MENTAL HEALTH: HOW CAN EDUCATION HELP IN A TWO-COUNTRY EXPERIENCE

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Abstract - Good mental health is a condition when our psychology is in a state that allows us to enjoy everyday life and respect other people around us. A person who has a mental health can use his abilities or potential to the maximum in facing life’s challenges, and establish positive relationships with others. Understanding of mental health according to the laws of the Philippines and Indonesia, the Philippines have a National Mental Health Policy (Administrative Order #8 s.2001) and Last May 2017, the Senate of the Philippines passed the Senate Bill 1354 or the Philippine Mental Health Act of 2017 that seeks to integrate mental health services and programs in the public health system. in Indonesia has the Mental Health Act Number 18 of 2014.

Prevention, as a community of caring people can be a potential force to curb problems caused by mental health problems. The saying - prevention is better than healing which is valid all the time. Prevention must be gentle, precise, direct, compassionate, effective, and significant. Prevention may require regular medical or psychological attention or counseling depending on the severity or level of need.

Treatment, support for people with mental disorders will be assessed clinically in promoting the well-being of the person, clinical assessment must focus on four dimensions; 1) Deficiency and undermining the characteristics of the person; 2) The strength and assets of the person; 3) Deficiencies and destructive factors in the environment; 4) Resources and opportunities in the environment. Treatment can be in the form and approach below: Pharmacotherapy, physical activity both indoor and outdoor, expressive therapy; Psychotherapy, Meditation or mindfulness-based cognitive therapy, Counseling, Rehabilitation.

Key words: Mental health, education, counseling, well-being, law and policy

1. INTRODUCTION

Where are we in the context of understanding mental health?
We all know that mental health is a level of psychological well-being, or as what many previously sustain, an absence of mental illness. As the Princeton University (2014) defines, it is the “psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment. However, satisfactory level may come to every individual relative. This is the very reason why authorities in mental health care and other related caring services including educators and those who actually work in holistic development of individual continuously endeavor to engage on high level of discourses and discuss qualified stands or positions on mental health.
Educators, psychologists, and mental health care providers or practitioners firmly believe that mental health has multi latitudes and dimensions to speak of and care about. Mental health may include one’s ability to enjoy little things and life, create and maintain balance perspective, positivity and efforts to eventually acquire psychological resilience.

Meanwhile, the global authority on health, the World Health Organization (WHO, 2004) declared that the well-being of an individual encompasses in the (full) realization of his or her abilities, coping with normal stresses brought about by life, productive work, and contribution to the community.

Thus, in simple parlance, mental health can be equated to goodness, well-being, wholesome, and stable. Mental health has been often conceptualized as a purely positive affect, marked by feelings of happiness and sense of mastery over the environment (Waterman, 1993; Lamers, Westerhof, Bohlmeijer, et. al., 2011).

Any deviation, difference, or departure from such state, no matter how little or huge notwithstanding normal courses or events in life, may be said mental illness. Collectively speaking, as enunciated by the National Alliance for the Mentally Ill, mental illness refers to all diagnosable or capable of prognosis mental disorders whereby the health conditions are characterized by alterations in thinking, mood, or behaviour associated with distress or impaired functioning.

It is in this context that Galderisi, Heinz, Kastrup, Beezhold, Sartorious (2015) proposed new definition of mental health, lifted en toto:

“Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one’s own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium”.

While we cannot easily say or accept so, at least we can have a new paradigm we all can discuss in the near future. A vast literature tells us that common signs and symptoms are covert. We are greeted with sweet smiles yet bitter inside. We usually hear “hi” and “hello” yet their spirits are low. Along the same vein, a person struggling with their mental health may experience this because of the following (source: GoodTherapy.org Staff, 2016):

- Chronic exhaustion or stress (emotional, physical, or both)
- Reduced feelings of sympathy or empathy
- Dreading working for or taking care of another and feeling guilty as a result
- Feelings of irritability, anger, or anxiety
- Depersonalization
- Hypersensitivity or complete insensitivity to emotional material
- Feelings of inequity toward the therapeutic or caregiver relationship
• Headaches
• Trouble sleeping
• Weight loss
• Impaired decision-making
• Problems in personal relationships
• Poor work-life balance
• Diminished sense of career fulfillment

