

Socio-Cultural Dynamics Challenges in Mental Health Issues and Human Rights in Indonesia

Weny Lestari

Research Center for Population, National Research and Innovation Agency Republic of Indonesia
Kawasan Sains BRIN Said Djauharyah Jenie, Kompleks ITS Jl.Hidrodinamika, Sukolilo Keputih, Surabaya, 60112
Telp.: +6285885483272.

Corresponding author*

weny716@gmail.com

Abstract: The increasing prevalence of mental health disorders in Indonesia demands urgent attention. Data of 2018 Basic Health Research showed that 6.1% of population above 15 years old experiencing depression and only 9% receiving treatment. Schizophrenia/Psychosis prevalence stands at 6.7 per mill, with 14% subjected to confinement, particularly in rural areas. Despite 85% seeking treatment, only 48.9% adhere to prescribed medication. The impact of the COVID-19 pandemic has further exacerbated mental health challenges, with socio-cultural stigma and confinement persisting as coping mechanisms. Family attitudes toward mental health remain a critical concern, impeding post-treatment care. Socio-cultural influences significantly affect detection, treatment, and post-treatment of mental health. The pervasive cultural stigma attributes mental health issues to mystical causes, perpetuating resistance to treatment and reliance on non-medical alternatives. Socio-cultural stigma and isolation compound the challenges on human rights especially on the rights to get the proper mental health's treatment and information, negatively impacting individuals, families, and communities. Socio-cultural dynamics, poverty, limited access to healthcare, and inadequate support systems contribute to the complexity of mental health issues. Socio-culturally competence in community empowerment is crucial to foster awareness and early intervention, addressing the multifaceted challenges surrounding mental health in Indonesia.

Keywords: Mental Health, Stigma, Socio-Cultural Dynamics, Human rights.

Introduction

The increasing prevalence of mental health disorders in Indonesia demands urgent attention. Data of 2018 Basic Health Research showed that 6.1% of population above 15 years old experiencing depression and only 9% receiving treatment. Schizophrenia/Psychosis prevalence stands at 6.7 per mill, with 14% subjected to confinement, particularly in rural areas. Despite 85% seeking treatment, only 48.9% adhere to prescribed medication (Badan Penelitian dan Pengembangan Kesehatan Kemenkes RI, 2019). The impact of the COVID-19 pandemic has further exacerbated mental health challenges, with socio-cultural stigma and confinement persisting as coping mechanisms. Mental health in Indonesia continues to face major challenges, including social stigma, discrimination, and unequal access to health

services. Despite the government's efforts to raise awareness and provide mental health services through programs such as the National Health Insurance (JKN), there is still a strong stigma against mental disorders among the public, resulting in many individuals being reluctant to seek professional help (Putri et al., 2023). In addition, the uneven distribution of mental health services, especially in rural and remote areas, exacerbates the access gap for those in need (Setiawan et al., 2023). This suggests that despite progress, further efforts are needed to overcome these barriers and improve inclusive and equitable mental health services across Indonesia (Ayuningtyas et al., 2018).

Socio-cultural dynamics in Indonesia have a significant influence in shaping people's perceptions of mental illness and the

implementation of human rights. Cultural factors such as family values, religious norms, and traditional beliefs often lead to mental health problems being perceived as taboo or associated with spiritual disorders, so people tend to hide the condition rather than seek health services (Subu et al., 2022). This contributes to the strong stigmatization of individuals with mental illness, which then results in the violation of their human rights, including the right to adequate health care and recognition of human dignity. Furthermore, these culturally influenced perceptions of mental illness often interact with inadequate health policies, exacerbating the problem of access to and quality of mental health services in Indonesia (Irmansyah et al., 2009).

The critical role of human rights in ensuring access to appropriate and equitable mental health care is often hampered by strong cultural norms and negative stereotypes. In many societies, including in Indonesia, mental illness is often viewed as a disgrace or moral weakness, resulting in discrimination and social exclusion for people with mental illness (Irmansyah et al., 2009). These cultural norms reinforce negative stereotypes that hinder society's acceptance of the importance of equal mental health services for all individuals. Although human rights underscore the importance of access to health services without discrimination, the reality is that many individuals are unable to obtain treatment due to stigma and community ignorance, as well as a lack of awareness about their rights (Setiawan et al., 2023). To realize equitable and inclusive access, stronger efforts are needed to educate the public as well as policy reforms that focus on human rights in the context of mental health.

