based mental health programs. The main roles of mental health cadres include:

1. Early detection of mental health problems. Cadres help identify early symptoms of mental disorders in the community so that they can be promptly referred to health facilities.
2. Mental health education and promotion. Cadres provide counseling to the community to increase understanding of mental health and reduce stigma against people with mental disorders.

3. Support for people with mental disorders and their families. Cadres conduct home visits, monitor the condition of people with mental disorders, and provide support to families caring for family members with mental disorders.
4. Supporting medication adherence. Cadres help ensure that people with mental disorders regularly take their medication and undergo check-ups at health facilities as recommended by medical personnel.
5. Reporting and recording. Cadres record and report the condition of people with mental disorders in their area to the community health center as information for program monitoring and evaluation.
6. Encouraging rehabilitation and social reintegration. Cadres help people with mental disorders return to functioning in the community through social support and productive activities.
7. Reducing stigma in society. Cadres play an active role in changing negative public perceptions of people with mental disorders through educational and social approaches.

People with Mental Disorders (ODGJ)
1. Law No. 18 of 2014 concerning Mental Health
People with Mental Disorders (ODGJ) are individuals who experience disturbances in their thoughts, behaviors, and feelings that manifest as a set of symptoms and/or significant behavioral changes, and can cause suffering and obstacles in carrying out their functions as human beings.
2. Ministry of Health of the Republic of Indonesia
People with Mental Disorders (ODGJ) are individuals who experience disturbances in mental function, whether in the form of emotions, thought patterns, or behavior, that affect their ability to optimally carry out daily activities in their social environment.
3. World Health Organization (WHO)
The WHO defines mental disorders as conditions characterized by significant disturbances in a person's cognition, emotional regulation, or behavior, reflecting dysfunction in the psychological, biological, or developmental processes underlying mental function. Individuals experiencing these conditions are referred to as ODGJ in the Indonesian context.
4. Stuart (Psychiatric Nursing)
According to Stuart, a mental disorder is a clinically significant syndrome or pattern of behavior associated with distress or disability, and causes impairment in social, occupational, or other important areas of functioning. Individuals experiencing this condition are categorized as people with mental disorders (ODGJ).

Motivation to Become a Mental Health Cadre
1. General Definition of Motivation
Motivation is the internal and external drive that drives a person to act to achieve a specific goal (Robbins & Judge, 2017). In this context, motivation is the basis for a person's willingness to become involved as a mental health cadre.

2. Public Health Perspective
Motivation to become a mental health cadre is a drive that arises from within oneself or from the environment that influences an individual to actively participate in mental health services in the community, including promotive, preventive, and rehabilitative efforts.

3. Notoatmodjo (2012)
Motivation is a reason or impetus that causes a person to undertake a particular action or activity. In the context of health cadres, motivation is a crucial factor determining the activeness and sustainability of the cadre's role in supporting health services in the community.

4. Mental Health Cadre Perspective
Motivation to become a mental health cadre can be defined as an individual's desire, interest, and commitment to volunteering to help address mental health issues in their community. This is influenced by intrinsic factors (such as empathy, social concern) and extrinsic factors (such as training, support, and incentives).

5. Self-Determination Theory (Deci & Ryan)

According to this theory, motivation is divided into intrinsic and extrinsic. In the context of mental health cadres, intrinsic motivation arises from personal satisfaction in helping others, while extrinsic motivation stems from rewards, social recognition, or support from external parties.

Motivation to become a mental health cadre is the internal and external drive that influences an individual to participate and commit to fulfilling their role as a cadre in providing mental health services in the community.

RESEARCH METHOD

Research Type and Design

The research design used was quantitative. This study employed a cross-sectional study approach, where the dependent variable (Mental Health Cadres' Stigma towards People with Mental Disorders (ODGJ) and the independent variable (Motivation to Become a Mental Health Cadre) were observed and measured simultaneously.

Research Variables

a. Independent Variable

The independent variable used in this study is the Stigma of Mental Health Cadres towards People with Mental Disorders (ODGJ).

b. Dependent Variable

The dependent variable used in this study is Motivation to Become a Mental Health Cadre.

Operational Definition

The operational definition of this study can be seen in the following table:

Table 1.1 Operational Definition of the Relationship between Health Cadres' Stigma towards People with Mental Disorders (ODGJ) and Motivation to Become a Mental Health Cadre.

Types of Variables	Operational Definition	Measurement Tools	Data Scale
Cadre Stigma towards People with Mental Disorders	Negative assessment of ODGJ	Health cadre stigma questionnaire using Likert scale	Interval a. The lower the score, the lower the stigma of health cadres toward people with mental disorders (ODGJ). b. The higher the score, the higher the stigma of health cadres toward people with mental disorders (ODGJ).
Motivation to become a Mental Health Cadre	A person's motivation to become a health cadre	Motivation Questionnaire for Becoming a Health Cadre Using a Likert Scale	Interval a. The lower the score, the lower the health cadre's motivation to become a mental

	health cadre. b. The higher the score, the higher the health cadre's motivation to become a mental health cadre.

