





Original Research

Perception, Attitude, and Treatment Behaviour of The Community Towards Mental Disorders in Banyumas Raya

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Abstracts

Introduction: The stigma associated with mental disorders continues to have negative value in Indonesian society, which can influence treatment decisions. This project is aimed at evaluating the public's perceptions, attitudes, and behavior toward treatment of mental disorders in Banyumas Raya. **Methods:** This was a quantitative cross-sectional study with 410 respondents who had completed questionnaires on mental health perceptions (Mental Health Knowledge Schedule, MAKS), attitude assessment (the Community Attitudes toward Mental Illness, CAMI), and behavior of choosing traditional treatment or medical treatment in October–November 2022. A descriptive analysis was used, and the relationship was assessed using the chi-square test. **Result:** Descriptive analysis reveals that 273 (66.6%) respondents live in Banyumas, 167 (40.7%) are senior high school graduates, and 175 (42.7%) have an income of Rp. 1,000,000–Rp. 3,000,000. Bivariate analysis revealed a significant relationship between knowledge and behavior ($p < 0.05$; CI. OR: 0.251). **Conclusion:** Respondents with a high level of knowledge are more likely to engage in medical behavior.

Keywords: MAKS, CAMI, Behavior, Mental Disorders, Traditional Medicine

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INTRODUCTION

The problem of mental illness is subjected to discrimination and stigmatization, which is conceptualized through knowledge (ignorance), attitude (prejudice), and behavior (discrimination) [1, 2]. This is due to differences in perceptions of mental illness; perception is defined as an individual's cognitive representation or belief, whereas mental disorders are a collection of behavioral symptoms that are clinically associated with distress and suffering and can cause disturbances in one or more functions of human life [3, 4]. This perception develops as a result of information received by patients from both formal and informal sources, such as healthcare providers, the media, family, friends, and fellow patients [5]. Mental disorder is a term that encompasses depression, anxiety, adjustment disorder, and stress-related poor health, all of which have significant global consequences [6, 7].

Perceptions of mental disorders can have an impact on patients, such as difficulties in finding work, difficulties in social relationships, and disrupted relationships with family members or with the surrounding community [4, 8].

This is also one of the factors for seeking treatment decisions; families and patients may seek alternative or medical treatment. Medicines should be administered if the clear and express purpose is to reduce suffering for the patient [9]. Palupi et al. (2019) discovered a link between knowledge and the act of seeking treatment for someone suffering from a mental disorder [10]. According to Novianty (2017), 98% of people performed first aid using traditional medicine, such as self-medication, religious approaches, or other informal treatment, while the remaining 2% were not identified [11]. As many as 25% also provide medical first aid, so there is a group that provides both medical and non-medical first aid at the same time. People usually seek alternative therapies using herbal medicines in addition to medical therapy because they are known to be inex-

pensive and easily accessible. In studies in China, Ginkgo biloba therapy was used as an alternative therapy for schizophrenia, and in India, Kajarajes herbal therapy was used [12, 13]. Furthermore, some families believe that people with mental disorders are caused by irrational and supernatural factors such as magic, being possessed by spirits, demons, and "jins" (genies), tempering prohibitions, etc. Therefore, many families rely on non-medical services or traditional healers to treat mental disorders [14].

Traditional medicine is knowledge or skills based on beliefs, theories, and experiences from various cultures that can be used to maintain health and prevent, diagnose, improve, and treat mental and physical disorders [15]. Traditional medicine could either be skill-based (e.g., massage for bone fracture or limb dislocation), herbal medicine (e.g., jamu (traditional herbs) or mineral, animal, etc.), or religion/spiritualism-based. In Indonesia, traditional therapies for mental problems functioned as alternative medicine, using cultural beliefs such as spiritual leaders and/or implementing a combination of medical treatments [16]. So, it is interesting to gain information related to perceptions, attitudes, and behavior toward the treatment of mental disorders in Banyumas Raya, Indonesia.

