Multidisciplinary Output Research For Actual and International Issue (MORFAI Journal) ISSN (e): 2808-6635
Volumes 5 No. 6 (2025)

FACTORS INFLUENCING STIGMA AGAINST PEOPLE WITH MENTAL DISORDERS IN INDONESIA: A SYSTEMATIC REVIEW

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Received	: 20 September 2025	Published	: 25 November 2025
Revised	: 10 October 2025	DOI	: https://doi.org/10.54443/morfai.v5i6.4488
Accepted	: 13 November 2025	Link Publish	: https://radjapublika.com/index.php/MORFAI/article/view/4466

Abstract

Stigma against People with Mental Disorders (ODGJ) remains a major challenge in Indonesia's mental health system. This stigma affects various aspects of their lives, from social discrimination to limited access to mental health services. This study aims to identify the factors influencing stigma against ODGJ in Indonesia through a systematic review of literature published in the last ten years. The analysis focuses on individual, familial, socio-cultural, and structural factors contributing to stigma. The findings indicate that stigma is influenced by the public's lack of understanding of mental health, social pressure experienced by ODGJ families, cultural norms linking mental disorders to mystical beliefs, and limited government policies supporting mental health services. A comprehensive approach, including mental health education, family empowerment, community-based interventions, and improved mental health policies, is needed to reduce stigma and enhance the quality of life for individuals with mental disorders.

Keywords: stigma; people with mental disorders; mental health; social factors; health policy

1. INTRODUCTION

Mental health disorders are one of the main challenges in the global health system. The World Health Organization notes that approximately one in eight people worldwide experience mental disorders, making it an urgent health issue that needs to be addressed (WHO, 2023). In Indonesia, data from the 2018 Basic Health Research (Riskesdas) shows that more than 19 million people aged over 15 experience emotional mental disorders, while more than 12 million people experience depression (Health, 2018). This situation is exacerbated by findings from the Indonesia National Adolescent Mental Health Survey (I-NAMHS), which revealed that one in three adolescents in Indonesia has mental health problems, with a significant increase in symptoms of depression, anxiety, and concentration difficulties since the COVID-19 pandemic (University, 2022). Although mental health disorders are a real and growing public health problem, the treatment of people with mental disorders (Orang Dengan Gangguan Jiwa, ODGJ) in Indonesia still faces various challenges. The national mental health care system remains suboptimal due to limited access to mental health facilities, a shortage of trained professionals, and an uneven distribution of mental health services across regions (M. of H. of the R. of Indonesia, 2021).

Furthermore, strong stigma in society remains one of the main barriers in the process of treatment, care, and rehabilitation for ODGJ. This stigma not only causes discrimination and social exclusion but also results in low public awareness of the importance of seeking professional help to address mental health issues (M. of H. of the R. of Indonesia, 2024). Research indicates that stigma against people with mental disorders is often rooted in misattributions about the causes of such conditions — for example, the belief that people with mental disorders are personally responsible for their illness. These attributions, which place blame on the individual, increase stigma, reduce empathy, and support punitive policies rather than compassionate interventions (McGinty et al., 2018). In psychology, one useful framework to understand how individuals perceive and judge others is Kelley's Attribution Theory, which explains that people interpret behavior based on internal (personal) and external (situational) causes.

This theory highlights how subjective perceptions shape people's understanding of mental illness and influence stigma formation (Nur Hasanah, 2024). Several government programs have aimed to provide adequate mental health care and protection, such as managing ODGJ through community health centers (Puskesmas), offering integrated and free health services, and conducting periodic mental health assessments (Utara, 2023). The publication of the Mental Health Service Guidelines for Primary Health Care Facilities (FKTP) in 2020 emphasized preventive efforts and community education on mental well-being (M. of H. of the R. of Indonesia, 2022), In addition, the 2020–2024 Action Plan from the Directorate of Disease Prevention and Control (P2P) has focused on improving mental health and preventing drug abuse, through early detection programs, increased service coverage for severe ODGJ, and expanded access for individuals aged fifteen and above. However, these initiatives have not adequately addressed the stigma dimension, and efforts to reduce discrimination against ODGJ and their families are still limited (M. of H. R. of Indonesia, 2020).

