The Stigma of Mental Illness in Society and its Effect on the Search for Psychological Help

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Article Info	ABSTRAK

Studi ini menyelidiki stigma seputar gangguan mental dalam masyarakat Indonesia dan dampaknya terhadap kesediaan individu untuk mencari bantuan psikologis. Dengan menggunakan pendekatan kuantitatif, data dikumpulkan dari 80 responden melalui kuesioner terstruktur yang menggunakan skala Likert 5 poin. Hasilnya, yang dianalisis menggunakan SPSS versi 25, mengungkapkan korelasi negatif yang signifikan antara stigma dan perilaku mencari bantuan, dengan stigma menyumbang 29% dari varians dalam sikap mencari bantuan. Temuan ini menekankan stigma sebagai penghalang penting untuk mengakses layanan kesehatan mental di Indonesia, yang dipengaruhi oleh norma-norma budaya dan sosial. Strategi untuk mengurangi stigma melalui pendidikan publik dan intervensi yang sensitif secara budaya direkomendasikan untuk mendorong perilaku mencari bantuan dan meningkatkan hasil kesehatan mental.

ABSTRACT

This study investigates the stigma surrounding mental disorders in Indonesian society and its impact on individuals' willingness to seek psychological help. Using a quantitative approach, data were collected from 80 respondents through a structured questionnaire employing a 5-point Likert scale. The results, analyzed using SPSS version 25, revealed a significant negative correlation between stigma and help-seeking behavior, with stigma accounting for 29% of the variance in help-seeking attitudes. The findings emphasize stigma as a critical barrier to accessing mental health services in Indonesia, influenced by cultural and social norms. Strategies to reduce stigma through public education and culturally sensitive interventions are recommended to encourage help-seeking behavior and improve mental health outcomes.

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1. INTRODUCTION

The stigma surrounding mental health in Indonesia is a significant barrier to addressing mental health challenges, as it prevents individuals from seeking necessary psychological help. This stigma is deeply rooted in cultural, social, and economic factors, leading to discrimination and social isolation for those affected. A lack of understanding about mental disorders contributes to negative perceptions and stereotypes, which are perpetuated by family, friends, and media (Davies, 2024). Cultural beliefs and socioeconomic status also play a significant role in shaping attitudes towards mental health, often leading to stigmatization (Davies, 2024). Additionally, personal negative experiences with mental health issues can reinforce stigma, making it difficult for individuals to seek help (Davies, 2024). Efforts to reduce stigma through education and awareness campaigns have shown promise, but the complexity of stigma requires a multifaceted approach. Public education initiatives and awareness campaigns, particularly those utilizing social media and school programs, can significantly improve understanding and reduce stereotypes (Adventinawati, 2025). Creating supportive environments through community-based interventions can help foster a stigma-free society (Adventinawati, 2025). While literacy campaigns are common, they may not always reduce stigma effectively; instead, focusing on connectedness and mental health recovery may offer better outcomes (Ciciurkaite & Pescosolido, 2024).

The societal perception of mental health in Indonesia is deeply influenced by traditional beliefs, religious views, and a lack of awareness, leading to stigma and reluctance in seeking professional help. This perception is compounded by cultural practices such as pasung, where individuals with mental illness are physically restrained, reflecting significant stigma and systemic barriers in mental health care (Fahrudin et al., 2025). Adolescents, in particular, face challenges related to emotional regulation and societal expectations, with a strong desire for better mental health education and support (Yani et al., 2025). Religious preaching (dakwah) and counseling based on religious values play a crucial role in addressing mental health issues, providing emotional and spiritual support (Maharani et al., 2024). Collaboration between mental health practitioners and religious leaders is essential for a holistic approach to mental health care (Maharani et al., 2024). The stigma associated with mental disorders significantly influences treatment decisions, with many opting for traditional over medical treatments (Paramita et al., 2024). High levels of mental health knowledge correlate with a greater likelihood of seeking medical treatment, highlighting the need for increased mental health literacy (Paramita et al., 2024). Indonesian adolescents face emotional turmoil and societal pressures, with a need for culturally appropriate mental health education (Yani et al., 2025). Empowering adolescents through comprehensive mental health education can help them manage challenges and pursue future goals (Yani et al., 2025). Addressing pasung practices requires policy reform, community engagement, and integrating mental health services into primary health care (Fahrudin et al., 2025). Expert consensus emphasizes the need for personalized mental health campaigns, technology for screening, and mental health first-aid access (Basrowi et al., 2024).