METHODS

This was a correlational study with a cross-sectional approach. The study's population consisted of a nuclear family of patients with mental disorders. Participants were recruited from Banyumas Raya Region, Central Java, Indonesia, which consists of the districts of Banjarnegara, Purbalingga, Banyumas, Cilacap, and Kebumen. The research was preceded by surveys in several places, namely 3 private care homes for mental problems (among Jiwo Kroya, Lali Jiwo, and Sinar Terang Purbalingga, which is owned by a Christian foundation but free from other religion patients), 3 Islamic boarding schools or pesantren (Nurul

Hikmah Cilongok Islamic Boarding School, Nurul Ichsan Purbalingga Islamic Boarding School, and Tambighul Ghoflin Islamic Boarding School, Cilacap), 1 Padepokan (Mbah Marsiyo Padepokan, Kebumen), and 1 mental illness home owned by an Islamic foundation (An-Nur Foundation, Purbalingga). The preliminary observation was conducted to gain understanding about the nature of treatment and methods of non-medical therapy for patients with mental disorders. Research was approved by the Research Ethics Committee from Banyumas District Hospital. The registration number is 1901/UNI/FKKMK.1.3/PPKE/PT/2022. Accidental sampling was used to collect data from respondents who completed questionnaires both in person and online. In this study, 410 respondents were able to complete the research questionnaire between October and November 2022. The status of family members with mental disorders, educational status, and income. The second section of the questionnaire contains three questionnaire scales covering knowledge as measured by the MAKS (Mental Health Knowledge Schedule) with six statement items, attitudes as measured by CAMi (the Community Attitudes toward Mental Illness) with 26 statement items, and behavior using a questionnaire choosing medical or traditional therapy with 10 statement items. This questionnaire has been validated and is reliable with the following Cronbach alpha values: MAKS 0.634, CAMI 0.889, and behavior 0.647. This questionnaire instrument uses a Likert scale with alternative answers: do not know, strongly agree, agree, moderately agree, disagree, and strongly disagree. The results obtained as data and findings were collected, managed, and then reviewed in detail. The analysis was carried out to examine the perceptions and attitudes toward behavior in the treatment of mental disorders using statistical software.

RESULTS

Table 1 showed that majority of respondents

live in Banyumas, 273 respondents (66.6%). Most of them were senior high school graduates, namely 167 respondents (40.7%). Most of the participant's had an average level of income (42.7%).

Table 1. Participants Demographic Profiles

Demographic Profile	n	%
Region		
Banyumas	273	66.6
Banjarnegara	25	6.1
Cilacap	73	17.8
Kebumen	15	3.7
Purbalingga	24	5.9
Education Level		
Elementary school	85	20.7
Junior high school	133	32.4
Senior high school	167	40.7
Associate's degree	6	1.5
Bachelor's degree	17	4.1
Magister's degree	1	0.25
Doctoral degree	1	0.25
Family Status with Mental Disorders		
Parents	100	24.4
Children	113	27.6
Wife/Husband	175	42.7
Sibling	22	5.4
Knowledge of Mental Health		
High	398	97.1
Low	12	2.9
Attitudes Regarding Mental Health		
Positive	390	95.1
Negative	20	4.9
Choice of Treatment		
Traditional	180	43.9
Medical/Modern	230	56.1
Total	410	100.0

Almost half of the participants (42.7%) mentioned their spouses as family members who had mental illness (Table 1). Based on Table 1, it was shown that the majority of respondents have high knowledge about mental health (97.1%). The attitude towards mental disorders was positive (95.1%) (Table 1). As for the choice of treatment, 56.1% of respondents chose modern/medical behavior treatment for mental disorders, while 43.9% of respondents claimed that they chose traditional medication for treating mental disorders.

Based on Table 2, it can be seen that of the 398 respondents who had high knowl-

edge about mental health, the majority had medical behavior, namely 227 respondents (57.0%), and the remaining 171 respondents (43.0%) had traditional behavior. In contrast, of the 12 respondents with low mental health knowledge category, 9 respondents (75.0%) had traditional behavior, while the remaining 3 respondents (25.0%) had medical behavior. This shows that there are differences

in the behavior of the respondents based on their level of knowledge. The p-value of $0.028 < 0.05$ demonstrates that there is a significant relationship between knowledge and behavior. The odds ratio (OR) was 0.251, indicating that respondents with high knowledge were 0.251 times more likely than respondents with low knowledge to seek medical treatment for mental disorders.