The main objective of this study is to explore the challenges of socio-cultural dynamics in mental health issues and how these interact with human rights in Indonesia. Review literature related to socio-cultural challenges in addressing mental health in Indonesia and to identify the relationship between socio-cultural dynamics and human rights in the context of mental health.

Research Questions of this study are: (1) How do socio-cultural factors influence societal views and policies related to mental health in Indonesia?

and (2) What are the challenges faced in upholding human rights for people with mental health disorder?

Materials and Methods

Study Design

This study uses a systematic literature review method to analyze socio-cultural challenges in mental health in Indonesia and their relationship with human rights.

Data Sources

Literature sources were taken from various national and international academic journals, books, and national reports.

Literature Selection Criteria

The literature selected was published within the last 10 years (2013-2023) relevant to mental health in Indonesia, socio-cultural dynamics, and human rights. Inclusion criteria: articles that focused on mental health and human rights, socio-cultural challenges in mental health, and case studies in Indonesia. Exclusion criteria: studies that only focused on mental health without considering socio-cultural aspects or human rights.

Review Procedures

Review stages included literature collection, methodological evaluation, critical analysis of previous studies, and thematic synthesis.

Data Analysis

Literature analysis used a thematic approach to identify key themes, including social stigma, access to mental health services, and human rights in the context of mental health.

Results and Discussion

Socio-Cultural Dynamics Challenges on Mental Health in Indonesia

Social Stigma

The social stigma towards mental health in Indonesia is rooted in various factors, including

cultural norms, religious beliefs, and traditional views on mental health. In general, Indonesian society still views mental illness as a personal weakness or the result of bad behavior. This creates discrimination against individuals with mental illness, making them often shunned, ostracized, or treated unfairly (Subu et al., 2022).

Strong social stigma makes individuals with mental disorders reluctant to seek professional help, either from medical personnel or counselors. The fear of negative judgment from the social environment makes them prefer to hide their condition or try to find solutions from traditional medicine, rather than seeking proper medical help. In some cases, mental health problems that actually require professional intervention are ignored or even left to inappropriate means, such as spiritual or supernatural remedies (Lestari et al., 2016; Lestari & Wardhani, 2014).

Various cultural values in Indonesia play a role in reinforcing the stigma towards mental health. For example, in some communities, there is a view that mental health disorders are a “family disgrace” that can lower the family's self-esteem and honor in the community. This leads to many families feeling ashamed to admit that one of their family members is experiencing mental health problems, and choosing to hide it rather than seek the help needed, and usually seek alternative or traditional medication (Purnama et al., 2016).

The Impact of Social Stigma on Individuals and Society

Individuals with mental illness often experience social isolation due to stigma. They are shunned by friends, family and society at large, who view them as “different” or “dangerous”. This social isolation can worsen their mental state, as they are deprived of the social support they need to heal. Social stigma also has a direct impact on individuals' access to mental health services. Many individuals choose not to seek medical care for fear of being negatively labeled. In addition, public lack of understanding about the importance of mental health also leads to low support for the development of adequate mental health services in many areas (Purnama et al., 2016; Setiawan et al., 2023).

Efforts to Overcome Social Stigma

Addressing social stigma related to mental health requires a multidimensional approach, involving changes in the way people are perceived and improved access to mental health information and services. One important step in overcoming social stigma is to increase public education about mental health. Awareness campaign programs based on scientific evidence need to be expanded, especially those that emphasize that mental disorders are treatable health problems, not personal weaknesses or “curses.” Community-based approaches can be key in reducing social stigma. Involving community leaders, religious leaders, and other influential figures in mental health campaigns will help bust myths and change the way people perceive individuals with mental health problems. The program should also consider local wisdom in strategizing to increase acceptance of mental health issues in various communities (Aiyub et al., 2022; Sulistyosari, 2024).