Added to these, a person may also be affected by relationship problems, deaths, suicidal thoughts, grief, addiction or anti-social behaviors e.g. drug and alcohol abuse, mood disorders, bullying, as well as learning disabilities or challenges. These only prove that mental health issues and concerns are multi-pronged and contributed greatly ultimately by the results of a combination of biology, environment, access to and utilization of mental health treatment. Likewise, public health policies and government support can help to combat negative consequences of depression and associated disability or instability.

With these monumental mental health problems, therapists, psychiatrists, psychologists, social workers, nurses, physicians, teachers, advisers, counselors and parents should work hand in hand. Mental health problem is a pressing issue that we seldom talk at home, in the school, or in the workplace. Sadly, there are some people who regard the mental health problem not a serious problem. Adults and children with mental illness may experience social stigma, which exacerbates the issues (Heary, Hennessy, Swords, Corrigan, 2017). This is the first manifestation that our campaign for mental health shall not be aborted or belittled by challenges along the way. Life is fragile. Every decision counts. Every second counts. Every life is sacred. Everyone deserves happiness. Everyone has the power to bring happiness to others. Make others healthy and happy. We can influence others to be happy. The Big Seven influences on happiness explain 80% of the variance in happiness: Family relationships, financial situation, Work, Community and friends, Health, Personal freedom and Personal values (Layard, 2005; Slade, 2010).

The world and the period of time when we live is a world that the problem pertaining to mental health has transcended virtually to all aspects of our existence. While there are people who ignore the reality and seriousness of this problem, this shall not prevent us to really level up our campaign towards healthy mind, healthy body, and healthy living.

According to the National Institute of Mental Health (2011), mental illnesses are more common than cancer, sugar-related health issues, or heart attack. In the United States alone, nearly one quarter of all Americans aged over 18 has already been diagnosed meeting the criteria for having mental illness. The WHO even projected that by 2030, the global cost of mental illness would be as high as US$6 trillion.

Maintaining good mental health is critical to a satisfied life. Maslow’s hierarchy of needs, where self-actualization sets to be at the high echelon of the pyramid, will not be realized when an individual is confronted by mental health issues. Worse, if no appropriate help is extended to the person.
Social and life skills and behaviour management skills are learned at an early age. Basic cognitive and social skills are regarded as an important component of mental health in the light of their impact on all aspects of everyday life. (Warren, Grek, Conn, et. al., 1989; Moritz, Kasl, Berkman, 1995; Artero, Touchon, Ritchie, 2001; Gigi, Werbeloff, Goldsberg, et. al., 2014). Thus, if a child is neither assisted nor cared about, failure to promote healthy childhood will not be apparent. Having a mental illness at a younger age may be more difficult since children by this period are just learning or developing necessary skills and habits.

We all know that mental health problems affect not only the persons themselves, but also the people around them especially the immediate family and close circle of relatives and friends. People surrounding them play pivot role and thus shall accord compassion, understanding and appropriate mechanisms to acquire mental health stability and treatment. Hiding or ignoring real occurrences of mental health problems will not solve rather will worsen. Hinshaw (2005) believes that putting the problem to isolation does not do well. He added that family and friends are sometimes ashamed of being associated to someone who has mental health issues which contribute to the problem itself.

If these all will remain unchecked, chances are mental health issues will now lead to more pressing problem—to depression, then eventually to unnecessary deaths through suicide. As Sueki (2013) noted, mental health issues also arise from exposure to social media or internet where most of our children are inclined or have access to. In the study Sueki investigated, it is found out that the influence of suicide-related internet use on user’s suicidal thoughts is enormous and truly negative. Browsing websites that contain suicide stories, methods to commit suicide had increased depression and anxiety tendencies. It is thus prudent or proper to have responsible Internet use and close monitoring of access and behavior online.