Efforts to expand mental health service coverage and reduce stigma cannot yet be considered successful. Evaluations of Indonesian mental health programs reveal several persistent barriers: service availability concentrated in urban areas, high treatment and consultation costs (Nur Haryanti, 2024), limited availability of counselors and psychiatric nurses (Kompasiana, 2023), and inadequate access to psychotropic medication, which can worsen individuals' mental health conditions (Moordiningsih et al., 2024). Research by Rizky Amalia Wismashanti et al. (2023) titled A Systematic Literature Review on Communication in Health Using Narrative Theory found that Narrative Theory is effective in health communication because narratives are easier to understand and remember. Moreover, storytelling helps patients express emotions and reflect on their healing process, supporting emotional regulation alongside medication and physical therapy. This suggests that communication-based interventions, when integrated with medical treatment, can enhance recovery outcomes and reduce internalized stigma among patients (Wismashanti et al., 2023).

In recent decades, stigma against people with mental disorders (ODGJ) has remained one of the most persistent challenges in Indonesia's mental health landscape. Numerous studies have demonstrated that stigma negatively affects ODGJ's welfare — socially, economically, and in terms of access to health services (Ariasih A. M., 2025). While previous studies have explored individual or societal factors, there remains a significant research gap in understanding how individual, social, cultural, and policy dimensions interact to shape stigma in the Indonesian context. Therefore, this study aims to identify the factors influencing stigma toward ODGJ in Indonesia through a systematic literature review of research published in the past decade. This approach not only categorizes the main determinants of stigma but also provides a comprehensive analysis of the challenges that persist at multiple levels of society. The main contribution of this study lies in its systematic mapping of the determinants of stigma within Indonesia's socio-cultural context. Unlike previous works focusing solely on individual or public perception factors, this study highlights the complex interplay between individual, family, social, and policy influences.

Thus, the results of this study can serve as a foundation for developing more effective stigma-reduction strategies — through inclusive policies, community-based interventions, and public awareness campaigns promoting the importance of mental health. Through a holistic approach that integrates psychology, culture, and policy, this study offers valuable insights for academics, policymakers, and mental health practitioners in designing evidence-based programs that enhance the acceptance and well-being of ODGJ in Indonesia. Mental health disorders remain a major challenge within the global health landscape, demanding multifaceted responses from medical, cultural, and policy perspectives. In Indonesia, the burden of mental disorders continues to rise, particularly among adolescents and young adults. Despite increasing awareness, the treatment and care of *Orang Dengan Gangguan Jiwa* (ODGJ) remain hindered by systemic inequalities, inadequate infrastructure, and deep-rooted social stigma. These issues reflect not only the limitations of healthcare access but also broader sociocultural and economic dynamics that shape how mental health is perceived, discussed, and addressed in Indonesian society. Stigma, in particular, plays a central role in reinforcing the marginalization of people with mental disorders, thereby perpetuating cycles of exclusion and delayed treatment (Davies, 2024).

A systematic review conducted by Davies (2024) identified several major factors contributing to stigma against ODGJ in Indonesia, including low mental health literacy, negative public perceptions, negative personal experiences, cultural values, socioeconomic status, and media influence. Among these, low levels of public knowledge were identified as the most significant contributor, as misinformation about mental illness fosters myths and prejudices that portray those affected as dangerous, irrational, or incapable. Negative social attitudes are reinforced by limited opportunities for positive interaction between ODGJ and the general public, further

entrenching fear and misunderstanding. Similarly, negative experiences—such as witnessing erratic behavior without understanding the underlying illness—can heighten community anxiety and avoidance (Davies, 2024). Cultural beliefs further compound these challenges. Indonesian society, characterized by collectivist values and strong religious influences, often associates mental illness with moral weakness, spiritual imbalance, or familial shame. Ran et al. (2021) observed that in Asian cultures, including Indonesia, mental illness is commonly perceived as a social burden rather than a medical condition, which leads families to conceal rather than treat affected members. This cultural tendency to "hide" ODGJ as a means of preserving family reputation significantly delays access to mental health services (Rinancy, 2024). The social construction of stigma, therefore, operates not only at the individual level but also at the family and community levels, shaping how help-seeking behaviors are constrained by moral and religious interpretations of illness (Hu et al., 2024).

Media representation also plays an influential role in sustaining stigma. According to Zeng et al. (2024), portrayals of people with mental illness in Indonesian and global media often emphasize violence, danger, or irrationality, creating an exaggerated image of instability. This kind of framing reinforces public fear and perpetuates a false narrative that ODGJ are inherently threatening. Such representations distort the societal understanding of mental health recovery and limit empathy toward those affected. Meanwhile, socioeconomic disparities exacerbate these barriers, as individuals from lower-income backgrounds face restricted access to mental health care and are often more vulnerable to stigmatization due to their limited resources and education (Salsabilah et al., 2023).

