

# THE NEED FOR ANTISTIGMA SERVICES AND QUALITY OF LIFE OF SCHIZOPHRENIA AT THE CARE FOR SOUL HEALTH CITY IN SEMARANG CITY, INDONESIA

Sri Endang Windiarti<sup>1\*</sup>

Agus Soewandono<sup>2</sup>

Zahroh Shaluhiah<sup>3</sup>

Annastasia Ediati<sup>4</sup>

<sup>1,2,3,4</sup>University of Diponegoro

e-mail: sriendangwindiarti@ymail.com<sup>1</sup>, suwandono49@gmail.com<sup>2</sup>,

shaluhiah.zahroh@gmail.com<sup>3</sup>, ediati.psi@gmail.com<sup>4</sup>

\*Correspondence: sriendangwindiarti@ymail.com

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**Abstract.** The Semarang City Government's efforts for the mental health village program have not been programmed intensively. The purpose of this study was to explore an urban care model for mental health in an effort to reduce stigma and improve the quality of life of people living with HIV. This research is a qualitative research with an exploratory descriptive approach. Data collection includes in-depth interviews with program stakeholders and direct observations of the program, as well as qualitative feedback from program participants. Based on the results of research using content analysis. The stages are: the text in the transcript, doing the unit of meaning, coding, categories so that the theme is obtained. Ethics clearance was obtained from the Faculty of Public Health, Diponegoro University, number: 579/EA/KEPK-FKM/2 Seven in-depth interviews were conducted representing different mental health programs. The service model in mental health care villages that is expected by the community is a form of intervention that aims to reduce stigma and improve the quality of life of Schizophrenia and prevent recurrence.

**Keywords:** mental health care village; stigma; quality of life for Schizophrenia.

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## INTRODUCTION

Indonesia shows the prevalence of Schizophrenia, as much as 1.8 per mile. In Central Java the Schizophrenia is 2.5 per mile, while for the city of Semarang severe mental disorders are 1.1 per mile ([Hardati & Ahmad](#), 2017). The capacity of psychiatric care services in Central Java is still below 1,000 beds. This condition causes not all patients to be served in psychiatric services at mental hospitals in Central Java ([McCabe](#), 2019).

The city of Semarang with a population of 1,668,578 with an estimate of People With Schizophrenia is 1.1 per mile, People with schizophrenia are a classification of severe mental disorders with a progressive disease course, tend to be chronic (chronic), exacerbating (frequently experience recurrence) ([Zhang et al.](#), 2013). Recurrence in Schizophrenia is one of the conditions that scourges society because it has ([Jones](#), 2016)

confused thoughts, strange behavior, laughing alone, very stupid expressions, smiling alone, delusions, hallucinations and aloofness, so sufferers are alienated and belittled ([Rus-Calafell et al.](#), 2014).

The results of the research conducted are that there are still many Schizophrenia who experience discrimination even though they are already in community-based mental health care ([Suluh et al.](#), no date). The results showed that 69.1% gave stereotypes, 52.9% gave separation and 52.9% respondents did not discriminate against Schizophrenia. The results of this study are the less stigma that is received, the faster and more sustainable medical treatment is carried out ([Charlesworth et al.](#),

2012). Stigma against mental disorders in the city of Semarang is still high by looking at the high rate of recurrence of Schizophrenia in the mental hospital of dr. Amino Gondohutomo Semarang ([von Renteln-Kruse et al.](#), 2015). Stigma of mental disorders is one of the most common reasons for not seeking mental health care which leads to negative health consequences and suffering for sufferers and families ([Dardas & Simmons](#), 2015).

The efforts of the Semarang city government to care for mental health in the urban village program have not been programmed intensively, because it has not become a priority program. The results of in-depth interviews with the Semarang City Health Office, socialization of mental health care in the city of Semarang has not been carried out so that there has never been an intensive mental health cadre training. The purpose of this study was to find the right mental health village model to reduce stigma and improve the quality of life of Schizophrenia in the community.

The results of existing research to improve Schizophrenia services, one of which is the addition of skills through professional training in practice in primary services and supported by supervision activities by professionals in the mental health sector on an ongoing basis.

This discussion identifies the best course of action and strategies, to identify key programs, and to gain further theoretical insight into appropriate anti stigma programs. So that it can create the expected community mental health services. The particular methodology chosen for this research is Fundamental theory, which is a suitable methodology for

the question of the process in which the theory will be developed inductively.