Table 2. Correlation of Knowledge about Mental Health with Behavior

Knowledge	Behavior		Total	OR	P value
	Traditional F(%)	Modern F(%)			
High	171 (43.0)	227 (57.0)	398	0,251	0.028
Low	9 (75.0)	3 (25.0)	12		
Total	180	230	410		

According to Table 3, the majority of the 390 respondents who had a positive attitude toward mental disorders, 219 (56.2%) had medical behavior, and the remaining 171 respondents (43.8%) had traditional medical behavior. Similarly, of the 20 respondents who had a negative attitude toward mental disorders, 11 (55.0%) had modern medical behavior, while the remaining 9 (45.0%) had traditional behavior.

Table 3. Correlation of Attitude about Mental Health with Behavior

Attitude	Behavior		Total	OR	p
	Traditional F(%)	Modern F(%)			
Positive	171 (43.8)	219 (56.2)	390	0,95	0.548
Negative	9 (45.0)	11 (55.0)	20		
Total	180	230	410		

This demonstrates that there is no difference in the respondents' behavior based on their attitude. The p-value of $0.548 > 0.05$ demonstrates that there is no significant relationship between attitudes and behavior. Because there is no significant relationship, the odds ratio (OR) value of 0.954 could not describe the likelihood of the respondent receiving treatment (Table 3).

DISCUSSION

The results of this study generate an interesting result: although the mental health knowledge of the participants was above average, the choice of treatment still uses either one or both ways, which were traditional medicine and modern medicine. The main reason was because some of the participants had beliefs about health being rooted in spiri-

tual, religious, and traditional ways. It was revealed in this study's result that there were private traditional mental health rehabilitation homes that did not use modern drugs at all and only used traditional/spiritual methods that were highly trusted as the only treatment methods. However, these homes did not ban the use of medical drugs if the patient had previously been taking medical drugs. This private facility was acknowledged, but they did not get official funding from the government.

In this study, the majority of respondents were from the Banyumas district, which had a health service order of 93.7%, followed by Cilacap, Kebumen, Banjarnegara, and Pabalingga in terms of dealing with people with mental disorders [17].

Most of the respondents completed a high

school level of education, which is consistent with studies at the Yogyakarta Gra-sia Psychiatric Hospital, which found that the majority of family members had a high school education [18]. However, studies at Banyumas Hospital show that most of the patient's families have elementary school education [19]. The higher the level of family education, the better the understanding of perceptions and attitudes toward caring for people with mental disorders [18]. This difference may be influenced by the sampling method used in this study, which is partially based on the online method, so those who can access this method are more likely to be educated.

The majority of the family income was average, therefore indicating that the respondent's family was financially well-off. This study differs from previous research that was only conducted at the Banyumas Hospital, where the majority of the patients' family members' income was low [19]. Family income is related to economic status; if the family's socioeconomic status is good, it can influence a person's ability to properly choose or seek treatment for family members [18].

The majority of family members who had mental illness were spouses. This study differs from previous studies where the majority of the family members with mental disorders were parents [19]. This finding is based on a high awareness of the stigma associated with mental disorders, specifically having social contact with the closest people, especially families with mental health problems or having children with mental disorders [20].

According to the results of the MAKS questionnaire, the majority of families had good knowledge about mental health. This is consistent with the study conducted in Guangzhou, China, which found that using the MAKS questionnaire resulted in a high score indicating good mental health knowledge [21].

The majority of families have a positive attitude toward mental health, and the ma-

majority of respondents agreed with a positive statement. This is not in line with research conducted in Jimma Zone, Ethiopia, which tended to disagree with using the CAMI questionnaire [22].

According to the behavior questionnaire, the majority of participants showed high conduct in seeking out contemporary medical care for mental health issues. Respondents did not agree that people with mental disorders were treated only traditionally without medical or modern treatment, so medical treatment was the most approved option by the majority of respondents. This is shown in each item that leads to a tendency to choose medical or traditional therapy. This is adjusted to the attitude of respondents who seek more first aid in taking behavior tend to go to the hospital or to the doctor. This is in line with research conducted at the Tampan Psychiatric Hospital in Pekanbaru, Riau Province, which shows that the family supports the treatment of mental disorders at the hospital [23].