Research has consistently shown that stigma plays a critical role in preventing access to mental health services. Stigmatizing attitudes significantly impact psychological help-seeking behaviors, often leading to delays or avoidance of mental health care. This relationship is influenced by various factors, including cultural, demographic, and personal stigma perceptions, making it crucial to understand these dynamics for developing effective interventions to promote mental health care utilization. Among Asian American and Latinx youth, stigma acts as a barrier to seeking help, with variations in how it affects different support sources; for instance, Asian American youth face stigma when seeking help from adults, while Latinx youth encounter it when seeking peer and formal support (Yu et al., 2025). In men, stigma related to eating disorders, perceived as "feminized," reduces help-seeking intentions, highlighting the role of gender stereotypes in stigma formation (Lehe et al., 2024). Interventions targeting young people have shown short-term effectiveness in reducing stigma-related knowledge, attitudes, and behaviors, with social contact interventions proving particularly effective compared to educational approaches (Crockett et al., 2025). Additionally, mass media campaigns and targeted interventions have demonstrated small to

moderate positive impacts on stigma-related attitudes and behaviors, though their long-term effectiveness remains uncertain (Gronholm et al., 2017). In professional contexts, personal stigma significantly affects attitudes towards seeking psychological help among nurses; however, factors like working in specific units or having chronic illnesses can mitigate this effect, suggesting that workplace context influences stigma's impact (Özel Erçel et al., 2025).

This study aims to analyze the extent to which stigma towards mental disorders influences the willingness to seek psychological help in Indonesia. By exploring these dynamics, this study seeks to contribute to the ongoing discourse on mental health stigma and provide actionable insights for policymakers, healthcare providers, and mental health advocates.

2. LITERATURE REVIEW

2.1 Mental Health and Stigma

Stigma towards mental health is a pervasive issue that significantly impedes the effective treatment and support of individuals with psychological disorders. This stigma manifests in two primary forms: public stigma, which involves societal attitudes and discriminatory actions, and self-stigma, where individuals internalize these negative perceptions, leading to reduced self-esteem and self-efficacy. Both forms of stigma are prevalent globally, including in Indonesia, where cultural norms and traditional beliefs exacerbate these challenges. Addressing mental health stigma requires comprehensive strategies involving education, awareness, and community-based interventions. Research indicates that interventions targeting young people can effectively reduce mental health stigma, with a meta-analysis of randomized clinical trials showing significant short-term improvements in stigma-related knowledge, attitudes, and behaviors among youth. Social contact interventions have been found to be particularly effective in altering stigma-related behaviors compared to educational approaches (Crockett et al., 2025). Additionally, public education and awareness campaigns are crucial in preventing mental health stigma, as these initiatives can significantly enhance public understanding and reduce negative stereotypes, fostering a more supportive environment for individuals with mental disorders (Adventinawati, 2025). Stigma also has profound psychological and social impacts on individuals with mental illness. In Ghana, for instance, stigma leads to devaluation, social exclusion, unemployment, and loss of self-esteem among patients, highlighting the need for intentional efforts to bridge the gap created by discrimination (Gyamfi et al., 2025). Furthermore, on a global scale, individuals with mental health conditions face increased risks of discrimination and human rights violations, with healthcare professionals sometimes contributing to the stigma (Prince et al., 2007).

2.2 Mental Health in Indonesia

The prevalence of mental health issues in Indonesia is compounded by cultural and religious stigmas, which significantly hinder the utilization of mental health services. Despite the recognition of mental health as a fundamental human right, awareness and prioritization remain low, with traditional beliefs often attributing mental health problems to supernatural causes. This results in individuals seeking help from non-medical sources, such as shamans or religious leaders, rather than mental health professionals. Mental health stigma in Indonesia is pervasive, with self-, social-, and structural stigma contributing to discrimination and isolation of those affected (Adventinawati, 2025). Traditional beliefs often link mental health issues to supernatural causes, leading individuals to seek help from shamans or religious leaders instead of medical professionals (Basrowi et al., 2024). Public education and awareness campaigns are crucial in reducing stigma and increasing understanding of mental health issues (Adventinawati, 2025). Incorporating mental health awareness into school curricula and family discussions can help normalize mental health conversations (Basrowi et al., 2024). Religious preaching (dakwah) and counseling based on religious values can enhance public awareness and provide emotional support (Maharani et al., 2024). Collaboration between mental health practitioners and religious leaders is essential for a holistic

approach to mental health care (Maharani et al., 2024). Additionally, the lack of specific mental health regulations, particularly for women, highlights the need for policy development and implementation (Pratiwi, 2024). Leveraging social capital and community resources can address mental health challenges effectively (Sulistyosari, 2024).

