

# The Role of Collectivist Culture and Mental Health Literacy in Mental Illness Stigma Among University Students in Indonesia

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Mental illness stigma is a social construct which involves labelling individuals with mental illness which in turn discredits and results in the loss of dignity of the individual, as well as causing the individual concerned to experience discrimination, marginalization, and isolation. Mental illness stigma can be influenced by various factors. Factors that can affect mental illness stigma are collectivist culture and mental health literacy. This study used quantitative methods with the aim to investigate the role of collectivist culture and mental health literacy in mental illness stigma. The subjects in this study were 160 undergraduate students at tertiary institutions in Indonesia. The instruments used in this study were the mental illness stigma scale, collectivist culture scale, and mental health literacy scale. The data analysis technique used in this study is multiple regression. The results of multiple regression tests showed a regression coefficient value of 0.239 and a coefficient of determination value of 0.057. The significance value of mental health literacy is 0.022 ( $p < 0.05$ ) with a standardized beta coefficient of -0.189 and the significance value of collectivist culture is 0.232 ( $p > 0.05$ ) with a standardized beta coefficient value of -0.098. These results indicate that both collectivist culture and mental health literacy simultaneously play a role in reducing the mental illness stigma of university students in Indonesia. Mental health literacy has a significant role in reducing mental illness stigma among university students in Indonesia, whereas collectivist culture does not have a significant role in reducing mental illness stigma.

*Keywords:* mental illness stigma, collectivist culture, mental health literacy, university students

## Introduction

In the Statistics on Mental Disorders, the World Health Organization (WHO) (2013) stated that one in four will experience a neurological or mental disorder at one point in their lives. With more than 450 million people affected, mental illness is now deemed as one of the leading causes of poor health and disability in the world. Similar trends of increasing prevalence of mental illness cases are also apparent in the Indonesian population (Kemenkes, 2013). However, despite the grave consequences of the illness, approximately 70-80% of the population do not receive the mental health treatment that they need.

Studies show that even in the small number of cases which are treated, there is still a significant delay between diagnosis and intervention (Wang et al., 2007; Clement et al., 2015). This phenomenon is dubbed as the treatment gap, which refers to the proportion of the population who needs intervention yet does not receive

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them. While all individuals suffering from mental illness should ideally be able to access mental health services and get appropriate care, WHO reports that in reality, there is a treatment gap of 35-50% in developed countries and 76-90% in countries with middle to lower-income (Patel et al., 2010).

Mental health issues are common among university students, and it is estimated that 50% out of the entire population of university students fulfil the diagnostic criteria for a mental illness (American College Health Association, 2015; Zivin, Eisenberg, Gollust, & Golberstein, 2009). While the prevalence is high, help-seeking efforts are still low in contrast. Eisenberg, Downs, Golberstein, and Zivin (2009) found that 64% of students with mental health issues did not seek professional help in the past year. Several factors were cited by Clement et al. (2015) to explain the lack of help-seeking efforts; among them are fear of stigma and lack of mental health literacy.

Mental illness stigma is a universal phenomenon existing in various cultures and across age groups which significantly hinder at-risk population from seeking help from mental health services, especially in developing countries where access to mental health care services and resources is limited (Thornicroft et al., 2010; Wei, McGrath, Hayden, & Kutcher, 2015). Mental illness stigma itself can be defined as a social construct which involves labelling of an individual with mental illness which discredits, degrades, and causes the said individual to experience discrimination, marginalization, and isolation (Corrigan et al., 2003; Link & Phelan, 2001; Crocker et al., 1998; Biernat & Dovidio, 2000; Dovidio, Major, & Crocker, 2000). Corrigan (2008) identified nine dimensions of mental illness stigma: blame, anger, pity, help, dangerousness, fear, avoidance, segregation, and coercion.

An individual who is subject to mental illness stigma experiences destructive consequences such as stigma internalization, loss of self-esteem, dysfunction in family relationships, limited socializing opportunities, difficulty in finding a place to live and work, bullying, termination of study and reduced educational opportunities, decreased social networks, reduced access to mental health care, lower adherence to medication, physical health worsening, and higher mortality (Link et al., 1997; Thornicroft et al., 2009; Thornicroft, Rose, Kassam, & Sartorius, 2007).