2. DISCUSSION

2.1. UNDERSCORING SOME SOURCES AND FACTORS OF MENTAL HEALTH

PEER PRESSURE. Peers can be positive and supportive. They can help each other develop new skills, or stimulate interest in books, music or extracurricular activities. However, peers can also have a negative influence. They can encourage each other to skip classes, steal, cheat, use drugs or alcohol, share inappropriate material online, or become involve in other risky behaviors. (American Academy of Child and adolescent Psychiatry, 2018)

Although there are quite a few positive effects of peer pressure, the negative effects easily surpass the positive ones by a significant margin. Some of the negative effects include drug abuse, watching adult content, drinking alcohol, depression, anxiety, insomnia, eating disorders etc. (Secure Teen, 2015).

For many teenagers, the pressures and problems they encounter can all too easily seem overwhelming – physical, emotional, hormonal, sexual, social, and intellectual (Healthy Children.org, 2012). As claimed, these are all life-threatening. The results of research studies
done on college students indicated that 27% of the students face some sort of mental health issue. After an extensive research, American Psychology Association (AMA) found out that depression is a leading health issue faced by college-going students and peer pressure is one of its several causes. (Secure Teen, 2015).

**OVERWORK.** Anything that is beyond our might and strength is dangerous. A work that is over and above the capacity of an individual is detrimental to his or her overall health condition including his or her mental faculty and health. This is why some of us experience early burn out with their work. Stress affects people differently – what stresses one person may not affect another. Factors like skills and experience, age or disability may all affect whether an employee can cope (Health and Safety Executive, 2018).

While stress is not an illness in itself but it can make one ill. Workers shall be the first ones to recognize their limits on work. It is okay to take a rest. Nothing is more important in a heavy work load than a good break. Recognizing the signs of stress will help employers to take steps to stop, lower and manage stress in their workplace (Health and Safety Executive, 2018).

Whether work is causing the health issue or aggravating it, employers have a legal and now we tell you also a moral responsibility to help their employees. Work-related mental health issues must to be assessed to measure the levels of risk to staff, a high-time need. (www.hse.gov.uk/stress/mental-health.htm). Learn to say no, it will solve half your problems (Secure Teen, 2015). In mental illness, people issues are often the central issue. Employers need educating about how these interpersonal needs can be tended to (Thornicroft, 2006).

**UNEMPLOYMENT.** Our obsession with paid work is damaging our mental health (D. Sage, 2018). According to him, unemployed people tend to have significantly worse health and wellbeing compared to people in paid work (WEF, August 2018). Social psychologist Marie Jahoda argues that the main problem for unemployed people is that they are unable to access all the positive goods that employment provides. You can name it – salary and stature, regular social activity, automaticity, technology, collegial body, among others. The best way to deal with harmful effects of unemployment therefore is to promote (decent) work. This presumably gives explanation to the intent of Jahoda in subdividing mental health into three domains: self-realization, in that individuals are able to fully exploit their potential; sense of mastery over the environment; and sense of autonomy, i.e. ability to identify, confront, and solve problems which are all available when one is employed. (Jahoda, 1958; Galderisi, et. al., 2015).

Overall, the prevalence of depression appears to be lower in individuals in employment relative to those actively seeking employment, or the total population which also includes the unemployed (OECD Indicators, 2017). Education at a Glance 2017).
RELATIONSHIP. Relationship with others shall be a good stimulus for motivation and drive. Strong and healthy relationships have the potential to help us cope with the symptoms of depression - and, in some circumstances, can be a big influence on whether a person becomes depressed (https://www.relate.org.uk/relationship-help/help-relationships/mental-health/relationships-and-depression).

Relationships are one of the most important aspects of our lives. People who are more socially connected to family, friends, or their communities are happier, physically healthier and live longer, with fewer mental health problems than people who are less well connected (Mental Health Foundation, 2018).

However not all relationships are great enough to bring one to a state of completeness, cheerfulness, or bliss. Many relationships have their ups and downs but if one or both people in a relationship are experiencing mental health problems, it can bring additional challenges (Better Health Channel, 2018). As a partner or family member, it can be easy to find this really draining and upsetting.