Social stigma remains a major challenge in addressing mental health issues in Indonesia. This socio-cultural challenge impacts how individuals with mental illness are treated by society, as well as influencing their decision to seek medical treatment. Addressing these challenges requires collaborative efforts involving public education, improved mental health services, and changes in the way society views mental health. By doing so, society can better support individuals with mental illness in their efforts to heal and function in their social lives (Subu et al., 2024).

The Role of Local Wisdom in Mental Health

Local wisdom, which refers to the values, traditions and practices passed down in a community, can have a positive or negative impact on mental health. On the one hand, it often provides strong community support and spiritual values that can aid recovery. However, on the other hand, inappropriate traditional views on mental disorders can also reinforce stigma and hinder access to modern mental health services (Praherso et al., 2020).

Local wisdom in different regions of Indonesia varies widely, but generally includes practices that link physical and mental health to spirituality,

social relationships and the balance of nature. Many traditional communities in Indonesia believe that mental illness is caused by spiritual distress or an imbalance between the individual and the universe. This view often leads to mental illness being perceived as something that must be addressed through traditional rituals or spiritual approaches (Subu et al., 2022).

Traditional medicine such as using the services of shamans, healers, or smart people is still widely practiced in various regions in Indonesia. Individuals with mental disorders are often taken to these alternative treatments, which usually involve prayers, rituals or traditional concoctions. These practices can be beneficial in building a sense of security and spiritual support, but often hinder access to more standardized medical services and psychological therapies. Local wisdom also influences how people view the causes of mental illness. Some traditional cultures consider mental illness to be the result of curses, witchcraft, or moral failings. This view can exacerbate the stigma against individuals with mental illness, leading them to be ostracized or considered a family disgrace. These beliefs encourage many people to seek spiritual solutions or isolate themselves rather than getting the treatment they need (Purnama et al., 2016).

One of the biggest challenges in addressing mental health issues in Indonesia is integrating modern approaches with local wisdom. Many communities in rural areas still believe more in traditional medicine than in modern medical interventions such as psychotherapy or psychotropic drugs. This creates barriers to improving access to mental health services (Ayuningtyas et al., 2018).

The lack of knowledge and awareness about mental disorders in many communities makes people less likely to seek professional help. Many communities do not understand that mental disorders can be treated scientifically through counseling, cognitive therapy, or medication. Instead, they believe in traditional inherited methods. There is resistance to medical interventions because they are perceived to conflict with local practices. For example, the use of modern medicines or psychological therapies are

often seen as “foreign” or incompatible with cultural values that emphasize community-based healing and spirituality. Many families and individuals prefer not to take medical measures and remain faithful to traditional ways.

Despite the challenges faced, local wisdom also has aspects that can support individual mental health. Traditions of *gotong royong* and community solidarity often act as strong social support for those experiencing stress or mental disorders. In many regions, traditional and spiritual rituals also help to calm the mind and provide a sense of comfort for distressed individuals.

The Role of Family in Mental Health

The role of family in mental health treatment is very important because the family is the closest social circle that can provide emotional support, motivation, and access to mental health resources. According to research, emotional support from family can increase individual resilience in dealing with mental problems such as anxiety and depression (Sutrimo & Kusumawardani, 2021). In addition, family involvement in recognizing early signs of mental disorders and accompanying family members while undergoing therapy, both medical and psychological, has been shown to contribute to accelerating the recovery process (Bartlett et al., 2023). In some cases, family-based approaches can even help reduce relapse rates in individuals undergoing long-term mental treatment (Iswanti et al., 2024).

Communities also play an important role in supporting individuals' mental health through healthy social interactions, mental health awareness programs, and the provision of support services. A supportive community can help reduce the social stigma of mental illness and encourage individuals to seek help early (Sulistiyosari, 2024). Community programs such as support groups or mental health counseling have been shown to be effective in increasing people's knowledge about mental health and how to cope with it (Sutrimo & Kusumawardani, 2021). In addition, communities engaging in collaborative activities such as life skills training can also improve the overall mental well-being of community members (Atkinson et al., 2020).