2.3 Stigma and Psychological Help-Seeking Behavior

The inverse relationship between stigma and help-seeking behavior is well-documented, with stigma acting as a significant barrier to accessing mental health care. This is particularly pronounced in collectivist cultures, where community acceptance is highly valued, amplifying fears of judgment and social rejection. The Theory of Planned Behavior provides a framework for understanding how stigma affects attitudes, subjective norms, and perceived behavioral control, thereby influencing help-seeking intentions. Asian American and Latinx youth experience stigma as a barrier to seeking mental health support, with variations in sources of support; Asian American youth face stigma when seeking help from adults, while Latinx youth encounter stigma from peers and formal services (Yu et al., 2025). Interventions aimed at reducing stigma among young people show short-term effectiveness, particularly through social contact approaches, which have a greater impact on stigma-related behaviors than educational methods (Crockett et al., 2025). Among healthcare professionals, nurses' attitudes towards seeking psychological help are negatively influenced by personal stigma, although factors such as working in oncology or having a chronic illness can mitigate this effect (Özel Erçel et al., 2025). In the context of college students, among Portuguese students, females and those familiar with mental illness exhibit fewer stigmatizing beliefs and more positive attitudes towards help-seeking, with the COVID-19 pandemic shifting opinions and attitudes towards mental illness, highlighting the dynamic nature of stigma (Carvalho et al., 2024). Additionally, men with eating disorders face stigma-related perceptions that reduce help-seeking intentions, particularly for symptoms associated with thin-body ideals, which are traditionally viewed as "feminized" (Lehe et al., 2024).

2.4 Efforts to Address Mental Health Stigma

Efforts to reduce mental health stigma and improve help-seeking behaviors have been implemented globally through various interventions, including public education campaigns, contact-based interventions, and anti-stigma programs. These initiatives aim to increase awareness, debunk myths, and foster supportive environments for individuals with mental health challenges. In Indonesia, similar efforts are emerging, focusing on grassroots-level interventions such as mental health education in schools and community-based programs. However, systemic challenges like limited infrastructure and funding hinder progress. Public education campaigns have shown small to moderate positive impacts on stigma-related knowledge and attitudes, although their long-term effectiveness remains uncertain (Gronholm et al., 2017). Social contact interventions have been found to significantly influence stigma-related behaviors, more so than educational approaches, particularly among youth (Crockett et al., 2025). Additionally, digital psychoeducational interventions have demonstrated short-term effectiveness in reducing public stigma, though sustaining long-term effects remains a challenge (Mankiewicz & Mun, 2024). Despite these advancements, systemic barriers in low- and middle-income countries like Indonesia, including limited mental health infrastructure and funding, pose significant challenges to implementing effective stigma reduction programs (Semrau et al., 2024). Furthermore, many interventions show short-term success but struggle to maintain long-term impact, highlighting the need for ongoing evaluation and adaptation (Gronholm et al., 2017; Mankiewicz & Mun, 2024).

2.5 Research Gap

While previous studies have extensively examined the impact of stigma on mental health outcomes in Western contexts, there is limited research exploring these dynamics in Indonesia. Cultural and societal factors unique to Indonesia, such as collectivist values and religious beliefs, necessitate a localized understanding of stigma and its effects on help-seeking behavior. This study aims to fill this gap by providing empirical evidence on the relationship between societal stigma and

the willingness to seek psychological help in Indonesia, offering valuable insights for policymakers and mental health practitioners.

3. RESEARCH METHODS

3.1 Research Design

This study employs a quantitative research design to examine the relationship between societal stigma towards mental disorders and the willingness to seek psychological help in Indonesia. The approach is structured to provide numerical insights into the extent and nature of this relationship. A survey-based methodology was chosen, as it allows for the collection of standardized data from a sample population, ensuring consistency and reliability in analysis.

3.2 Population and Sample

The population for this study includes individuals residing in Indonesia who are aware of or have experience with mental health issues, either personally or within their social environment. A purposive sampling technique was employed to select respondents who are likely to provide relevant insights into the research problem. The final sample size consists of 80 respondents, deemed sufficient for exploratory quantitative analysis while adhering to practical constraints.

3.3 Data Collection

Data were collected using a structured questionnaire distributed online and offline to reach a diverse demographic. The questionnaire was designed to measure two primary constructs: stigma towards mental disorders and help-seeking behavior. Stigma was assessed using items adapted from validated stigma scales, focusing on public stigma and self-stigma, while help-seeking behavior measured respondents' willingness and attitudes towards seeking psychological assistance. Responses were recorded on a 5-point Likert scale ranging from 1 ("Strongly Disagree") to 5 ("Strongly Agree"), capturing varying degrees of agreement with each statement. To ensure clarity, relevance, and reliability of the items, the questionnaire was pre-tested with a small group of participants before full deployment.