## **METHODS**

The themes of the questions are A. What are the views of health workers on stigma and KH Schizophrenia. B. What is the role of health workers in stigma and quality of life for Schizophrenia. C. How are the efforts of health workers against stigma and KH Schizophrenia. D. How is the need for a service model in the community in an effort? prevent stigma and improve the quality of life for people with HIV. Sources of data were taken from in depth interviews (IDI) to health workers, namely the Head of P2P of the health office, the head of the puskesmas and the person in charge of the community mental health program. Interview preparation, making sure that the recording device can be used properly. This research is qualitative research with an exploratory descriptive approach. This method is used to explore, understand and interpret the factors that lead to success in exploring the need for mental health services in the community through community empowerment to reduce stigma and improve the quality of life of people with HIV. Data collection began in December 2019 until May 2020. In depth interviews with informants were carried out at the client's family home, the Puskesmas office, the city health office and the village office hall. The interview process lasts between 20-60 minutes.

Data analysis is: all the results of conversations in interviews are written in the form of transcripts, sort out meaningful

words or sentences (meaning units), carry out the coding process that is adjusted to the independent variables, make categories of each coding so that it can determine the theme ([L Mitchell & M Jolley, 2010](#)). The ethical clearance was obtained from the Faculty of Public Health, Diponegoro University, number: 579/EA/KEPK-FKM/2019.

## **RESULTS AND DISCUSSION**

### **A. Analysis of the Needs of the Community Mental Health Service Program according to Health Workers**

Indepth Interview (IDI) conducted to the Head of the Prevention and Control of Non-Communicable Diseases and Surveillance (P2TMS) Semarang City Health Office, Head of Public Health Center, Person in Charge and Implementer of Community Mental Health Public Health Center and their families Schizophrenia. In-depth interviews were conducted at the City Health Office, Puskesmas and the homes of Schizophrenia families. The number of IDI respondents was 7 people. In-depth interviews were conducted each for 30 minutes to 60 minutes. The topic of the in-depth interview is the views, roles, efforts and expectations of mental health programs in reducing stigma and improving the quality of life of Schizophrenia in Semarang City. The results of in-depth interviews based on topics are as follows:

#### **1. Health Workers' Views on Stigma and Quality of Life for**

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## Schizophrenia

According to the mental health department in the community, the public is still not responding well to mental disorders so that some people with mental disorders are still ostracized, and their space is limited. Stigma still occurs in families, groups and even health workers. This is because the mental health service program at the Health Service Center (Primary Health care) has not been running well. This means that people find it difficult to take people with mental disorders to mental hospitals. So it's better to just hide it at home by the family. Basically the stigma of mental disorders in society still exists, especially by families and communities. This is the Semarang City Health Office as follows:

*Statement from the Head of the "ODGJ is still very isolated if in the community we meet many cases of severe ODGJ, we apologize for severe ODGJ who are not in shackles but locked in a room, not tied up, but that is a process that limits their space for movement. , in terms of human rights etc."* (Health Department, M, male).

Health center health workers are not stigmatized, but with limited facilities and inadequate personnel capabilities so that patients who come with complaints of mental disorders are immediately referred to a hospital or mental hospital. So that doctors or nurses at the Primary Health care do not meet

with patients because those who come to the Primary Health care are only families to take care of BPJS. The supply of psychopharmaceutical drugs at the Primary Health care is very limited, this makes the services for mental disorders at the Primary Health care less complete. The following is the statement:

*"From a health perspective, I have never stigmatized schizophrenia, because the services currently have not been handled specifically. We are also constrained by drugs but currently the drugs are still very limited. The drugs needed by him (Schizophrenia) have not been obtained at the Puskesmas, so they ended up going to the Puskesmas just to get a referral. His attitude, service is because we rarely touch each other, ma'am...because those who ask for referrals are only their families. Usually it comes only once, then, instead of bothering the family with him, he usually has to take it to the Puskesmas for the next time the family asks for a referral."* (Head of Puskesmas, I, female)

Socialization of new mental health programs in several ward or Primary Health care, with Thus health education about mental health in the community is still very lacking, some even have never.