2.2. STATUS OF MENTAL HEALTH ACROSS THE GLOBE

In 2014, WHO informed the public that mental health is a serious problem which necessitates attention, investment, resolution, and action of all. These are the facts concerning mental health:

1. Around 20% of the world's children and adolescents have mental disorders or problems. About half of mental disorders begin before the age of 14. Similar types of disorders are being reported across cultures. Neuropsychiatric disorders are among the leading causes of worldwide disability in young people. Yet, regions of the world with the highest percentage of population under the age of 19 have the poorest level of mental health resources.

2. Mental and substance use disorders are the leading cause of disability worldwide. About 23% of all years lost because of disability is caused by mental and substance use disorders.

3. About 800 000 people commit suicide every year. Over 800 000 people die due to suicide every year and suicide is the second leading cause of death in 15-29-year-olds. There are indications that for each adult who died of suicide there may have been more than 20 others attempting suicide. 75% of suicides occur in low- and middle-income countries. Mental disorders and harmful use of alcohol contribute to many suicides around the world.

4. War and disasters have a large impact on mental health and psychosocial well-being. Rates of mental disorder tend to double after emergencies.

5. Mental disorders are important risk factors for other diseases, as well as unintentional and intentional injury. Mental disorders increase the risk of getting ill from other diseases such as HIV, cardiovascular disease, diabetes, and vice-versa.

6. Stigma and discrimination against patients and families prevent people from seeking mental health care. Misunderstanding and stigma surrounding mental ill health are widespread. Despite the existence of effective treatments for mental disorders, there is
a belief that they are untreatable or that people with mental disorders are difficult, not intelligent, or incapable of making decisions.

7. **Human rights violations of people with mental and psychosocial disability are routinely reported in most countries.** These include physical restraint, seclusion and denial of basic needs and privacy. Few countries have a legal framework that adequately protects the rights of people with mental disorders.

8. **Globally, there is huge inequity in the distribution of skilled human resources for mental health.** Shortages of psychiatrists, psychiatric nurses, psychologists and social workers are among the main barriers to providing treatment and care in low- and middle-income countries. Low-income countries have 0.05 psychiatrists and 0.42 nurses: 100,000 people. The rate of psychiatrists in high income countries is 170 times greater and for nurses is 70 times greater.

9. **There are 5 key barriers to increasing mental health services availability.** In order to increase the availability of mental health services, there are five (5) key barriers that need to be overcome: the absence of mental health from the public health agenda and the implications for funding; the current organization of mental health services; lack of integration within primary care; inadequate human resources for mental health; and lack of public mental health leadership.

10. **Financial resources to increase services are relatively modest.** The financial resources needed are relatively modest: US$ 2 per capita per year in low-income countries and US$ 3-4 in lower middle-income countries.

Based on the above conditions, mental health problems can never be easily solved unless a proper, open, transparent and objective venue to discuss this in a form of public debate or policy review is held and had brought translated words into action.

Relative to this, mental health disorders are complex and can take many forms (Ritchie and Roser,2018) apart from has been highlighted by the WHO. It’s International Classification of Diseases (ICD-10) broad definition incorporates many forms, including depression, anxiety, bipolar, eating disorders and schizophrenia.

### Table 1.
**Mental disorder around the globe (2016)**

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Share of global population with disorder*</th>
<th>Number of people with the disorder</th>
<th>Share of males: females with disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any mental or substance use disorder</td>
<td>15.5%; [13-22%]</td>
<td>1.1 billion</td>
<td>16% M; 15% F</td>
</tr>
<tr>
<td>Depression</td>
<td>4%; [2.6%]</td>
<td>268 million</td>
<td>3% M; 4.5% F</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>4%; [2.5-6.5%]</td>
<td>275 million</td>
<td>3% M; 4.7% F</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>0.6%; [0.4-1.5%]</td>
<td>40 million</td>
<td>0.55% M; 0.65% F</td>
</tr>
<tr>
<td>Eating disorders (clinical anorexia &amp; bulimia)</td>
<td>0.14%; [0.05-0.55%]</td>
<td>10.5 million</td>
<td>0.07% M; 0.2% F</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>0.3%; [0.2-0.45%]</td>
<td>21 million</td>
<td>0.29% M; 0.28% F</td>
</tr>
<tr>
<td>Alcohol use disorder</td>
<td>1.4%; [0.5-5%]</td>
<td>100 million</td>
<td>1.9% M; 0.8% F</td>
</tr>
<tr>
<td>Drug use disorder (excluding alcohol)</td>
<td>0.9%; [0.4-3.3%]</td>
<td>62 million</td>
<td>1.1% M; 0.5% F</td>
</tr>
</tbody>
</table>