Stigma not only affects individuals with mental illness but also extends to their families, a phenomenon known as *stigma by association*. Families may experience discrimination, social exclusion, or diminished social status simply for being related to someone with a mental disorder (Reupert et al., 2020). This secondary stigma can result in concealment and neglect, particularly when families fear being ostracized by their community. Moreover, children of parents with mental illness often internalize shame and experience social isolation, which can negatively affect their psychological development (Dobener et al., 2022). The emotional and social consequences of stigma thus permeate multiple levels of familial and social interaction, making it a deeply entrenched societal issue that demands comprehensive solutions.

The consequences of stigma are profound and far-reaching. Stigmatized individuals experience discrimination in employment, education, and healthcare access, contributing to social exclusion and increased psychological distress. Rinancy (2024) found that stigma-induced isolation can elevate the risk of suicide among individuals with severe mental illness. Furthermore, cultural and institutional neglect often leads to violations of basic human rights, where ODGJ are restrained or institutionalized without proper medical justification. Such practices underscore the urgent need for integrated interventions that target both public attitudes and institutional frameworks.

Efforts to reduce stigma must be multidimensional, addressing both structural and cultural dimensions. Public education campaigns aimed at improving mental health literacy are crucial to dispel myths and normalize conversations about mental illness. Community-based initiatives that involve storytelling, peer advocacy, and participatory engagement have shown promise in humanizing ODGJ and reshaping social narratives around mental health (Zhang et al., 2019). Equally important is reforming media representation to promote recovery-oriented, factual portrayals that highlight stories of resilience and social inclusion. The healthcare system, on its part, must expand access to affordable and community-centered mental health services, ensuring equitable distribution across rural and urban areas (Davies, 2024).

From a policy standpoint, integrating cultural sensitivity into mental health strategies can improve their acceptance and effectiveness. Programs that collaborate with religious leaders, local educators, and community organizations can leverage Indonesia's strong communal culture to foster supportive environments. Addressing socioeconomic inequalities is also fundamental, as financial and educational empowerment can significantly reduce susceptibility to stigmatizing beliefs. Furthermore, developing specialized interventions for families—such as counseling programs and stigma-resilience training—can mitigate the intergenerational transmission of stigma (Stracke et al., 2024).

In conclusion, stigma against ODGJ in Indonesia is not a single-dimensional problem but a complex interplay of knowledge, culture, experience, and structure. Studies by Davies (2024), Ran et al. (2021), and others consistently emphasize that stigma reduction must move beyond awareness campaigns to encompass systemic reforms and cultural engagement. Building a mentally healthy society requires transforming narratives at every level—individual, familial, and societal—so that compassion, inclusion, and human dignity become the guiding principles of Indonesia's mental health framework (Davies, 2024; Ran et al., 2021).

2. RESEARCH METHOD

This study is a systematic review aimed at identifying factors that influence stigma against people with mental disorders in Indonesia. Literature searches were conducted using the Scopus, ProQuest, and Google Scholar databases covering the last 10 years (2014–2024) with the following keywords: (("stigma" OR "mental illness stigma") AND ("people with mental disorders" OR "ODGJ") AND ("Indonesia") AND ("factors" OR "determinants")). The article selection process followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines, starting from identification, screening, eligibility assessment, to inclusion in the final analysis, as shown in the following figure:

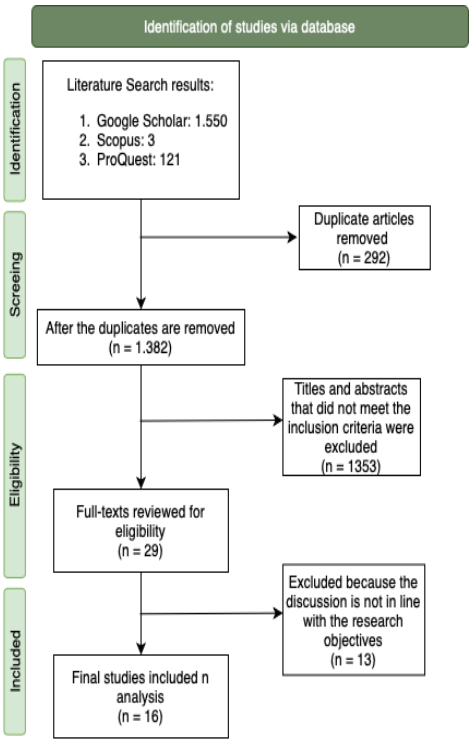

Fig 1. PRISMA diagram of the study

The inclusion and exclusion criteria were determined based on the PICOS (*Population, Intervention, Comparison, Outcome, Study Design*) framework as follows:

1. *Population* (P): People with mental disorders (ODGJ) in Indonesia and the general public who have perceptions of ODGJ
2. Intervention (I): No specific intervention, focusing on factors that influence stigma towards ODGJ
3. Comparison (C): No specific comparison group
4. Outcome (O): Identification of social, cultural, economic, or policy factors that contribute to stigma against people with mental disorders
5. Study Design (S): Quantitative, qualitative, or mixed-methods studies published in English-language journals

Data from selected articles were extracted using systematic tables and analyzed thematically to identify patterns of factors contributing to stigma against people with mental disorders. In this study, data analysis was conducted systematically to identify patterns and factors contributing to stigma against people with mental disorders in Indonesia. After the literature search and selection process using the PRISMA guidelines, articles that met the inclusion criteria were analyzed using a thematic approach.

Data analysis was performed using **qualitative thematic analysis**, in which the results of each selected study were coded based on the main themes that emerged in the research. The stages of this analysis included:

1. Data Extraction: Information from each article was collected and categorized based on relevant aspects, such as individual, social, cultural, and mental health policy factors.
2. Code Grouping: After the data was extracted, a grouping process was carried out based on similarities in

patterns or factors contributing to stigma.
3. Identification of Main Themes: The results of the code grouping are then used to identify the main themes that determine stigma against people with mental disorders.
4. Synthesis of Findings: Each finding was compared with previous studies to identify research gaps and examine how stigma factors interact in the context of Indonesian society.

In addition, to increase the reliability of the analysis, data triangulation was conducted by comparing results from various sources, including quantitative and qualitative research. With this approach, the study can provide a more comprehensive picture of stigma factors and how intervention strategies can be designed more effectively.

3. RESULTS AND DISCUSSION

3.1 RESULTS

This systematic review identified 16 relevant studies on factors that influence stigma against people with mental disorders (ODGJ) in Indonesia. The studies analyzed covered various aspects of stigma, including social, cultural, economic, and policy factors that contribute to the formation and maintenance of stigma against ODGJ. The findings of this study indicate that stigma against ODGJ remains a major challenge in the mental health system in Indonesia, influenced by various interrelated determinants.

Table 1. Findings of the Literature Review Study

No	Author (Year)	Title	Study Design	Population	Factors Contributing to Stigma	Key Findings
1.	(Windar wati et al., 2023)	Lay community mental health workers (cadres) in Indonesian health services: A qualitative exploration of the views of people with mental health problems and their families	Descriptive qualitative	People with mental disorders (schizophrenia diagnosis) in West Java, East Java, and Aceh	Barriers in building relationships between cadres and patients/families. Good relationships with cadres improve the success of the cadres' role. Hinder the effectiveness of community-based mental health services.	Emotional support and tangible assistance from cadres enhance the success of their role; stigma and lack of trust are the main barriers.
2.	(Subu et al., 2021)	Types of Stigma Experienced by Patients with Mental Illness and Mental Health Nurses in Indonesia: a Qualitative	Qualitative design with deductive content analysis (directed content analysis)	Patients with mental disorders and mental health nurses in Indonesia.	Personal/patient stigma: Patients experience feelings of inferiority and shame about their condition. Social/public stigma: Society treats patients discriminatorily and shuns them. Family stigma: Families	Stigma towards mental disorders in Indonesia has five main forms: personal stigma, social stigma, family stigma, occupational stigma, and

		Content Analysis			experience social pressure and sometimes also shun patients. Occupational stigma: Difficulty obtaining and maintaining employment due to mental health status. Professional stigma: Mental health nurses also experience stigma because they work with patients with mental disorders.	professional stigma. A deep understanding of stigma in the Indonesian context is necessary to develop appropriate interventions to improve mental health services. The findings of this study can also be applied in other countries with similar cultural backgrounds, traditions, and religious values.
3.	(Subandi et al., 2023)	The principles of recovery-oriented mental health services: A review of the guidelines from five different countries for developing a protocol to be implemented in Yogyakarta, Indonesia	narrative literature review	Guidelines for recovery-based mental health services from five industrialized countries	Does not directly address stigma, but some of the principles identified can reduce stigma in mental health services, such as: Patient rights: Recognizing patient rights can reduce discrimination and stigma. Empowerment and individual-based approach: Valuing patients' experiences helps overcome internal and social stigma. Social support: Reducing social isolation due to stigma.	Various studies show that stigma against people with mental disorders (ODGJ) is influenced by individual, social, and structural factors. Individual factors include age, education level, employment status, and level of knowledge about mental health. Social