## 2. The Role of Health Workers, Cadres, Families, and the Community

According to a statement from the health office, the role of the

family to bring family members with mental disorders was initially done, but for the next 1-2 years they still carry out control, but over time the symptoms may have decreased, the family already used to the condition so control and taking the drug stopped. So that when mental illness symptoms appear more severe, then the family will return to the health service for a check-up. Following his statement:

*"... the family does not want the patient to be taken to the hospital because they are afraid that later on, it means that there is still insufficient education in the community so that education regarding the treatment of schizophrenia, whether medically, can be done with regular, continuous treatment that does not stop the drug, because taking the medicine is actually for him not to relapse, it is said to be cured of his symptoms, social activities will be good..."*  
(Health Department, M, L)

The head of the Primary Health care explained that health workers, cadres, families and the community towards Schizophrenia in the community were still not optimal, because only services and helping Schizophrenia had not been intensively and with good planning. Health workers who only help provide referrals and feel they are not competent to handle mental illness, cadres feel lack of knowledge to deal with mental illness, families lack knowledge and

skills in caring for Schizophrenia and the community feels lay with mental disorders, so that their respective roles are not maximized. The following is her statement:

*"This is temporarily not optimal, at least we have a health center if it's not for prevention, ma'am...at least to give a referral, that's okay... As for prevention, there is no innovation for mental health... The cadres are just socializing, it's like there is no training. If a case is found, it's reported, and the family can't handle us PPD, the social service directly, so he can help bring the patient to the RSJ".* (Head of Puskesmas, I,P)

The role of cross-sectoral collaboration in mental illness services is very much needed in the community. This is because the healing takes a long time and needs the support of the people around him to become more confident, more empowered and creative.

### **3. Efforts made by health workers, cadres, families, and the community.**

According to the health office, the efforts made by the health office on mental health programs have just begun. This is because the mental health program is not a priority program. After collecting data on non-communicable diseases in the city of Semarang, it turned out that the mental illness had increased significantly and had just started the program. However, it is not in line with the existing

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budget, so the program until now has not been running well, especially with the current pandemic conditions. Several efforts that have been initiated include communicating and coordinating with cross-sectors, handling Schizophrenia is not only the responsibility of health workers but requires complex cross-sectoral collaboration. The following is his statement:

*".....Alhamdulillah has communicated by making efforts to meet with cross-sectors where we involve the Social Service, TPD outreach team, urban villages, Community Health Centers, we start from places where there are cases of ODGJ how can we jointly carry out protection efforts , prevention of conditions psychologically, socially, physically, for these severe ODGJ patients..."* (Health Department, M, L).

According to the head of the Puskesmas, the efforts made by health workers, cadres, families and the community have not been maximized. Puskesmas health workers are still running priority programs such as HIV, MCH, DHF, etc. while mental disorders have not been included in the priority programs, so the efforts made have not been maximized. Health services at the new Puskesmas provide physical health services, while mental health services are referred to a general hospital or mental hospital. The following is her

statement:

*" In my opinion, ODGJ is a new program, ma'am, if they are larvae and then their DB, they already understand that they already know TB, they already know HIV but if they are ODGJ they don't really understand but they are also very responsive, right, Ms. Santi, if it is to patients too escorted by the Puskesmas itself actually wanted to be able to socialize more about this disease to the community so that at least the stigma in the community was reduced..."* (Head of Puskesmas, R,P)

The mental health program has only been socialized once this year and has been accompanied by other health education programs. As a result, people feel cloudy with mental health.

#### **4. Expectations for mental health programs in the community to reduce stigma and improve the quality of life of Schizophrenia**

The health department expects that the Mental Health Alert Village Program has been planned, but due to a lack of budget support, it does not run well. Of the 37 Community Health Centers, only 1 puskesmas has a mental health cadre with assistance from the mental hospital dr. Amino Gondohutomo Semarang. It is hoped that every kelurahan will have an empowered kelurahan that cares about mental health so that the community can maintain, prevent, and deal with mental disorders independently,

especially in the city of Semarang, where there is a regional mental hospital facility. This will facilitate the transportation of visits. There are also many educational institutions in the city of Semarang so that cooperation to maintain the continuation of the program is actually easier, therefore the village program cares for mental health, it is hoped that it can run well. The following is a statement about what is expected:

*"We will try later at the village level to have a mental healthy alert village, our hope is like that. It's just that it's a bit difficult for us to enter urban areas, isn't it..."* (Health Office, M, L).

According to the head of the Harapan Health Center for mental disorders services in the community for health workers, cadres, families and the community all care about mental disorders so that the stigma of mental disorders and the quality of life of Schizophrenia is good. So that conditions like this are very concerning, health workers, cadres, families and the community feel the need for knowledge about mental disorders. Increase knowledge through socialization, health education, training and approaches, direct assistance to families. Thus increasing the competence of health workers, cadres, families and

communities in dealing with mental disorders and preventing mental disorders, the following is the statement:

*".....if we want to provide information we must have competence if we do not have competence how can we provide socialization or information to the community or cadres later, when we meet the community, we have to do this, automatically we must be given information about this first so that we have the competence to manage mental health like what..."* (Head of Public Health Center, I, P)

Mental health programs should be primary health care services and not just programs of choice and development. This is because mental health is an integral part of health and well-being. By becoming primary, mental health services become optimal. Moreover, now more and more medical personnel - doctors and nurses - public health centers who can handle mental disorders.