* difference across countries
Based on review across a number of meta-analysis studies, Ritchie and Roser (2018) estimated that only 68 percent of suicides across China, Taiwan and India were attributed to mental health and substance use disorders. They added that in these countries, a high percentage of self-harming behaviors are carried out through more lethal methods such as poisoning (often through pesticides) and self-immolation. Following is the WHO's breakdown of potential adverse and protective factors for mental health within these three categories.

Table 2. Potential Adverse and Protective Factors for Mental Health

<table>
<thead>
<tr>
<th>Level</th>
<th>Adverse Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual attributes</td>
<td>Low self-esteem</td>
<td>Self-esteem, confidence</td>
</tr>
<tr>
<td></td>
<td>Cognitive/emotional immaturity</td>
<td>Ability to solve problems &amp; manage stress or adversity</td>
</tr>
<tr>
<td></td>
<td>Difficulties in communicating</td>
<td>Communication skills</td>
</tr>
<tr>
<td></td>
<td>Medical illness, substance use</td>
<td>Physical health, fitness</td>
</tr>
<tr>
<td>Social circumstances</td>
<td>Loneliness, bereavement</td>
<td>Social support of family &amp; friends</td>
</tr>
<tr>
<td></td>
<td>Neglect, family conflict</td>
<td>Good parenting/family interaction</td>
</tr>
<tr>
<td></td>
<td>Exposure to violence/abuse</td>
<td>Physical security &amp; safety</td>
</tr>
<tr>
<td></td>
<td>Low income &amp; poverty</td>
<td>Economic security</td>
</tr>
<tr>
<td></td>
<td>Difficulties or failure at school</td>
<td>Scholastic achievement</td>
</tr>
<tr>
<td>Environmental factors</td>
<td>Work stress, unemployment</td>
<td>Satisfaction &amp; success at work</td>
</tr>
<tr>
<td></td>
<td>Poor access to basic services</td>
<td>Equality of access to basic services</td>
</tr>
<tr>
<td></td>
<td>Injustice &amp; discrimination</td>
<td>Social justice, tolerance, integration</td>
</tr>
<tr>
<td></td>
<td>Social &amp; gender inequalities</td>
<td>Social &amp; gender equality</td>
</tr>
<tr>
<td></td>
<td>Exposure to war or disaster</td>
<td>Physical security &amp; safety</td>
</tr>
</tbody>
</table>

Seemingly, the above factors, as the two researchers had declared, often interact, compound or negate one another and should therefore not be considered as individual traits or exposures.

2.3. STATUS OF MENTAL HEALTH IN THE PHILIPPINES

The Philippines has the highest number of depressed people in Southeast Asia. The National Statistics Office reported that mental illness is the third most common form of disability in the country. Records show a high number of cases among the youth. As noted in the report of the World Health Organization on its Assessment Instrument for Mental Health Systems of the Philippines (2007), the country spends about 5% of the total health budget on mental health and substantial portions of it are spent on the operation and maintenance of mental hospitals.

In the Global Burden of Disease report (2015), there were 3.3 million Filipinos who suffered from depressive disorders, with suicide rates in 2.5 males and 1.7 females per 100,000. The World Health Organization, however, thinks that the numbers could be just a portion of the actual problem, especially because in a Catholic country like the Philippines, talking
about mental health creates a stigma among Filipinos, thus suicide incidents could be under-reported (Soliven, Philippine Star; 2018).