Stigma against mental illness not only is detrimental towards the individual suffering from mental illness, but also negatively impacts those who have close relationships with the individual, such as the family members, caregivers, and the significant others of the individual (Corrigan et al., 2005). In extreme cases, this leads to the continuation of the inhumane practice of *pasung*—the practice of physically restraining a mentally ill individual permanently to the point of causing muscular atrophy, which is still happening in Indonesia and affecting a significant number of patients with mental illness (Lestari & Wardhani, 2014).

A structured effort is required to eradicate stigma in society and the effectiveness of the efforts relies heavily on the understanding of what stigma is and its components as well as the factors which contribute to it (Link, Yang, Phelan, & Collins, 2004). Various studies have attempted to delve into the factors affecting stigma and several key factors have surfaced that include but are not limited to. Two less studied factors pertaining to societal characteristics of the Indonesian population of university students are collectivist culture and mental health literacy.

Collectivist culture is a culture where there are strong emotional ties between individuals, whose emphasis is on awareness and self-identity as part of a group, and prioritization of a common purpose over personal interests (Hall, 1989; G. Hofstede, G. J. Hofstede, & Minkov, 2005; Triandis, 1995). Triandis and Gelfand

(1998) outlined two dimensions of collectivist culture: horizontal collectivism and vertical collectivism. Triandis (1989) suggested that due to group goals being prioritized in collectivist cultures, the spread of stigma against mental disorders among members of collectivist societies is also wider (Papadopoulos, Leavey, & Vincent, 2002). Cultural norms also play a role in shaping people's attitudes, especially in collectivist cultures where there is a strong push to follow the norm, thus encouraging members to devalue and stigmatize anything that is considered to be outside the norm, for example, mental disorders (Abdullah & Brown, 2011). According to Triandis (1993), cultures and societies that uphold collectivism as the norm will tend to have higher stigma and discriminatory treatment of community members with mental disorders because of the emphasis on group harmony and togetherness, in contrast to individualist cultures.

Several studies have explored the collectivist cultural orientation paradigm as a contributing factor in the mental illness stigma, but the findings of these studies are inconclusive. Two studies found that collectivist cultures were associated with higher stigma (Chaudhry, 2016; Papadopoulos, Foster, & Caldwell, 2013). Individuals with higher collectivism scores tend to believe that individuals with mental disorders are dangerous and therefore fear them. In addition, they have a higher tendency to support forced treatment of people with mental disorders. Nevertheless, these individuals also showed a stronger desire to interact or help individuals with mental disorders.

Indonesia is one of the countries that is regarded as having a high degree of collectivism (Matsumoto & Juang, 2013). In most areas in Indonesia, people with mental disorders and their families often experience discrimination, inappropriate treatment, and social exclusion because they are considered as parties who deviate from societal norms (Lestari & Wardhani, 2014). There are several studies involving collectivist culture variable in Indonesia, but no research has explored the role of collectivist culture on the mental illness stigma.

Mental health literacy is the knowledge, beliefs, and stigma related to mental disorders that play a role in the identification, management, and prevention of mental disorders which can affect an individual's engagement and adherence to treatment (Jorm, 2000; Wei et al., 2015). According to Jorm (2000), there are four aspects of mental health literacy which include: (1) knowledge of mental health problems, including identification of symptoms of mental disorders, available professional help, sources of information, and prevention efforts; (2) beliefs/stereotypes about mental disorders that promote self-help behaviour and may affect treatment outcomes; (3) first aid and help-seeking behaviour; (4) self-help strategies.

Mental health literacy is a significant determinant of mental health and has the potential to improve the health of individuals and populations (Kelly, Jorm, & Wright, 2007; Kutcher, Bagnell, & Wei, 2015; Reavley & Jorm, 2011). The results of various studies show that when mental health literacy increases, stigma is reduced towards mental disorders at the individual, community, and institutional level, as well as encouraging early identification of mental disorders, and improving outcomes and use of mental health services (Rusch et al., 2011; Corrigan & Watson, 2003; Henderson, Evans-Lacko, & Thornicroft, 2013). The urgency of mental health literacy has been demonstrated in various studies, but to date, there are only a handful of studies examining mental health literacy among university students (Coles & Coleman, 2010; Kim, Saw, & Zane, 2015; Stansbury et al., 2011).

The aim of this study is to investigate the role of collectivist culture and mental health literacy in stigma against mental illness among university students in Indonesia.