The results of the IDI to health workers can be concluded that there are several things that need to be done in relation to mental health services in the community as follows:

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**Table 1.** Mental Health Services In The Community

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Topic	Of Health Workers	Expectations and Intervention Plans The
<b>views</b> of health workers, families, community leaders and cadres on stigma and quality of life for Schizophrenia	<ul style="list-style-type: none"> <li>● Mental disorders in the community are still not well received by the community.</li> <li>● The mental health service program at the Health Service Center has not been running well).</li> <li>● The services provided are for reference only.</li> <li>● Health education to families and communities is still very lacking.</li> </ul>	
<b>The role</b> of health workers, families, community leaders and cadres on stigma and quality of life for Schizophrenia	<ul style="list-style-type: none"> <li>● Mental health programs are not a priority program for</li> <li>● Health workers and the community also have not played a good role in handling mental illness families who still refuse the arrival of health workers.</li> <li>● Health workers feel they are not competent to handle mental illness,</li> <li>● Puskesmas cannot monitor continuously</li> </ul>	<ul style="list-style-type: none"> <li>● Socialization of anti-stigma service program with outpatients who care for mental health</li> <li>● Village administrators Care for mental health</li> <li>● Training of cadres and mental health administrators</li> </ul>
<b>The efforts</b> of health workers, families, community leaders and cadres to reduce stigma and improve the quality of life of Schizophrenia	<ul style="list-style-type: none"> <li>● , the efforts made by the health office on mental health programs have just begun.</li> <li>● efforts that have been initiated include communicating and coordinating with cross-sectors.</li> <li>● The Puskesmas has started to run a community mental health program but temporarily has not been maximized.</li> </ul>	<ul style="list-style-type: none"> <li>● Family and Schizophrenia assistance</li> </ul>
<b>Expectations</b> of health workers, families, community	<ul style="list-style-type: none"> <li>● Mental Health Alert Village Program by empowering</li> </ul>	



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leaders and cadres in order to reduce stigma and improve the quality of life of Schizophrenia	urban villages that care for mental health ● Increase competent human resources, who understand and are skilled in dealing with mental disorders.
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Each intervention plan will be described in the following: The results of the above study need community empowerment to increase knowledge about mental disorders at certain levels so as not to cause stigma to people with mental disorders that can be cured.

The discussion in this chapter is the result of an assessment of community needs that are felt to be very necessary to create a form of mental health care kelurahan services in order to reduce stigma and improve the quality of life of people with HIV. Some things that are needed are:

**B. Socialization of the Mental Health Care Village Model Needed. Socialization of the**

The mental health care village model is to socialize villages that have readiness in the health sector, where villages whose residents have the resources and ability to deal with health problems independently ([Erwanto & Kristianto, 2011](#)).

Sendangmulyo Village is the area with the highest Schizophrenia in the city of Semarang, so it is natural that it is very necessary for the community to pay attention and care about mental health. The following is a description of the stigma of society towards patients

with mental disorders, which are related to susceptibility, benefits, self-efficacy and barriers ([Knaak & Patten, 2016](#)).

People consider mental disorders to be incurable, patients become unable to take care of themselves, are dangerous, some even say that the cause of mental disorders is the existence of other factors outside of medicine, being used for magic, and so on ([Spitzer & Endicott, 2018](#)).

The community with their awareness of carrying out their duties and functions as administrators of mental health working groups and mental health cadres is very enthusiastic and moves quickly. Schizophrenia who drop out of treatment and have never received treatment are immediately helped to get treatment. Cadre assistance for every Schizophrenia who returns home from the hospital is always monitored.

Mental health conditions were found to be more stigmatized (12.9%) and belittled (14.3%) compared to physical conditions (8.1 and 6.8%), respectively. Among mental health conditions, the most stigmatized condition was schizophrenia (41%) while the most underestimated was obsessive compulsive disorder (33%) ([Robinson et al., 2019](#)).

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Anti-stigma interventions need to not only inform individuals about the high prevalence of mental disorders but also need other interventions to be effective ([Lawson, 2016](#)).