Population and Sample
The population in this study was all 46 mental health cadres in the Gedongan Community Health Center area. The sample used was a total sample.

Data Collection Tools
This study used the Gedongan Community Health Center Profile and a questionnaire as instruments. The questionnaire was closed-ended, requiring respondents to answer and mark their chosen answer alternatives.

Data Collection Procedure
The researcher collected and collected data after obtaining permission from the Mojokerto City Health Office to conduct the research. They then requested permission from the Gedongan Community Health Center to conduct the research and review the 2026 Gedongan Community Health Center Profile, which served as secondary data for the study. As the initial step in the study, the researcher reviewed the identified respondents and confirmed their number. After obtaining a definitive number of respondents, the next step was to determine the time and location for data collection. This began with an explanation of the purpose of the study. After the respondents understood, consent was obtained from the research participants. After obtaining consent from the respondents, a questionnaire was administered to respondents regarding the stigma of health workers toward people with mental disorders (ODGJ) and motivation to become mental health workers.

Data Analysis
Univariate Analysis
Univariate analysis aimed to obtain a frequency distribution of each of the variables studied, including general data on gender, age, and education. Specific data were also collected regarding the stigma of health workers toward people with mental disorders (ODGJ) and motivation to become mental health workers.
Bivariate Analysis

Bivariate analysis was conducted to determine the relationship between the independent and dependent variables. The Chi-Square test was used to examine these two variables with a 95% confidence level or $\alpha=0.05$. If p is smaller than $\alpha=0.05$ ($p<0.05$) then there will be a meaningful relationship between the independent variable and the dependent variable, and if the p value is greater than the value of $\alpha=0.05$ ($p>0.05$) it means there is no meaningful relationship between the independent variable and the dependent variable.

RESULTS AND DISCUSSION

Research Results
Characteristics of Respondents by Gender
Table 1.2 Frequency Distribution by Gender

No	Gender	N	%
1	Male	3	6
2	Female	43	94
	Number	46	100

Respondents' gender was categorized as male and female. There were 3 male respondents (6%) and 43 female respondents (94%).

Age

Table 1.3 Frequency Distribution by Age

No	Age	N	%
1	30 – 40 years	5	11
2	41 – 50 yearss	25	54
3	> 50 year	16	35
	Number	46	100

There were 5 (11%) respondents aged 30-40 years, 25 (54%) respondents aged 41-50 years, and 16 (35%) respondents aged >50 years.

Education

Table 1.4 Frequency Distribution by Education

No	Education	N	%
1	Elementary School	6	13
2	Middle School	16	35
3	High School	18	39
4	University	6	13
	Number	46	100

Based on respondents' education level, 6 respondents (13%) had an elementary school education. 16 respondents (35%) had a junior high school education. 18 respondents (39%) had a high school education. 6 respondents (13%) had a college education.

Stigma	Motivation			
	High	Low	Number	*P value*
High	3	17	20	0,000
Low	18	8	26	
Number	21	25	46	

Stigma

Table 1.5 Frequency Distribution of Health Worker Stigmas Toward People with Mental Disorders (ODGJ)

No	Stigmas	N	%
1	High	20	43
2	Low	26	57
	Number	46	100

Based on Table 1.5, there are 26 (57%) respondents with low stigma and 20 (43%) respondents with high stigma.

Motivation

Table 1.6 Frequency Distribution by Motivation for Becoming a Mental Health Cadre

No	Motivation	N	%
1	High	21	43
2	Low	25	57
	Number	46	100

Based on Table 1.6, there were 25 (57%) respondents with low motivation and 21 (43%) respondents with high motivation.

The Relationship between Health Cadre Stigma towards People with Mental Disorders (ODGJ) and Motivation to Become a Mental Health Cadre

Bivariate analysis was used to examine the relationship between the variables, namely, Health Cadre Stigma towards People with Mental Disorders (ODGJ) and Motivation to Become a Mental Health Cadre. The statistical test used was Chi-square. The confidence interval was 95% ($\alpha = 0.05$). A p-value less than α ($p < 0.05$) indicates a significant relationship between the two variables. A p-value greater than α ($p > 0.05$) indicates no significant relationship between the two variables.

Table 1.7 Relationship between Health Cadre Stigma towards People with Mental Disorders (ODGJ) and Motivation to Become a Mental Health Cadre in the Gedongan Community Health Center Work Area in 2026

Based on table 1.7, there are 18 respondents with low stigma and high motivation, there are 17 respondents with high stigma and low motivation. There were 8 respondents with low stigma and low motivation and 3 respondents with high stigma and high motivation.

DISCUSSION

Stigma against People with Mental Disorders (ODGJ) remains a major problem in community-based mental health services. Stigma can be defined as a negative attitude, belief, or perception attached to someone because of their particular condition. In the context of mental health, stigma often manifests as the assumption that people with mental disorders are dangerous, unable to function normally, or difficult to cure. This attitude is not only found in the general public but can also be held by health workers who play a role in community-level health services.