## Methods

### Participants and Procedures

The participants of this study were 160 university students aged between 17-24 years old (60.6% female and 39.4% male) registered in various higher education institutions in Indonesia. Out of all participants, 63.7% of the participants are enrolled in medical or healthcare-related programs, which include medicine, dentistry, nursing, public health, and psychology. The simple random sampling method was used during the participant recruitment process of the research and the minimum sample was determined using a formula outlined by Green in Field (2000) based on the number of independent variables/predictors ( $k$ ) + 104. As there are three independent variables in this study, the minimum sample for this study thus is determined to be 107. All recruited research participants are requested to fill in an online questionnaire comprised of three instruments of measurement.

### Instruments

In this study, three instruments of measurement were used: Mental Illness Stigma Scale (MISS), Collectivist Culture Scale (CCS), and Mental Health Literacy Scale (MHLS).

**Mental Illness Stigma Scale (MISS).** The MISS scale was adapted from the Attribution Questionnaire-9 (AQ-9) developed based on the aspects of mental illness stigma outlined by Corrigan (2008). MISS consists of nine questions using a Likert scale with six favourable items and three unfavourable items. The scale was evaluated for its validity and the item-total correlation ( $r_{ix}$ ) of the items ranged from 0.461 to 0.549. The reliability of the scale was evaluated based on Cronbach's Alpha analysis using SPSS 25.0 where the alpha coefficient of the MISS scale was found to be 0.807. The higher a participant's score for this scale, the higher the level of stigma the participant has towards mentally ill people.

**Collectivist Culture Scale (CCS).** The CCS scale was adapted from the Culture Orientation Scale (COS) developed by Triandis and Gelfand (1998) based on the aspects of collectivist culture outlined by Hofstede (2011). CCS consists of eight questions using a Likert scale with seven favourable items and one unfavourable item. The scale was evaluated for its validity and the item-total correlation ( $r_{ix}$ ) of the items ranged from 0.326 to 0.473. The reliability of the scale was evaluated based on Cronbach's Alpha analysis using SPSS 25.0 where the alpha coefficient of the CCS scale was found to be 0.704. The higher a participant's score for this scale, the higher the level of the participant's adherence to collectivist culture.

**Mental Health Literacy Scale (MHLS).** The MHLS scale was adapted from the Mental Health Literacy Questionnaire-Young Adult (MHLQ-Young Adult) developed by Dias, Campos, Almeida, and Palha (2018) based on the aspects of mental health literacy outlined by Jorm (2000). MHLS consists of 16 questions using a Likert scale with nine favourable items and seven unfavourable items. The scale was evaluated for its validity and the item-total correlation ( $r_{ix}$ ) of the items ranged from 0.316 to 0.665. The reliability of the scale was evaluated based on Cronbach's Alpha analysis using SPSS 25.0 where the alpha coefficient of the MHLS scale was found to be 0.801. The higher a participant's score for this scale, the higher the level of mental health literacy of the participant.

### Statistical Analysis

The statistical analysis method used in this study is the multiple regression analysis as it indicates both the percentage of the independent variables' contribution to the dependent variable and the direction of the

relationship between the dependent variable and the independent variables. All statistical analyses in this study were done using the SPSS (Statistical Package for Social Service) version 25.0 for Windows.

## Results

Descriptive statistics for all variables are presented in Table 1. The discrepancies of the theoretical and empirical mean for each variable indicate that:

1. The majority of research participants have a low level of mental illness stigma, as shown by the lower empirical mean compared to the theoretical mean.
2. The majority of research participants have high adherence to collectivist culture, as shown by the higher empirical mean compared to the theoretical mean.
3. The majority of research participants have a high level of mental health literacy, as shown by the higher empirical mean compared to the theoretical mean.

Table 1

### *Descriptive Statistics of Research Data*

Research variables	Theoretical mean	Empirical mean	Theoretical standard deviation	Empirical standard deviation	Xmin	Xmax	Theoretical range	Empirical range	t (sig.)
Mental illness stigma	22.5	18.49	4.5	3.092	11	26	9-36	11-26	-16.390 (0.000)
Collectivist culture	20	25.04	4	3.152	16	32	8-32	16-32	20.215 (0.000)
Mental health literacy	40	54.59	8	5.054	35	64	16-64	35-64	36.528 (0.000)

## Assumption Tests

Table 2

### *Results of Normality Tests*

Variables	Kolmogorov-Smirnov	Sig.	Conclusion
Mental illness stigma	0.074	0.092	Normal data
Collectivist culture	0.098	0.100	Normal data
Mental health literacy	0.066	0.087	Normal data

The results of the normality tests in Table 2 indicate that the data of all variables in this study are normally distributed with a significance value of 0.092, 0.100, 0.087 ( $p > 0.05$ ) respectively.