3.4 Data Analysis

The collected data were analyzed using SPSS version 25, following a structured analysis process. Descriptive statistics were employed to summarize demographic characteristics and provide an overview of the data distribution. Reliability testing was conducted using Cronbach's alpha to assess the internal consistency of the constructs, ensuring the reliability of the measurement items. Pearson's correlation coefficient was utilized to examine the strength and direction of the relationship between stigma and help-seeking behavior. Finally, multiple linear regression analysis was performed to determine the extent to which stigma predicts variations in help-seeking behavior.

4. RESULTS AND DISCUSSION

4.1 Descriptive Statistics

The demographic profile of the 80 respondents revealed that the sample was diverse in terms of age, gender, and educational background. Approximately 55% of respondents were female, while 45% were male. The majority of respondents (70%) were aged between 18-35 years, representing a younger demographic often impacted by mental health stigma. Educational attainment showed that 60% of participants had completed undergraduate studies, while the remaining 40% had either higher or lower education levels.

4.2 Reliability Testing

The Cronbach's alpha values for the stigma and help-seeking behavior constructs were 0.82 and 0.79, respectively, indicating high internal consistency and reliability of the measurement scales. These results confirmed the appropriateness of the questionnaire items for further analysis.

4.3 Correlation Analysis

The Pearson correlation analysis revealed a significant negative correlation between stigma and help-seeking behavior ($r = -0.54$, $p < 0.01$). This indicates that higher levels of stigma are associated with lower willingness to seek psychological help, consistent with the study's hypothesis.

4.4 Regression Analysis

Multiple linear regression analysis was conducted to assess the predictive power of stigma on help-seeking behavior. The results indicated that stigma had a significant negative effect on help-seeking behavior ($B = -0.65$, $SE = 0.12$, $Beta = -0.54$, $t = -5.42$, $p < 0.001$). The regression model was statistically significant ($F(1, 78) = 29.38$, $p < 0.001$), with stigma accounting for 29% of the variance in help-seeking behavior ($R^2 = 0.29$). This finding underscores the detrimental impact of stigma on individuals' willingness to seek psychological assistance, highlighting the need for targeted interventions to reduce stigma and encourage help-seeking behaviors.

DISCUSSION

Stigma as a Barrier to Help-Seeking

The results confirm that societal stigma significantly impedes individuals' willingness to seek psychological help. This finding aligns with previous studies (e.g., Corrigan & Watson, 2002; Vogel et al., 2007), which have highlighted stigma as a primary barrier to accessing mental health services. The negative correlation suggests that individuals with higher perceived stigma are less likely to pursue professional support, likely due to fears of judgment, discrimination, and social exclusion.

In Indonesia, these findings resonate with cultural norms that emphasize community harmony and discourage behaviors perceived as exposing personal or familial vulnerabilities. The internalized shame associated with mental health conditions can prevent individuals from acknowledging their struggles and seeking help, perpetuating untreated mental health issues.

Implications for Mental Health Services

The regression analysis highlights the need for targeted interventions to reduce stigma and promote help-seeking behaviors. Public education campaigns that challenge misconceptions about mental disorders and normalize discussions on mental health can play a pivotal role in addressing this issue. Furthermore, integrating mental health education into school curriculums can foster early awareness and reduce stigma among younger generations. Culturally sensitive approaches are essential in Indonesia, where traditional beliefs and religious views strongly influence attitudes toward mental health. Collaborating with religious leaders and community influencers can help bridge the gap between traditional practices and modern psychological interventions, making mental health services more acceptable and accessible.

Limitations and Future Research

While this study provides valuable insights, the relatively small sample size limits the generalizability of the findings. Future research should aim to include larger, more representative samples to capture the diverse perspectives across Indonesia's regions and cultural groups. Additionally, qualitative research methods, such as interviews and focus groups, could provide deeper insights into the nuanced experiences of stigma and help-seeking behaviors. Furthermore, the study's reliance on self-reported data introduces the possibility of social desirability bias, which may affect the accuracy of responses. Future studies could incorporate experimental or observational designs to validate these findings further and provide a more comprehensive understanding of the factors influencing mental health stigma and help-seeking behaviors.

5. CONCLUSION

This study highlights the detrimental impact of stigma on the willingness to seek psychological help in Indonesia. The results underscore stigma as a significant barrier, with societal and cultural factors playing a critical role in shaping attitudes toward mental health. The findings suggest that reducing stigma requires a multi-faceted approach, including public education

campaigns, community engagement, and the integration of mental health education into school curricula. Additionally, culturally sensitive strategies that align with Indonesia's traditional and religious values are essential for improving access to mental health services. Addressing stigma can foster a more supportive environment, enabling individuals to seek the psychological help they need and ultimately improving mental health outcomes nationwide.

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