Health workers are the spearhead of public health services, including mental health programs. Mental health workers are tasked with assisting health workers in early detection of mental disorders, providing education to the community, accompanying people with mental disorders and their families, and supporting the rehabilitation and recovery process. Therefore, the motivation of health workers to participate in mental health activities is crucial to the success of community mental health programs.

The stigma held by health workers against people with mental disorders can influence their motivation to become mental health workers. Health workers with high levels of stigma tend to have negative perceptions of people with mental disorders, such as feeling afraid, uncomfortable, or reluctant to interact with them. These negative perceptions can lead to reluctance to participate in mental health-related activities because cadres perceive the task as difficult, risky, or less rewarding. Consequently, motivation to become a mental health cadre decreases.

Conversely, health cadres with low stigma generally understand that mental disorders are health issues that can be treated and managed through appropriate treatment and social support. This understanding fosters empathy and a positive attitude toward people with mental disorders. Cadres with positive attitudes will be more confident in interacting with people with mental disorders, more prepared to provide assistance, and more motivated to participate in mental health programs. Thus, motivation to become a mental health cadre increases.

The relationship between stigma and motivation can be explained through behavioral theory, which states that a person's attitude toward an object influences their intentions and behavior. When cadres hold a negative stigma toward people with mental disorders, their attitudes are also negative, reducing their desire to participate in mental health activities. Conversely, if cadres have a positive view of people with mental disorders, they will have a greater intention and drive to participate as a mental health cadre.

Furthermore, cadre motivation is also influenced by psychological factors such as self-confidence and belief in their abilities. High levels of stigma can cause cadres to feel incapable of dealing with people with mental disorders or to worry about the potential risks associated with interacting with them. This can lower self-confidence and ultimately reduce their motivation to fulfill their role as mental health cadres. Conversely, a good understanding of mental health can reduce stigma and increase cadres' confidence in providing services to people with mental disorders.

Based on this description, it can be concluded that there is a relationship between health cadres' stigma toward people with mental disorders and their motivation to become mental health cadres. The relationship tends to be negative: the higher the stigma a health cadre holds toward people with mental disorders, the lower their motivation to become a mental health cadre. Conversely, the lower the stigma a health cadre holds, the higher their motivation to participate in mental health activities. Therefore, efforts to increase mental health knowledge and education for health cadres are crucial to reducing stigma and increasing their motivation and involvement in community mental health programs.

CONCLUSION, SUGGESTIONS

Conclusion

Based on the results of the study on the Relationship between Health Cadre Stigma towards People with Mental Disorders (ODGJ) and Motivation to Become a Mental Health Cadre in the Gedongan Community Health Center work area in 2026, the following conclusions can be drawn:

1. The majority of Health Cadre Stigma towards People with Mental Disorders (ODGJ) is Low, with 26 (57%) respondents.

2. The majority of Motivation to Become a Mental Health Cadre is Low, with 25 (43%) respondents.

3. There is a relationship between Health Cadre Stigma towards People with Mental Disorders (ODGJ) and Motivation to Become a Mental Health Cadre with a p-value of 0.000 ($p<0.05$).

Recommendations

Based on the discussion regarding the relationship between health cadres' stigma toward people with mental disorders (ODGJ) and their motivation to become mental health cadres, the following recommendations can be made:

1. For Health Cadres

Health cadres are expected to increase their knowledge and understanding of mental health through training, outreach, and educational activities organized by community health centers (Puskesmas) or related agencies. A good understanding of mental disorders can help reduce the negative stigma toward people with mental disorders, thereby increasing their motivation to play an active role as mental health cadres.

2. For Community Health Centers and Health Workers

Puskesmas should conduct regular mental health training programs for health cadres. This training can focus on improving mental health literacy, communicating with people with mental disorders (ODGJ), and efforts to reduce stigma. Furthermore, providing mentoring, supervision, and appreciation to cadres can increase their motivation to carry out their duties as mental health cadres.

3. For the Government and Mental Health Program Managers

The government and mental health program managers need to strengthen mental health promotion programs in the community to reduce stigma toward people with mental disorders (ODGJ). Policy support, resource provision, and the development of mental health cadre empowerment programs can increase cadre participation and motivation in supporting community-based mental health services.

4. For the Community

The community is expected to increase awareness and acceptance of people with mental disorders by understanding that mental disorders are health problems that can be treated and cured. A supportive community environment will help reduce stigma and encourage health cadres to be more motivated in carrying out their roles as mental health cadres.

5. For Future Researchers

Further researchers are advised to examine other factors that may influence motivation to become a mental health cadre, such as level of knowledge, experience interacting with people with mental disorders, family support, support from health workers, and socio-cultural factors. Research with a larger number of respondents and more diverse methods can also be conducted to obtain more comprehensive results.

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