						factors include stigma from family, community, and the healthcare workforce environment. Structural factors involve a lack of policy support, a lack of recovery-based mental health services, and a lack of collaboration in the treatment of ODGJ.
4.	(Astuti et al., 2019)	Prevention of the Stigma of Mental Disorders in the Community	Systematic review	Articles from the SCOPUS, ProQuest, SAGE, and Science Direct databases (2013-2019)	Labeling, stereotyping, exclusion, and discrimination by the community towards people with mental disorders	Stigma from the community disrupts the social life of people with mental disorders; health education programs by health workers have not had an optimal impact in reducing stigma.
5.	(Hartini et al., 2020)	stigma toward people with mental health problems in Indonesia	Survey	1,269 respondents in East Java	Knowledge about mental health, age, gender, contact experience, history of mental disorders, attitudes toward restraints, marital status, income level	Better knowledge is associated with lower stigma; sociodemographic factors play a role in shaping stigma toward people with mental health

						issues.
6.	(Puspitasari et al., 2020)	Perceptions, Knowledge, and Attitude Toward Mental Health Disorders and Their Treatment Among Students in an Indonesian University	Cross-sectional	427 students in West Java	Perceptions, knowledge, attitudes toward mental health disorders, experiences visiting psychologists/psychiatrists, sources of information about mental health	The majority of students have positive attitudes and good knowledge, but there are still negative perceptions toward mental health disorders; social media plays a major role as a source of mental health information.
7.	(Shania et al., 2023)	Designing High-Fidelity Mobile Health for Depression in Indonesian Adolescents Using Design Science Research: Mixed Method Approaches	Research science design (RSD)	Adolescents in Indonesia	Limited access to mental health services, limited availability of psychologists during the pandemic, parental openness, financial capacity	mHealth applications can be a solution for monitoring and preventing depression in adolescents, with key features such as mood trackers, communities, activity targets, and meditation.
8.	(Kusumawaty & Yunike, 2023)	Investigating the experiences of family caregivers who restrain people with mental disorders	Qualitative phenomenology	8 families who shackle & 4 health cadres	Lack of mental health literacy, limited access to services, economic constraints, inability of families to care for people with mental disorders	Shackling is considered a last resort by families due to the limitations they face; peer support and technology are needed to prevent shackling.

9.	(Davies, 2022)	Analysis of Factors Influencing Stigma Against Mental Disorders in Indonesia: Systematic Literature Review	Systematic Literature Review	Studies in Indonesia (various populations)	Low knowledge, negative perceptions, negative experiences with people with mental disorders, cultural factors, socioeconomic factors	Stigma against people with mental disorders is influenced by internal and external factors; public education needs to be improved to reduce stigma.
10	(Cohen et al., 2024)	Conceptualizing Recovery from Mental Illness in Indonesia: A Scoping Review	Scoping review	Various actors in mental health services in Indonesia	Definition of recovery: clinical, functional, social, spiritual	Recovery is understood multidimensionally; mental health services must consider social and spiritual aspects to support the recovery of people with mental disorders.
11.	(Yusuf et al., 2020)	The role of families caring for people with mental disorders through family resilience in East Java, Indonesia: structural equation modeling analysis.	Quantitative structural model (SEM)	184 families with ODGJ in East Java	Patient, family, and environmental factors in shaping family resilience	Environmental factors have a negative impact on family resilience in caring for people with mental disorders
12.	(Priasmoro et al., 2023)	Factors Influencing Family Acceptance of People with	Systematic review	79 articles (20 analyzed) on families with members	Stigma, expectations, attitudes, experiences, social support, access to health services	Family acceptance of people with schizophrenia is greatly