In the study, there was a significant relationship between high knowledge and choosing modern medicine for mental illness. This could be related to family members' understanding towards mental health, as their average knowledge is shown to be good and the majority of them had a high school level of education. Individuals' attitudes and behaviors toward treatment can be influenced by the educational process. Various techniques that are typically ingrained in a cultural context and reflect a society's ideas, experiences, religion, and spirituality make up traditional healing systems. Nevertheless, patients are occasionally not cured by the therapeutic procedures employed by practitioners of traditional medicine. In the treatment of individuals with mental illness, traditional and medical therapies may still be able to work together [24]. This is what leads to environmental adjustment and family members' capacity for adaptation. This is due to the adjustment to the environment and the ability of family members to adapt.

Trust in medical services indirectly affects the healthy concept adopted by the family, in accordance with a high level of knowledge in handling people with mental disorders [23]. Perceptions and beliefs of families about the causes of mental disorders affect the assistance provided to patients with mental disorders. In addition, perceptions are found in other factors, namely family stigma, lack of awareness of the availability of mental health services, lack of awareness of the availability of mental health services, costs, limited community resources, and the nature of mental disorders that are invisible compared to physical illnesses [25]. Knowledge is an important part of behavior; besides that, knowledge plays a role in behavior in people with mental disorders because this has an impact on the treatment of patients with mental disorders [26, 27].

There was also a relationship between level of knowledge and attitude in people with mental disorders. The better knowledge about people with mental disorders, the more positive the person's attitude towards people with mental disorders. And vice versa, the process of healing will be disrupted in the form of the negligence of mentally ill people who do not receive medical treatment, even causing sufferers of mental disorders to be shackled by their own families [28].

There was no significant relationship between respondents' attitudes toward behavior in this study. This is related to study findings in Indonesia, where people continue to use a combination of traditional and modern health practices or medical recommendations from spiritual leaders. This relates to the attitude of being hesitant in similar situations, as well as emphasizing the importance of preserving regional traditional beliefs and cultural values. Spiritual leaders are known to play a significant role in influencing community members to adapt as people who are seen to make changes [16].

Traditional treatment is usually carried out in rehabilitation centers or shamans [29]. According to previous research, the majority

of the padepokan, home, and foundations in the Barlingmascakep area are still managed in a traditional family manner, using a combination of medical and non-medical methods of psychosocial and spiritual rehabilitation therapy, such as drinking prayed-for water or using Bidara leaf herbs, which are believed to drive away spirits. In addition, the Banyumas health office has a program to collect data on people with mental disorders using their names so that the recording of medical therapy at the public health center can be reached. Treatment of mental disorders is carried out medically and traditionally. Treatment of mental disorders varies according to beliefs and culture in some areas. According to the findings of additional observations and interviews in Banyumas Raya, Central Java, Indonesia, there are ten homes that treat mental patients, eight of which are community-based and two of which are social services.

The treatment method used at the two social service institutions is a combination of medication and psychosocial rehabilitation therapy. Meanwhile, there are two homes in the community-owned homes that also use medical drug therapy, but not all of them, especially those that still have Indonesian Social Health Insurance (BPJS) and if the foundation has a budget to buy medicines. The main impediment is the cost issue. Meanwhile, medical treatment services were not available in the other six homes. The main treatment is a spiritual method in the form of drinking water that has been given prayer, dhikr, and worship together, as well as skills in the form of guidance and habituation of daily activities in the form of maintaining personal and environmental hygiene, cooking, gardening, and exercise. In one of the parlors, there is a bathing activity by soaking in a large pot at a temperature of 50-750 Celsius where the water is mixed with a special concoction. Plants that are believed to help treat mental patients who are affected by jinn disorders, such as Bidara leaves. Another activity is consulting, both individual-

ly and in group consulting activities guided by 1 supervisor. The staff involved in social services are professional social workers, while those from community institutions are community leaders who are known as traditional healers, both because of their religious knowledge and skills in caring for patients with mental disorders. In research conducted in Nigeria, they tend to carry out religious therapy, which shows that traditional Berom healing and Christianity are beneficial in healing mental disorders [30]. Phenomenology in Indonesia: most people choose traditional medicine for various reasons after using modern medicine. This is driven by the attitudes and behavior of the family and people around the individual or patient environment, health workers, and traditional healers. Even though the informants had positive perceptions of traditional medicine, some informants still chose to use modern medicine in conditions of severe illness or emergency [31].