Human Rights Challenges on Mental Health

Human rights matter in mental health issue related to inequality and discrimination in some aspects of health services, like inequalities of geographical and economic access in some areas, especially in rural and remote areas. Discrimination people with mental health conditions also aggravating their condition in health services and policies those not aware on mental health issues. Human rights challenges in mental health care include issues of accessibility, stigma, and discrimination experienced by patients. Access to mental health services is often limited, especially in developing countries or remote areas, where there is insufficient infrastructure and mental health professionals. This results in vulnerable groups such as people with mental disabilities and people with chronic mental health disorders being neglected and not receiving proper care. In addition, the social stigma of mental illness exacerbates discrimination, resulting in patients feeling reluctant to seek help for fear of backlash from their surroundings. This phenomenon shows that while the right to health is a fundamental human right, its implementation in the context of mental health remains uneven (Irmansyah et al., 2009).

Limited regulations and policies to accommodate the special needs of mental health patients are also a challenge in providing mental health services in accordance with human rights principles. Many countries do not yet have comprehensive mental health policies, so legal protection for patients is often weak. This allows for rights violations, such as inhumane treatment or confinement without adequate supervision. In fact, human rights in mental health care require a recovery-based approach and social inclusion. Implementing policies that respect human rights not only improves the quality of care, but also reduces patients' relapse rates through rehabilitation that focuses on their independence (Rahvy et al., 2020).

Furthermore, the lack of education and training for mental health workers on human rights exacerbates this challenge. Mental health professionals often lack an in-depth understanding of human rights aspects, resulting in a lack of

empathy and an approach based on the individual needs of the patient. In some cases, this has led to unethical practices, such as the use of coercive therapy or disregard for patients' privacy rights. Mental health providers should have a strong understanding of patient rights, including the right to privacy and informed consent, which form the basis of ethical and humane care (Praherso et al., 2020).

Conclusions

Socio-cultural dynamics that influenced on mental health issues remain that cultural and religious factors have a significant impact on how society views mental health, often leading to the marginalization of individuals with mental illness. Traditional practices, such as traditional healers, may contribute to the underutilization of professional mental health services in Indonesia. And those also had implications for human rights. Mental health issues in Indonesia are not just about health, but also about human rights. Lack of access to quality mental health services is a violation of the right to health. Social stigma and discrimination against individuals with mental health problems is often considered normal in the socio-cultural context, even though this violates human rights principles.

Recommendations to improve human rights protection for people with mental health disorder were to strengthen government policies that ensure equitable access to mental health services across Indonesia. And educational campaigns to reduce stigma and increase public understanding of mental health as a health issue, not a spiritual or moral one, in individual and community-based levels. Socio-cultural competence in community empowerment is essential. This approach could lead to increased awareness, early detection, and intervention, ultimately improving the mental health landscape in Indonesia. Addressing these issues requires a multifaceted strategy that considers socio-cultural dynamics, economic factors, and the strengthening of support systems to ensure comprehensive mental health care.

Conflict of Interest: The author declare that there are no conflicts of interest concerning the publication of this article.