**C. It is necessary to establish the management of the mental health working group and Mental Health cadres.**

This management consists of community leaders who are willing to take the time and thought to help residents in their area who need assistance in the form of energy and thoughts to improve their health, especially mental health. The management needs are adjusted to the needs of the region or area, in this case the Sendangmulyo village. This model serves as a tool to help guide the development and implementation of anti-stigma programs in the context of health care. The organizing model for this service is an anti-stigma health care provider program as the basis for anti-stigma activities in health care and to identify community needs. There are 4 stages that need to be considered, namely: a. Social process: Health care program against stigma, b. Set up for Success, c. Building programs as needed, d. Creating Networks, e. Changing Culture ([Parker et al., 2016](#)).

This study emphasizes evidence-based guidelines for reducing stigma. Action-based assessment, needs assessment based on conditions, and using examples of successful Desa standby models. Other studies have reported similar findings. Kelurahan caring for mental health is a form of

suitable condition for the implementation of the solutions proposed by the community. So the research is able to explore perspectives on stigma reduction strategies used by different stakeholders, patients and their families. Some intervention strategies are more focused on the community. Emphasis on education for attitude and cultural change emerged as a fundamental factor for reducing stigma ([Taghva et al., 2017](#)).

Despite increased mental health promotion and advocacy, stigma persists and poses a significant threat to healthy functioning at macro- and micro-sociological levels (Holder et al., 2019). Stigma gradually expanded with the incorporation of a wider social context in micro and macro level where individuals, institutions, and construction of a larger culture shaping and influencing the perception of what is different about the stigma, and therefore need a different approach.

**D. Mental health cadre training is needed.**

The increasing number of people with disorders is a burden for individuals, families and communities. This situation causes people with mental disorders to really need appropriate treatment so that people with mental disorders can be accepted back into the community. One of the efforts that can be done is to empower the community, namely the existence of mental health cadres.

The training materials include the Village/Kelurahan program for health care, early detection of families, family

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characteristics, health, risk and disturbance, home visits, case referrals. The training is carried out for 3-4 days, with the time agreed upon by the cadres and administrators. The media used are modules, booklets, and leaflets.

New knowledge on the applicability and effectiveness of evidence-based psychological and collective empowerment interventions (ACT, CEE, and ACT+CEE) in overcoming mental illness stigma and mobilizing community leadership (Gurugea et al., 2018). In the study, three simultaneous interventions for people with mental disorders in reducing stigma provided new knowledge on how to get effective strategies to seek new services in the community.

#### **E. Family and Schizophrenia Assistance Required**

Implement and practice mentoring for families in order to find out how to care for Schizophrenia. The most important element for people with mental disorders mental illness is family. The importance of family participation in clients with mental disorders can be viewed from various aspects. First, the family is a place where individuals start interpersonal relationships with their environment. The family is the main educational institution" for individuals to learn and develop values, beliefs, attitudes and behaviors. Individuals test their behavior in the family, and family feedback influences individuals to adopt certain behaviors. All of these are preparations for individuals to play a

role in society ([Tristiana et al.](#), 2018).

Family psychoeducation programs have shown a reduction in post-intervention stigma ([Morgan et al.](#), 2018), it is more effective in reducing stigma given directly to caregivers who want to take good care of Schizophrenia.

Orientation to overcome stigma varies widely according to context, individuals often choose to hide problems, to anticipate discrimination and lack of confidence to face stigma ([Isaksson et al.](#), 2018).

Mentoring interventions and educational interventions have a direct effect of up to 50% on stigma. More research is needed to find out how to sustain benefits in the long term, and to find out how effective these interventions are more positively, to reduce social distance and increase knowledge related to stigma (knowledge that refutes stereotypes) ([Henderson, C. and Gronholm, I. and PC](#) (2018) 2018).

Anti-stigma interventions in Indonesia should consider related sociodemographic factors and use a psychosocial approach to improve literacy and contact with mental health patients (Hartini et al., 2019). Mental Health Interventions require broader innovations that are translated into public interventions. Exploration of community needs in accordance with the times, to improve mental health services ([Bishop et al.](#), 2018).

#### **CONCLUSIONS**

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The service model through the mental health care village is highly expected by the community, the service model in the mental health care village in question is a form of intervention that aims to reduce stigma and improve the quality of life of Schizophrenia and prevent recurrence by conducting socialization of mental health programs to families, community leaders, cadres and health workers, forming health working group administrators, forming mental health cadres, training mental health cadres and mentoring and education on family health and Schizophrenia. The culture of all members of the organization becomes very important in making services more useful and effective.

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