Medical treatment is generally carried out in a hospital by a psychiatrist or psychologist. Mc Bain et al (2012) found that mental health treatment by professionals in specialist services and health services in general is less than 10% for lower-middle-income countries. In lower middle-class countries it is usually done by traditional healers [32]. This also causes treatment to be delayed and aggravates mental disorders [10].

CONCLUSION

The study's conclusion is that treatment behavior and knowledge are significantly correlated. When choosing a therapy, better treatment behaviors are associated with higher levels of knowledge. Collaboration between conventional and alternative medicine can be a kind of alternative therapy, although this approach is still dependent on the circumstances and resources of the local area.

According to the study's findings, traditional medicine has a role that is quite influential in the treatment of mental disorders. This is

also supported by government regulations concerning traditional medicine or therapy. Traditional and alternative practices are frequently referred to as holistic medicine because they address the recovery process by incorporating social, spiritual, and self-functioning aspects. Recommendations for the government to take a community-based approach so that efforts to treat mental disorders can be sustainable between medical and traditional treatments.

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CONFLICT OF INTEREST

All authors declare no conflict of interests.

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REFERENCES

- [1] B. J. Sadock, V. A. Sadock, and P. Ruiz, *A Synopsis of Psychiatry*, Eleventh., vol. 59, no. 694. New York: Wolters Kluwer, 2015.
- [2] E.-L. S. et al., 'Development and psychometric properties of the mental health knowledge schedule', *Can. J. Psychiatry*, vol. 55, no. 7, pp. 440–448, 2010.
- [3] H. Leventhal, R. Zimmerman, and M. Gutmann, 'Compliance: A self-regulation perspective', *Handbook of Behavioral Medicine*. pp. 369–436, 1984.
- [4] N. N. Mentang and F. N. Azizah, 'Hubungan Persepsi Keluarga Tentang Gangguan Jiwa dengan Dukungan Keluarga Dalam Pemulihan Orang Dengan Gangguan Jiwa (ODGJ) di Wilayah Kerja Puskesmas Pajangan', *J. Ris. Drh.*, vol. XXI, no. 4, pp. 4075–4089, 2021.
- [5] K. J. Petri and J. Weinman, 'Why Il-