Table 3

### *Results of Linearity Tests*

Variables	Linearity	Deviation from linearity	Conclusion
Mental illness stigma * collectivist culture	0.049	0.700	Linear data
Mental illness stigma * mental health literacy	0.005	0.450	Linear data

The results of the linearity tests in Table 3 indicate that there is a linear relationship between the variable mental illness stigma and the collectivist culture variable with a linearity significance value of 0.049 ( $p < 0.05$ ) and a deviation from linearity significance of 0.700 ( $p > 0.05$ ). The relationship between mental illness stigma

and mental health literacy is also concluded to be linear as it has a linearity significance value of 0.005 ( $p < 0.05$ ) and a deviation from linearity significance of 0.450 ( $p > 0.05$ ).

Table 4

*Results of Multicollinearity Tests*

Variables	Tolerance	VIF	Conclusion
Collectivist culture	0.901	1.110	No multicollinearity
Mental health literacy	0.901	1.110	No multicollinearity

The results of the multicollinearity tests in Table 4 indicate that the collectivist culture and mental health literacy variables have a tolerance value  $> 0.1$  and a VIF value  $< 10$ , therefore it can be concluded that there is no multicollinearity between the independent variables.

Based on the assumption tests in the form of normality, linearity, and multicollinearity tests that have been carried out, it can be concluded that the data in this study are normally distributed with a linear relationship between the independent variables and the dependent variable, and without multicollinearity between each independent variable. For this reason, hypothesis testing was carried out using multiple regression analysis.

**Regression Analyses**

The statistical analysis method used in this study for the hypothesis testing is multiple regression. The results of the multiple regression test can be seen in Table 5.

Table 5

*Multiple Regression Analysis*

	Sum of squares	Df	Mean square	F	Sig.
Regression	90.859	2	45.429	4.739	0.010
Residual	1,505.085	157	9.587		
Total	1,595.944	159			

Table 6

*Contribution Value of Independent Variables to Dependent Variables*

R	R square	Adjusted R square	Std. error of the estimate
0.239	0.057	0.045	3.096

Table 7

*Results of Secondary Hypothesis Test and Multiple Regression Equation*

Variables	Unstandardized coefficients		Standardized coefficients		Sig.
	B	Sts. error	Beta	t	
(Constant)	27.449	2.912		9.428	0.000
Collectivist culture ( $X_1$ )	-0.099	0.082	-0.098	-1.201	0.232
Mental health literacy ( $X_2$ )	-0.118	0.051	-0.189	-2.312	0.022

The equation derived from the multiple regression analysis results above is elaborated below:

$$Y = 27.449 - 0.099X_1 - 0.118X_2,$$

where  $Y$  = Mental illness stigma;  $X_1$  = Collectivist culture;  $X_2$  = Mental health literacy.

Further elaboration to the regression equation:

1. The coefficient of 27.449 indicates that if there is no increase in collectivist culture and mental health literacy, then the level of the mental illness stigma is 27.449.
2. The  $X_1$  regression coefficient of -0.099 indicates that each additional unit of value in the collectivist culture variable will reduce the level of mental illness stigma by -0.099.
3. The  $X_2$  regression coefficient of -0.118 indicates that each additional unit of value in the mental health literacy variable will reduce the level of mental illness stigma by -0.118.

### Discussion

This study aims to determine the role of collectivist culture and mental health literacy on the mental illness stigma in students in Indonesia. Based on the results of the research that has been carried out and the analysis done using multiple regression techniques, it can be concluded that the hypothesis of the role of collectivist culture and mental health literacy on the mental illness stigma in students in Indonesia is accepted. This can be seen from the results of the R coefficient value of 0.239 with a significance level of 0.010 ( $p < 0.05$ ). Collectivist culture and mental health literacy jointly contribute 5.7% to the mental illness stigma. Meanwhile, there is a contribution of 94.3% from other variables that are not examined in this study of the mental illness stigma.