		Schizophrenia Receiving Care at Home: A Systematic Review		suffering from schizophrenia		influenced by stigma, experiences, and social support and health services
13.	(Nenobais et al., 2019)	Family Burden for the Caregivers of People with Mental Disorders: A Systematic Review	Systematic review	14 articles that met the inclusion criteria	Family burden in caring for people with mental disorders (knowledge, emotional, physical, financial, social, medication, health services, government support)	Family burden is highly diverse and affects the family's ability to care for people with mental disorders
14	(Astuti et al., 2019)	Prevention of the Stigma of Mental Disorders in the Community	Systematic review	Study on social stigma towards people with mental disorders	Labeling, stereotyping, exclusion, discrimination	Stigma in society occurs at four levels that hinder the social life of people with mental disorders; strengthening educational programs is needed to prevent stigma
15.	(Palhadad et al., 2023)	Family experiences in accepting family members with mental disorders: a literature review	Literature review	20 journals discussing family acceptance of people with mental disorders	Stigma, knowledge, emotional burden, economic burden	The majority of families do not accept ODGJ well due to stigma, lack of knowledge, and emotional and economic burdens. Support from health services and the community is needed to improve family

						acceptance of ODGJ.
16.	(Hajizadeh et al., 2024)	How to combat stigma surrounding mental health disorders: a scoping review of the experiences of different stakeholders	Scoping review	25 studies from various countries (including low-, middle-, and high-income countries)	Self-stigma, family stigma, professional stigma, community stigma, structural stigma	Multilevel strategies involving patients, families, health professionals, communities, and policies are needed to reduce stigma against mental disorders.

3.2 Discussion

Stigma against people with mental disorders (ODGJ) remains a significant problem in Indonesia, affecting various aspects of the lives of patients, families, and communities. Based on the results of a systematic review of various studies that have been analyzed, stigma against ODGJ is influenced by several main factors, namely individual factors (knowledge, experience, and perception), family factors (support and emotional burden), social and cultural factors (community norms and beliefs), and structural factors (policy and access to mental health services).

1. Individual Factors: Knowledge, Experience, and Perceptions of ODGJ

Several studies show that the lack of public knowledge about mental disorders contributes to high stigma towards ODGJ. Studies conducted by (Hartini et al., 2020) and Puspitasari et al. (2020) found that people who have better knowledge about mental health tend to have lower stigma towards ODGJ (Hartini et al., 2020; Puspitasari et al., 2020). Direct experience with ODGJ, whether through social contact or interaction within the family environment, also plays a role in shaping the community's attitude towards them. However, negative perceptions that have been ingrained in the local culture for a long time often cause the community to continue to have high stigma, even after receiving information about mental health.

2. Family Factors: Support and Burden in Caring for ODGJ

The family, as the primary unit in the care of people with mental disorders, plays a very important role in the recovery process. However, research shows that families caring for people with mental disorders often experience heavy emotional, physical, and economic burdens, which can exacerbate stigma within the family itself (Nenobais et al., 2019). Palhadad et al. (2023) highlight that stigma within families is often influenced by low levels of knowledge, social pressure, and the view that mental disorders are a "shame" that must be hidden (Palhadad et al., 2023). On the other hand, research by Priasmoro et al. (2023) shows that family acceptance of people with mental disorders can increase if they receive adequate social support and health services (Priasmoro et al., 2023).

3. Social and Cultural Factors: Community Norms and Beliefs

Stigma against ODGJ in Indonesian society is often influenced by cultural factors and beliefs that consider mental disorders to be the result of a curse, karma, or a lack of faith. (Astuti et al., 2019) identified that stigma in society occurs in four levels, namely labeling (giving negative labels), stereotyping (prejudice), exclusion (social exclusion), and discrimination (Astuti et al., 2019). This causes people with mental disorders to often experience difficulties in socializing, finding employment, and accessing health services.

In addition, a study by Windarwati et al. (2023) shows that mental health cadres play an important role in educating the community and families to reduce stigma, but they still face major challenges due to negative attitudes that are ingrained in the culture of society (Windarwati et al., 2023).

4. Structural Factors: Mental Health Policies and Access to Services

Government policies and access to mental health services are also factors that influence stigma against people with mental disorders. Hajizadeh et al. (2024) in their global study showed that stigma against people with mental disorders must be addressed through a multilevel approach involving various parties, including patients, families,

health workers, communities, and policymakers (Hajizadeh et al., 2024). Strategies to reduce stigma should include education, training healthcare workers not to be discriminatory, and improving mental health service policies to be more inclusive and accessible.

4. CONCLUSION

From the results of this systematic review, it can be concluded that stigma against people with mental disorders in Indonesia is influenced by a combination of individual, family, socio-cultural, and structural factors. Efforts to reduce stigma require a comprehensive approach, ranging from increasing public education and awareness, strengthening family support, community-based interventions, to improving mental health service policies. With the right strategy, stigma against people with mental disorders can be minimized, enabling them to receive better care and improve their quality of life.

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