- ness Perceptions matter', *Rev. Med. Suisse*, vol. 17, no. 720–721, pp. 85–89, 2006, doi: [10.5694/j.1326-5377.1989.tb136661.x](https://doi.org/10.5694/j.1326-5377.1989.tb136661.x).
- [6] I. Axén, E. Björk Brämberg, M. Vaez, A. Lundin, and G. Bergström, 'Interventions for common mental disorders in the occupational health service: a systematic review with a narrative synthesis', *Int. Arch. Occup. Environ. Health*, vol. 93, no. 7, pp. 823–838, 2020, doi: [10.1007/s00420-020-01535-4](https://doi.org/10.1007/s00420-020-01535-4).
- [7] A. G. Mayo and T. A. James, Eds., *USMLE STEP 2 CK Lecture Notes 2018 Psychiatry, Epidemiology, Ethics, Patient Safety*. New York: Kaplan Medical, a division of Kaplan, Inc., 2017.
- [8] A. Eskeziya Ayenalem, 'Impact of Self Stigma on Quality of Life of People with Mental Illness at Dilla University Referral Hospital, South Ethiopia', *Am. J. Heal. Res.*, vol. 5, no. 5, p. 125, 2017, doi: [10.11648/j.ajhr.20170505.12](https://doi.org/10.11648/j.ajhr.20170505.12).
- [9] D. Taylor, T. R. Barnes, and A. H. Young, *Prescribing Guidelines in Psychiatry*, 13th ed. USA: John Wiley & Sons, Inc., 2018.
- [10] D. N. Palupi, M. Ririanty, and I. Nafikadini, 'Karakteristik Keluarga ODGJ dan Kepesertaan JKN Hubungannya dengan Tindakan Pencarian Pengobatan bagi ODGJ', *J. Kesehat.*, vol. 7, no. 2, pp. 82–92, 2019, doi: [10.25047/j-kes.v7i2.81](https://doi.org/10.25047/j-kes.v7i2.81).
- [11] Anita Novianty, 'Literasi Kesehatan Mental : Pengetahuan Dan Persepsi Publik Mengenai Gangguan Mental', *Analitika*, vol. 9, no. 2, pp. 68–75, 2017.
- [12] J. Rathbone et al., 'Chinese herbal medicine for schizophrenia', *Br. J. Psychiatry*, vol. 190, no. 5, pp. 379–384, 2007, doi: [10.1192/bjp.bp.106.026880](https://doi.org/10.1192/bjp.bp.106.026880).
- [13] M. N. Ahmed and M. N. Kabidul Azam, 'Traditional Knowledge and Formulations of Medicinal Plants Used by the Traditional Medical Practitioners of Bangladesh to Treat Schizophrenia Like Psychosis', *Schizophr. Res. Treatment*, vol. 2014, pp. 1–10, 2014, doi: [10.1155/2014/679810](https://doi.org/10.1155/2014/679810).
- [14] A. Liem et al., 'A digital mental health intervention to reduce depressive symptoms among overseas Filipino workers: protocol for a pilot hybrid type 1 effectiveness-implementation randomized controlled trial', *Implement. Sci. Commun.*, vol. 1, no. 1, pp. 1–16, 2020, doi: [10.1186/s43058-020-00072-y](https://doi.org/10.1186/s43058-020-00072-y).
- [15] S. Bharat and G. Sethi, *Health and Well-being of India's Young People: Challenges and Prospects*. 2019.
- [16] R. Lestari, A. Yusuf, R. Hargono, F. E. B. Setyawan, R. Hidayah, and A. Ah-san, 'Adapting to People With Schizophrenia: A Phenomenological Study on a Rural Society in Indonesia', *Indian J. Psychol. Med.*, vol. 43, no. 1, pp. 31–37, 2021, doi: [10.1177/0253717620926847](https://doi.org/10.1177/0253717620926847).
- [17] Dinas Kesehatan Provinsi Jawa Tengah, 'Profil Kesehatan Provinsi Jateng Tahun 2019', Dinas Kesehat. Provinsi Jawa Teng., vol. 3511351, no. 24, p. 61, 2019.
- [18] Istichomah and F. R., 'the Effectiveness of Family Knowledge About Schizophrenia Toward Frequency of Recurrence of Schizophrenic Family Members At Poly Mental Grhasia Mental Hospital D. I. Yogyakarta', *J. Kesehat. Samora Ilmu*, vol. 10, no. 2, pp. 1689–1699, 2019.
- [19] G. A. Komara, K. G. Swasti, and W. Ekowati, 'Perbedaan Kecemasan Keluarga Pasien Menjelang Pulang Di RSUD Banyumas', *J. Keperawatan Widya Gantri*, vol. 2, no. 2, pp. 20–33, 2015.
- [20] C. González-Sanguino, L. C. Potts, M. Milenova, and C. Henderson, 'Time to Change's social marketing campaign for a new target population: Results from 2017 to 2019', *BMC Psychiatry*, vol. 19, no. 1, pp. 1–12, 2019, doi: [10.1186/s12888-019-2415-x](https://doi.org/10.1186/s12888-019-2415-x).
- [21] J. Li, X. L. Duan, H. Q. Zhong, W. Chen, S. Evans-Lacko, and G. Thornicroft, 'Cross-sectional study of mental health related knowledge and attitudes among care assistant workers in Guangzhou, China', *Int. J. Ment. Health Syst.*, vol. 15, no. 1, pp. 1–9, 2021, doi: [10.1186/s13033-021-00441-7](https://doi.org/10.1186/s13033-021-00441-7).
- [22] Y. Tesfaye et al., 'Knowledge and attitude of health extension workers regarding mental health problems in Jimma Zone, Ethi-