The numbers tell that the Philippines is still in the long run of addressing the issue, from the implementation of the mental health plan up to shifting of services and resources to mental health facilities across the country, and integration of mental health services into primary care.

WHO said that there are effective strategies to prevent mental disorders and there are several ways to alleviate the suffering caused by them. In this matter, access to healthcare and social services capable of providing treatment and social support is the key. However, access to healthcare facilities and inadequate number of skilled human resources for mental health remains as the main barriers in providing treatment and care, especially in low- and middle-income countries.

In the Philippines, access to mental health facilities and institutions remains uneven throughout the country. Most of the facilities are situated within the National Capital Region and the country’s major cities that make accessibility a challenge for people who live far from these areas. Moreover, the Philippines has only one psychiatrist for every 250,000 mentally ill patients, far from the ideal ratio of one to 50,000 patients.

The rate of mental health hospitals in the country is at 0.002, while the rate of beds in the hospitals is at 4.486 per 100,000-population. In addition, the rate of persons treated in mental health outpatient facilities and mental health day treatment facilities is only at 12.25 and 4.35, respectively, per 100,000 population. In 2007, there are 2 mental hospitals, 46 outpatient facilities, 4 day treatment facilities, 19 community-based psychiatric inpatient facilities and 15 community residential (custodial home-care) facilities. The only mental hospital in the National Capital Region houses 4,200 beds, while almost all mental health facilities are located in major cities.

The country only spends about 5% of the health budget on mental health. Of the total number, 95% are spent on the operation, maintenance and salary of personnel of mental hospitals. The Philippine Health Insurance Corporation recently covered mental illness but limited only to patients with severe mental disorders confined for short duration. The Department of Health (DoH), earlier this year, said that the agency is allocating about P1 billion for the upgrade and development of mental health facilities across the country, the highest in the history of the agency. (Ferrolino, 2017).

The Philippines have a National Mental Health Policy (Administrative Order #8 s.2001) signed by then Secretary of Health Manuel M. Dayrit. There is no mental health legislation and the laws that govern the provision of mental health services are contained in various parts of promulgated laws such as Penal Code, Magna Carta for Disabled Person, Family Code, and the Dangerous Drug Act, etc.(WHO-AIMS, 2007).

Last May 2017, the Senate of the Philippines passed the Senate Bill 1354 or the Philippine
Mental Health Act of 2017 that seeks to integrate mental health services and programs in the public health system. The bill also mandates the government to provide basic mental health services at the community level and psychiatric, psychosocial and neurologic services in all regional, provincial and tertiary hospitals.

Government agencies, non-governmental organizations (NGOs), professional associations, and private foundations have promoted public education and awareness campaigns, in their own capacity, in the last five years.

These campaigns have targeted the following groups: the general population, children, adolescents, women, and trauma survivors. In addition, there have been public education and awareness campaigns targeting professional groups, including health care providers and teachers. (WHO-AIMS, 2007).

2.4. STATUS OF MENTAL HEALTH IN INDONESIA

Indonesia’s total expenditure on health as a percentage of gross domestic product is 2.36% and the per capita government expenditure on health (PPP int. $) is $42.0 (WHO, 2006). Suicide rate information is not available. In the country, neuropsychiatric disorders are estimated to contribute to 10.7% of the global burden of disease (WHO, 2008). In 2013, the Health Ministry released its latest findings in the National Health Research that the number of people with mental disorders who were being restrained had increased from the previous 18,000 to 56,000 (N. R. Yusuf [Rappler Indonesia], 2016).