The collectivist culture variable has a standardized beta coefficient of -0.098 and a significance level of 0.232 ( $p > 0.05$ ), which means that collectivist culture does not have a significant role in reducing the level of mental illness stigma. Indonesia is one of the countries that is deemed to have a high degree of collectivism (Matsumoto & Juang, 2013, Widodo & Qurniawati, 2016; Prastantri, Novianti, & Romli, 2017). Studies by Hofstede (2011) and Triandis (2001) show that the more stigmatizing a culture's attitude toward mental disorders, the higher the probability that the culture has collectivist cultural characteristics. Individuals with higher collectivism scores tend to believe that individuals with mental disorders are dangerous and as a result, the individual concerned feels afraid of them and is more likely to forcefully support the treatment of people with disorders (Chaudhry, 2016; Papadopoulos, Foster, & Caldwell, 2013). However, on the other hand, the individual also shows a stronger desire to interact and help individuals with mental disorders.

In a culture that has a high collectivist tendency, community members are encouraged to depend on each other and care for their fellow members (Triandis, 1995). Caring for members of the group, including for people with mental disorders, is emphasized in a collectivist culture. According to Triandis (1995), people with high collectivist tendencies view the family as the centre of society. The implication of this tight-knit family dynamic is that every family member is greatly influenced by the struggles of their family members. People with mental disorders, especially those in collectivist societies, often depend on their families for emotional and practical support; therefore families are often involved in their struggles with mental disorders. It can be said that people with mental disorders are seen as individuals who need help, while remaining an important part of society as a group.

The above is an explanation for why collectivist culture does not play a role in reducing the mental illness stigma in the study because a collectivist culture has a unique mechanism in practice in Indonesian society. On one hand, the collectivist culture encourages individuals as members of society to devalue people with mental disorders as they are considered to violate norms. However, on the other hand, Indonesian people also regard people with mental disorders as family members who need help.

The mental health literacy variable has a standardized beta coefficient of -0.189 and a significance level of 0.022 ( $p < 0.05$ ), which means that mental health literacy has a significant role in reducing the level of mental illness stigma. This is in line with the results of a study conducted by Svensson and Hansson (2016) on 1,027 subjects who were public service staff in Sweden. The study found that higher levels of mental health literacy were associated with more positive and non-stigmatic attitudes, as well as a lower desire for social distance towards people with mental disorders, particularly individuals with depressive disorders.

Similar research results were also obtained by Lopez, Sanchez, Killian, and Eghaneyan (2018) in a study of 319 Hispanic female patients who were participants of the DESEO project: Depression Screening and Education: Options to Reduce Barriers to Treatment. The results showed that mental health literacy had a significant negative role in stigma. This means that the higher the mental health literacy level of the study participants, the lower the stigma level of the participants' mental disorders.

The results of this study are similar to those stated by Coles and Coleman (2010) and Wright, Jorm, Harris, and McGorry (2007), that is, individuals with high levels of mental health literacy are more likely to seek psychological help for themselves and recommend professional help to others in need. The higher the literacy level of a person's mental health, the lower the stigma level of mental disorders. In this case, low stigma is represented by a higher desire to help people with mental disorders. High mental health literacy reduces fear and avoidant behaviour towards people with mental disorders and increases acceptance and willingness to provide assistance to people with mental disorders. Various studies have shown that increasing mental health literacy has an impact on reducing the mental illness stigma at the individual, community, and institutional levels (Rusch et al., 2011; Corrigan & Watson, 2003; Henderson et al., 2013).

The aspects of mental health literacy are not only interrelated, but also bear an impact on the mental illness stigma. An individual's knowledge of mental health problems determines the accuracy of identification and individual assessment of the symptoms and causes of mental disorders. Misconceptions caused by lack of information and knowledge are one of the main generators of stigma. In addition, erroneous beliefs or stereotypes internalized by individuals can predict stigmatizing attitudes towards mental disorders.

## Conclusion

Collectivist culture and mental health literacy jointly play a significant role in reducing the stigma level of mental disorders in students in Indonesia by 5.7%. Collectivist culture individually does not have a significant role in the mental illness stigma in students in Indonesia. Mental health literacy separately plays a significant role in reducing the stigma level of mental disorders in students in Indonesia.

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