- opia: A cross-sectional study', *BMJ Open*, vol. 12, no. 2, pp. 1–9, 2022, doi: [10.1136/bmjopen-2020-048381](https://doi.org/10.1136/bmjopen-2020-048381).
- [23] Isnaniar, N. Wiwik, and S. Maratus, 'Jurnal Kesehatan As-Shiha Persepsi Keluarga Tentang Cara Merawat Orang Dengan Gangguan Jiwa Tampan Provinsi Riau', *J. Kesehat. As Shiha*, vol. 2, no. 1, pp. 1–20, 2022.
- [24] O. Gureje, G. Nortje, V. Makanjuola, B. Oladeji, S. Seedat, and R. Jenkins, 'The role of global traditional and complementary systems of medicine in treating mental health problems', *Lancet Psychiatry*, vol. 2, no. 2, pp. 168–177, 2015, doi: [10.1016/S2215-0366\(15\)00013-9](https://doi.org/10.1016/S2215-0366(15)00013-9).
- [25] R. Nasriati and R. R. Oktobriani, 'Perilaku Keluarga Dalam Pencarian Pengobatan Penderita Gangguan Jiwa (Studi Kasus Di Ponorogo)', *Din. Kesehat. J. Kebidanan Dan Keperawatan*, vol. 10, no. 2, pp. 809–819, 2019, doi: [10.33859/dksm.v10i2.471](https://doi.org/10.33859/dksm.v10i2.471).
- [26] J. D. T. Donsu, 'Psikologi Keperawatan', in *Metodologi Penelitian Keperawatan*, Cetakan Pe., no. 1, Pustaka Baru Press, Yogyakarta, 2016, p. 204.
- [27] S. Masita, A. Buanasari, and W. Silolonga, 'Hubungan Kepercayaan Dengan Perilaku Mencari Pertolongan Pada Keluarga Orang Dengan Gangguan Jiwa Di Kota Ternate', *J. Keperawatan*, vol. 7, no. 1, pp. 1–7, 2019, doi: [10.35790/jkp.v7i1.24351](https://doi.org/10.35790/jkp.v7i1.24351).
- [28] Asriani, F. A. Nauli, and D. Karim, 'Hubungan Tingkat Pengetahuan Terhadap Sikap Masyarakat Pada Orang Dengan Gangguan Jiwa', *Heal. Care J. Kesehat.*, vol. 9, no. 2, pp. 77–85, 2020, doi: [10.36763/healthcare.v9i2.80](https://doi.org/10.36763/healthcare.v9i2.80).
- [29] N. Fitriani and F. Erianti, 'Relasi Pengetahuan dan Kekuasaan Dukun dalam Pengobatan Tradisional Pada Masyarakat Dusun Lubuk Tenam Kecamatan Jujuhan Ilir Kabupaten Bungo Provinsi Jambi', *JRTI (Jurnal Ris. Tindakan Indones.*, vol. 5, no. 1, pp. 27–35, 2020.
- [30] D. E. Jidong, T. J. Ike, R. Tribe, A. D. Tunariu, P. Rohleder, and A. Mackenzie, 'Berom cultural beliefs and attitudes towards mental health problems in Nigeria: a mixed-methods study', *Ment. Heal. Relig. Cult.*, vol. 25, no. 5, pp. 504–518, 2022, doi: [10.1080/13674676.2021.2019205](https://doi.org/10.1080/13674676.2021.2019205).
- [31] A. B. Dinata, A. Muhaimin, and D. W. D. Lestari, 'Pengalaman Individu Menggunakan Pengobatan Traditional', Jenderal University, 2015.
- [32] R. McBain, C. Salhi, J. E. Morris, J. A. Salomon, and T. S. Betancourt, 'Disease burden and mental health system capacity: WHO Atlas study of 117 low- and middle-income countries', *Br. J. Psychiatry*, vol. 201, no. 6, pp. 444–450, 2012, doi: [10.1192/bjp.bp.112.112318](https://doi.org/10.1192/bjp.bp.112.112318).