

Beliefs, Knowledge, and Perception of Indonesian Mental Healthcare Workers Regarding Mental Illness: A Cross-Sectional Study

Abstract

Background: The actions of healthcare workers in treating and caring for people with mental illness are influenced by various factors. Therefore, this study aimed to assess beliefs, knowledge, and perception of Indonesian Mental Healthcare Workers (MHWs) regarding mental illness. **Materials and Methods:** A cross-sectional study was conducted among 173 MHWs in May 2021 using a newly developed questionnaire distributed through convenience sampling methods. **Results:** Most respondents were female (n = 135, 77.14%) and married (n = 148, 84.57%), with a mean (SD) of age of 37.57 (6.55) years old. Most believed that mental illness was caused by personal weakness (n = 131, 74.86%) and often led to mental retardation (n = 115, 65.71%). Furthermore, approximately half of this population believed mental illness could be cured through marriage (n = 80, 45.71%). **Conclusions:** The evaluated MHWs commonly held misconceptions about the cause and treatments of mental illness. Consequently, relevant training was recommended to be performed for mental health literacy enhancement.

Keywords: Health personnel, knowledge, mental disorders, perception

Introduction

Public beliefs about mental illness and People With Mental Illness (PWMI) are known to vary significantly across different contexts. In high-income countries, government allocation of sufficient resources aids in enhancing mental healthcare information, while extremely small budgets are provided in low-income countries.^[1] Therefore, mental health promotion in low-to-middle-income environments is rarely prioritized, leading to an inadequate understanding among the population, including Mental Healthcare Workers (MHWs).^[2]

Positive knowledge and perception of MHWs toward mental illness contribute to improved mental health provision, but controversies have been observed through various studies across different settings. The attitude or perception of healthcare workers is found to be positive in developed countries including USA,^[3] Finland,^[4] and Singapore^[5] as well as in less developed countries such as Cambodia.^[6] However, in Ethiopia, nearly half of the nurses hold negative perception and attitude toward PWMI.

Several factors comprising educational qualification, working experience, training, and knowledge about mental illness were associated with perception or attitude.^[7] The attention previously provided to beliefs, knowledge, and perception of MHWs was significantly limited. Therefore, this study aims to assess beliefs, knowledge, and perception of Indonesian MHWs regarding the cause, symptoms, medication, and relapse of mental illness, as well as perception on PWMI.

Materials and Method

A cross-sectional study was conducted in May 2021 among all MHWs registered at the district health offices across Aceh Province (n = 237). Of these, 173 MHWs voluntarily participated, resulting in a response rate of 73%. Questions on age, gender, education, marital status, beliefs, knowledge, and perception about mental illness were distributed through a Google form to the obtained WhatsApp numbers of MHWs.

Questions about beliefs, knowledge, and perception were addressed using a new

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questionnaire developed based on a previous study in a similar setting^[8] and further discussions with mental health educators as well as practitioners working in Aceh. The questionnaire consisted of 23 statements regarding the cause and consequences of mental illness, symptoms and treatment, antipsychotic medication, and relapse among PWMI. Each question had dichotomous answer options of “agree” and “disagree”; hence, descriptive analyses were conducted to determine the frequency and percentage of agreement. Moreover, the overall reliability coefficient (Cronbach alpha) of beliefs, knowledge, and perception about mental illness as well as the Medication questionnaire was 0.61, suggesting a moderate level of internal consistency among the items in the questionnaire.

Ethical considerations

An ethics committee of Universitas Syiah Kuala in Banda Aceh approved this study with the reference number 113101100820. Additionally, the total recruited respondents provided written informed consent and participated voluntarily.

Result

Most respondents were female ($n = 135$, 77.1%) and married ($n = 148$, 84.6%) and with an average age of 37.57 (SD = 6.55) years old. Among this population, approximately half had a diploma in nursing ($n = 85$, 48.57%), a quarter attained a bachelor's degree in nursing ($n = 42$, 24.00%), some had a diploma in midwifery ($n = 22$, 12.57%), and the rest achieved a bachelor's or master's degree in psychology or public health ($n = 24$, 14.82%). Regarding beliefs about the cause and consequences of mental illness, most respondents provided incorrect answers. Furthermore, the majority believed that everyone experiencing severe stress would suffer from mental illness ($n = 146$, 83.43%), mental illness was caused by personal weakness ($n = 131$, 74.86%), and mental illness could lead to mental retardation ($n = 115$, 65.71%). Only less than half stated a true answer that mental illness was a brain illness ($n = 73$, 41.71%), while a few still believed that mental illness could not be treated ($n = 9$, 5.14%) and was caused by the possession of jinn or spirits ($n = 4$, 2.29%).

Concerning the symptoms and treatment of mental illness, the majority had incorrect beliefs. The majority ($n = 145$, 82.86%) agreed that mental illness could be cured entirely through regular medication administration, and almost half ($n = 83$, 47.43%) believed PWMI could not relate well or were uninterested in connecting with other people. Furthermore, almost half ($n = 80$, 45.71%) described marriage as a means of treating mental illness, and some ($n = 25$, 14.29%) held the mistaken beliefs that when PWMI no longer showed erratic behavior or disorganized speech, additional treatment might not be required.