Meanwhile, National Narcotics Agency (BNN) data says that out of 4 million victims of drug addiction across Indonesia, only around 18,000 people, or less than 0.5 percent, have received therapy or rehabilitation (Marsel Rombe, 2014). Chairman of Indonesian Psychiatric Association (PDSKJI) Eka Viora said that in Indonesia the prevalence of people suffering from depression is 3.7 percent from the population. Based on the result of basic health research (Riskesdas 2013), the number of prevalence of emotional mental disorder shown by symptoms of depression and anxiety is 6 percent for people age 15 and older. (Afrilia Suryanis, 2017)

A country of 250 million people, Indonesia has only 600 to 800 psychiatrists—one for every 300,000 to 400,000 people - and 48 mental hospitals, more than half in just 4 of Indonesia’s 34 provinces. Government data shows that the 2015 health budget is 1.5 percent of the total and that 90 percent of those who may want access to mental health services cannot due to a paucity of services. The government aims to have universal health coverage, including mental health care, by 2019. (WHO Mental Health Atlas – Indonesia, 2011)
The population is households covering all provinces and districts / cities (34 provinces, 416 districts and 98 cities) in Indonesia.

Under Indonesian law it is relatively easy to forcibly admit a person with a psychosocial disability to an institution. Nonetheless, the government should also amend and pass the Rights of Persons with Disabilities Bill, bringing its legislation in line with the United Nations Convention on the Rights of Persons with Disabilities, which Indonesia ratified in 2011.
Lamentably, mental health education is almost nonexistent. One of the biggest problems faced by people suffering from mental illness, including schizophrenia, is stigma. (Diella Yasmine, Jakarta Globe, 2018). Also, more than 57,000 people in Indonesia with mental health conditions have been subjected to pasung – shackled or locked up in confined space – at least once in their lives, with about 18,800 currently shackled, based on latest available government figures (Human Rights Watch, 2016).

People resort to pasung when they cannot afford care, fear medications, want to avoid the stigma attached to a diagnosis of mental illness, or most commonly, feel it is necessary to protect family, community and the disturbed individual (A. Reese [The Time Magazine], 2013). Despite a 1977 government ban on the practice and as explicitly stated in Article 86 (Mental Health Law, No.18/2014), which addresses the issue more specifically, families, traditional healers, and staff in institutions, continue to shackle people with psychosocial disabilities, sometimes for years at a time. This calls for the Indonesian government to amend the said law to ensure that people with psychosocial disabilities have the same rights as other Indonesians.

While there is little understanding of the issues concerning mental health, unfortunately, the media often contributes to the negative portrayal of people with mental illness, reinforcing the stigma against them. Local news reports often blame random acts of violence on "crazy people." In February 2018, according to a report on BBC Indonesia, East Java police, soldiers and local Social Services Agency rounded up homeless people "with mental illness" off the street because they were suspected of attacking Muslim clerics. Many films and TV series also have "mad characters" who commit violent crimes.

According to political activist Yeni Rosa Damayanti (2018), now also a disability rights advocate and the head of the Indonsian Mental Health Association, strong support from family and friends are also crucial in making patients get well.

Bagus Utoomo (2018), head of KPSI, Komunitas Peduli Skizofrenia Indonesia (Indonesian Community Care for Schizophrenia), claimed that it is difficult for some to find a community where they feel comfortable and accepted. Their fears eventually lead them to stop seeking treatment because they are afraid to be judged. He added that presently, education cannot get rid of mental illness but it can give people the tools they need to seek an early diagnosis and appropriate treatment, which are crucial for patients to stand a chance of total recovery.

2.5. WHAT CAN WE DO?

PREVENTION. Now let us talk about prevention of a mental health disorder and how we, as community of caring people can be a potent force to curb the problems brought about by mental health issues. The adage–prevention is better than cure! is an all-time applicable. Prevention shall be gentle, proper, direct, compassionate, effective, and significant. Prevention may require regularity of medical or psychological attention or counseling depending on the severity or degree of necessity.
CARE AND SUPPORT. Wright (2002) said that for a person with mental illness be clinically assess in promoting well-being of the said person, clinical assessment should focus on four dimensions:
1. Deficiencies and undermining characteristics of the person
2. Strengths and assets of the person
3. Lacks and destructive factors in the environment
4. Resource and opportunities in the environment

TREATMENT. Perkins (2000) contemplates that mental health problems are not a full time job - we have lives to lead. Any services, or treatments, or interventions, or supports must be judged in these terms - how much they allow us to lead the lives we wish to lead.