References

- Aiyub, A., Jannah, S. R., Marthoenis, M., Abdullah, A., & Sofyan, H. (2022). Exploring Local Values and Beliefs to Develop School-based Mental Health Anti-Stigma: A Phenomenology Study. *Open Access Macedonian Journal of Medical Sciences*, 10(B), 2327–2336. <https://doi.org/10.3889/oamjms.2022.10509>
- Atkinson, S., Bagnall, A.-M., Corcoran, R., South, J., & Curtis, S. (2020). Being Well Together: Individual Subjective and Community Wellbeing. *Journal of Happiness Studies*, 21(5), 1903–1921. <https://doi.org/10.1007/s10902-019-00146-2>
- 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>
- Irmansyah, I., Prasetyo, Y., & Minas, H. (2009). Human rights of persons with mental illness in Indonesia: more than legislation is needed. *International Journal of Mental Health Systems*, 3(1), 14. <https://doi.org/10.1186/1752-4458-3-14>
- Iswanti, D. I., Nursalam, N., Fitriyasaki, R., Mendrofa, F. A. M., & Kandar, K. (2024). Family Empowerment Strategies for Relapse Prevention in Individuals with Schizophrenia: A Scoping Review. *Journal of Psychosocial Nursing and Mental Health Services*, 62(5), 19–27. <https://doi.org/10.3928/02793695-20231018-02>
- Lestari, W., & Wardhani, Y. F. (2014). Stigma and Management on People with Severe Mental Disorders with “Pasung” (Physical Restraint). *Buletin Penelitian Sistem Kesehatan*, 17(2). <https://doi.org/10.22435/bpsk.v17i2.Apr.3605>
- Praharso, N. F., Pols, H., & Tiliopoulos, N. (2020). Mental health literacy of Indonesian health practitioners and implications for mental health system development. *Asian Journal of Psychiatry*, 54, 102168. <https://doi.org/10.1016/j.ajp.2020.102168>
- Purnama, G., Yani, D. I., & Sutini, T. (2016). Gambaran Stigma Masyarakat Terhadap Klien Gangguan Jiwa di RW 09 Desa Cileles Sumedang. *Jurnal Pendidikan Keperawatan Indonesia*, 2(1), 29–37. <http://ejournal.upi.edu/index.php/JPKI>
- Putri, M. A., Bimantoko, I., Hertton, N., & Listiyandini, R. A. (2023). Gambaran Kesadaran, Akses Informasi, dan Pengalaman terkait Layanan Kesehatan Mental pada Masyarakat di Indonesia. *Journal Psikogenesis*, 11(1), 14–28. <https://doi.org/10.24854/jps.v11i1.1961>
- Rahvy, A., Habsy, A., & Ridlo, I. (2020). Actual challenges of mental health in Indonesia: Urgency, UHS, humanity, and government commitment. *European Journal of Public Health*, 30(Supplement_5). <https://doi.org/10.1093/eurpub/ckaa166.1023>
- Setiawan, C. T., Sijabat, S. G., Ervan, & Habibi. (2023). Menjembatani Kesenjangan dalam Perawatan Kesehatan Mental: Pendekatan Baru untuk Diagnosis, Pengobatan, dan Pengurangan Stigma. *Jurnal Multidisiplin West Science*, 2(08), 660–667. <https://doi.org/10.58812/jmws.v2i08.579>
- Subu, M. A., Dias, J. M., Mottershead, R., Ahmed, F. R., Narulita, S., Maryuni, M., Zakiyah, Z., Nurbaeti, I., Mohamed Al Marzouqi, A., & Al-Yateem, N. (2024). Exploring mental health stigma among Indonesian healthcare students towards individuals with mental illnesses: a qualitative study. *International Journal of Qualitative Studies on Health and Well-Being*, 19(1). <https://doi.org/10.1080/17482631.2024.2327103>
- Subu, M. A., Holmes, D., Arumugam, A., Al-Yateem, N., Maria Dias, J., Rahman, S. A., Waluyo, I., Ahmed, F. R., & Abraham, M. S. (2022). Traditional, religious, and cultural perspectives on mental illness: a qualitative study on causal beliefs and treatment use. *International Journal of Qualitative Studies on Health and Well-Being*, 17(1). <https://doi.org/10.1080/17482631.2022.2123090>
- Sulistiyosari, Y. (2024). The power of community: leveraging social capital to address mental health challenges in Indonesia. *Journal of Public Health*. <https://doi.org/10.1093/pubmed/fdae223>
- Sutrimo, A., & Kusumawardani, L. H. (2021). Current Community-based Mental Health Promotion Strategies Among children and Adolescents: A Literature Review of Evidence and Feasibility in Indonesia. *Journal of Indonesian Health Policy and Administration*, 6(1). <https://doi.org/10.7454/ihpa.v6i1.3429>
- Lestari, W., Lomboan, R. A., & Sulistiyono, I. (2016). *Fenomena Gunung Es Kesehatan Jiwa di Musirawas* (1st ed.). PT. Kanisius.
- Bartlett, J. D., Nabors, L., & Chase, A. (2023). Family Engagement in Mental Health Treatment for Young Children. In L. Nabors & J. D. Bartlett (Eds.), *Family Engagement in Mental Health Interventions for Young Children* (pp. 23–48). Springer, Cham. https://doi.org/10.1007/978-3-031-47917-5_2
- Badan Penelitian dan Pengembangan Kesehatan Kemenkes RI. (2019). *Laporan Nasional Riset Kesehatan Dasar 2018*.