Regarding the medication and treatment, the majority ($n = 150$, 85.71%) acknowledged that certain

antipsychotics could lead to side effects such as hand tremors, dry lips, and drowsiness. Additionally, a significant portion ($n = 130$, 74.29%) agreed that some antipsychotics might cause body stiffness and slow movements in patients. A considerable majority ($n = 143$, 81.71%) believed asymptomatic patients did not need antipsychotic medication, while a small proportion ($n = 14$, 8.00%) assumed this medication could result in cognitive impairment, and ($n = 10$, 5.71%) suspected the tendency of prolonged medication administration to initiate early mortality. After hospital treatment discharge, a vast majority ($n = 169$, 96.57%) recommended adherence to regular medication administration to prevent relapse, while the vast majority ($n = 161$, 92.00%) acknowledged that maintaining a healthy lifestyle could prevent relapse. The details of beliefs, attitude, and knowledge of MHWs about mental illness and PWMI are presented in Table 1.

Discussion

This study aimed to assess beliefs, knowledge, and perception about the cause, symptoms, medication, and relapse of mental illness as well as PWMI. Despite working closely with PWMI or participating in mental health-related programs, controversies were detected among Indonesian MHWs.

The results regarding the mistaken beliefs held by MHWs that mental illness arises from personal weakness and severe stress can be attributed to daily interactions and observations of the conditions of patients. Numerous PWMI were identified as vulnerable, stressed, and marginalized in this population. Consequently, some people may erroneously assume that PWMI are inherently weak and perpetually under stress. Mental illness is a complex and multifaceted condition tending to originate from a combination of genetic, biological, environmental, and psychological situations.^[9]

Many MHWs had wrong assumptions about the supernatural cause of mental illness, which was consistent with other settings of developing countries.^[10] This might be mixed with cultural beliefs, where mental illness was strongly associated with the possession of jinn and spirits in Indonesian society.^[11,12] Furthermore, less than half of respondents provided answers regarding brain illness, reflecting the conception of mental illness as nonbiologically based. The perception showed that several MHWs possessed a relatively limited understanding of mental illness, suggesting the need for additional interventions and educational initiatives.

Nearly half of MHWs believed mental illness could be cured through marriage, a distinctive assumption rarely reported in other places. There was the perception that being married or having a partner might lead to better patient care, subsequently reducing mental illness symptoms. However, these observations showed the need

Table 1: Beliefs, knowledge, and perception of MHWs* about mental illness and medication (n=173)

Statements	Agree n (%)	Conclusion
Beliefs about the Cause and Consequences of Mental Illness		
Everyone who experiences severe stress will suffer from mental illness	146 (83.43)	False
Mental illness is caused by a personal weakness	131 (74.86)	False
Mental illness can make people mentally retarded	115 (65.71)	False
Mental illness is a brain illness	73 (41.71)	True
Mental illness is inherited from the parents	30 (17.14)	True
Mental illness cannot be treated at all	9 (5.14)	False
Mental illness is caused by the possession of jinn or spirits	4 (2.29)	False
Beliefs about the Symptoms and the Treatment of Mental Illness		
Mental illness can be completely cured when PWMI take medication regularly	145 (82.86)	False
PWMI often show strange behavior and talks abnormally without correspondence to certain situations	142 (81.14)	False
PWMI cannot relate well or are not interested in connecting with other people	83 (47.43)	False
Marriage can make mental illness lessened or cured	80 (45.71)	False
In case PWMI stop behaving strangely or talking abnormally, no more treatment is needed	25 (14.29)	False
Knowledge about Antipsychotics Medication		
Some antipsychotics can lead to shaking of hands, dry lips, and drowsiness in patients	150 (85.71)	True
Asymptomatic patients do not need antipsychotics	143 (81.71)	True
Some antipsychotics initiate body stiffness and slow movements	130 (74.29)	True
Antipsychotic medication may cause dryness and drooping of lips, but administration must be continued	109 (62.29)	False
Antipsychotic medication makes patients become dependent or addicted	82 (46.86)	False
Antipsychotic medication may trigger stupidity in patients	14 (8.00)	False
Long-term antipsychotic medication can cause early death	10 (5.71)	False
Perception on Relapse		
Medication should be used regularly to prevent relapse	169 (96.57)	True
Commonly quiet patients becoming suddenly irritated is a sign of impending relapse	162 (92.57)	False
Maintaining a good lifestyle prevents relapse	161 (92.00)	True
Relapse results from stopping medication administration	155 (88.57)	False

*PWMI=People with Mental Illness

for a more comprehensive qualitative investigation to deeply assess the discussed topic.

Respondents had a relatively strong comprehension of the impacts of antipsychotic medication and relapses. MHWs with an extended period of experience working with PWMI showed an enhanced understanding and knowledge regarding medication and the treatment process.^[13] Therefore, capacity building among MHWs should focus on improving beliefs, knowledge, and perception about the cause, symptoms, and consequences of mental illness. Last, while the study presents intriguing findings, it is not without limitations. These include potential sampling bias stemming from voluntary participation and the reliance on dichotomous questionnaire responses. Nonetheless, the research provides valuable insights into key areas for mental health education and awareness in the region.

Conclusion

In conclusion, the results showed a significant prevalence of misunderstanding about mental illness and the appropriate treatment process among Indonesian MHWs. Islamic and cultural convictions of these respondents influenced beliefs, knowledge, perception, and attitude. Additionally, supernatural beliefs, such as jinn possession,

were commonly assumed to be the cause of mental illness. These beliefs were even more widespread among the lay community, potentially leading to delays in requesting mental health assistance. Further community-based studies would be necessary to explore and explain this hypothesis comprehensively. The provision of relevant training was recommended as a crucial medium to improve mental health literacy of MHWs.

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Conflicts of interest

Nothing to declare.

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