Treatment can be in any of the forms and approaches below:
1. Pharmacotherapy
2. Physical, indoor and outdoor activity
3. Expressive therapies
4. Psychotherapy
5. Meditation or mindfulness-based cognitive therapy
6. Counseling.
7. Rehabilitation

World Economic Forum (2018) report that there are four (4) innovative things that doctors around the world are telling their patients to do:
1. Playing. In the United States, doctors are prescribing playtime to children to help them develop language and negotiating skills (Source: American Academy of Pediatrics).
2. (Re) connecting with nature. Doctors in Scotland can now prescribe spending time in nature to help patients with conditions from depression to diabetes. Experts say time in nature can reduce blood pressure and anxiety. (Source: Big Think).
3. Visiting museums. Doctors in Canada are sending patients to museums to help with physical and mental health conditions as experiencing the arts is thought to release helpful hormones (Source: Quartz)
4. Baking, dance, drawing and yoga lessons. Different activities are now being prescribed by doctors in the United Kingdom in an effort to tackle loneliness and improve well-being (Source: Social Prescribing Network)

WEF cleared that none of these prescriptions is designed to replace conventional medicine but intended to help people make positive changes in their life.

The dire need of putting up a mental health facility shall not be an issue concerning budget but shall be of a priority. Remember that we deal with one’s only life and living. No one shall turn away those who need our help.
3. CONCLUSION

Generally within reach by all of everyone, doable actions are recommended:

1. **Get educated, empathized.** Empathy, i.e., the ability to experience and understand what others feel without confusion between oneself and others, enables individuals to communicate and interact in effective ways and to predict actions, intentions, and feelings of others (Decety, Smith, Norman, et. al., 2014)

2. **Open our minds, open communication.** The kind of pressure that mental health issues can place on a relationship can be eased by talking openly and honestly about what each person is finding difficult (Source: www.relate.org.uk). Keep communication constant, open, and honest. (Source: Healthy Children.org, 2012)

3. **Open our eyes. Get involved.** If health services are to give primacy to increasing well-being, rather than to treating illness, then health workers need new approaches to working with individuals. (Slade, 2010). High-profile people talking about their own experiences are better at reducing the social distance and difference experienced by people with mental illness (Thornicroft, 2005).

4. **Open our arms, caring hands.** Support system shall be strengthened. Any person may be struggling hard that we do not know. A simple gesture of asking how they are will just take few words from us but the impacts are so powerful.

To concretize, the following are suggested for consideration of the school:

1. Formulate or institutionalize policy on comprehensive mental health program which shall be responsive to the needs of all stakeholders. This can be wide-ranging – from coming up plans and activities that will equip teachers, homeroom advisers, guidance counselors and mental health professionals necessary, suitable knowledge, skills, and values towards sound mental health;

2. Apply early intervention which will require clinical, logical decision-making. The role of the school now shall be to challenge stigma and 600 create mental health-aware communities, as well as treat illness the soonest time possible;

3. Continue advancing empirically-informed policy-making approach through researches and other evidence-based studies. Parents shall likewise be involved to further document home-related manifestations, behaviors, conditions of at-risk children. Home connection shall be strengthen;

4. Improve existing social inclusion practice, if there is, or develop a culture of positivity, safety, and inclusion. Stigma and discrimination stop people with mental illness from exercising their full rights as citizens and meeting their human needs for connection (Thornicroft, 2005; Slade, 2010)

On a more decisive, concrete action for the future, the following shall be the next steps in strengthening mental health system:

1. Lobby to legislate a comprehensive mental health act or law in the Philippines while in Indonesia, amend Law No. 18/2014 for the government to act promptly on eradicating human
rights violations related to mental health illnesses;
2. Strengthen the organizational/institutional set-up or structure for mental health in the Health Ministry/Department with a clear structure, manpower and budget to support its operation all throughout;
3. Collaborate and coordinate with other sectors or groups to strengthen school and workplace mental health programs;
4. Support and monitor community-based mental health programs;
5. Promote family and community education pertaining to early signs of mental health issues in order to address looming problem, reduce stigma and discrimination, and enhance awareness that these disorders are just like any other illnesses.

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