



Description of Nurse's Perception of Fulfillment the Rights of People with Mental Disorders: Literature Review

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ARTICLE INFO

Article history:

Received 11 April 2022

Accepted 21 July 2022

Published 10 September 2022

Keyword:

Perception
human rights
people with mental disorders

ABSTRACT

Human rights are rights that are obtained by everyone, including people with mental disorders. One form of fulfillment of human rights is to obtain health services. Nurses are the spearhead of health services, including those who work in mental hospitals need to have a high commitment to be able to provide optimal service to their patients, considering that the patient's condition requires special treatment. Nurses' perceptions of mental disorders in general need to be known to plan an appropriate program. To review the literature on nurses' perceptions of the fulfillment of the rights of people with mental disorders. Literature review using 3 data bases, namely Pubmed, Google Scholar, and Proquest, using the keywords "Nurse perception" "Right" "Mental Disorders" a total of 771 articles were obtained, with 6 duplicate articles, after going through the article extraction stage, the final result obtained 5 articles that meet the review requirements. After reviewing the literature, several outcomes were obtained, namely: Well-being and burnout of service providers, Structural and practical factors that contribute to stigma in primary care, Expectations for psychiatric services in specialist versus primary care facilities and Clinical competence, and experience and training needs are not support. A review of this literature review can be concluded that there are still many patients who have not received their rights while being treated at the hospital, therefore there is a need for training for mental nurses and education related to the rights of people with mental disorders.

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Kata kunci:

Persepsi
Hak asasi manusia
Orang dengan gangguan jiwa

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DOI: 10.30604/jika.v7i3.1251

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ABSTRAK

Hak asasi manusia adalah hak yang diperoleh oleh semua orang termasuk orang dengan gangguan jiwa. Salah satu bentuk dari pemenuhan hak asasi manusia yaitu mendapatkan pelayanan hak kesehatan. Perawat merupakan ujung tombak pelayanan kesehatan termasuk mereka yang bekerja di rumah sakit jiwa perlu memiliki komitmen yang tinggi untuk dapat memberikan pelayanan yang optimal kepada pasiennya, mengingat kondisi pasien memerlukan penanganan khusus. Persepsi dari perawat terhadap gangguan jiwa secara umum perlu diketahui untuk merencanakan program yang sesuai. Untuk melakukan telaah literatur tentang persepsi perawat terhadap pemenuhan hak-hak orang dengan gangguan jiwa. Penelusuran literatur review menggunakan 3 data base yaitu Pubmed, Google Scholar, dan Proquest, dengan menggunakan kata kunci "Nurse perception" "Right" "Mental Disorders" di dapatkan total 771 artikel, dengan duplikasi 6 artikel, setelah melalui tahap ekstraksi artikel maka hasil akhir diperoleh 5 artikel yang memenuhi syarat review. Setelah dilakukan pengkajian, literatur diperoleh beberapa hasil yaitu Kesejahteraan dan kelelahan penyedia layanan, Faktor struktural dan praktik yang berkontribusi terhadap stigma dalam perawatan primer, Harapan untuk layanan

kesehatan mental di fasilitas spesialis versus perawatan primer dan Kompetensi klinis, dan pengalaman serta kebutuhan pelatihan tidak mendukung. Tinjauan dari literatur review ini dapat disimpulkan bahwa masih banyak pasien yang belum mendapatkan haknya selama di rawat di rumah sakit oleh karena itu perlu adanya pelatihan kepada perawat jiwa serta edukasi terkait hak-hak orang dengan gangguan jiwa

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INTRODUCTION

Mental disorders are syndromes of human behavior patterns and are usually associated with symptoms of distress or disturbances in one or more important human functions, such as mental, behavioral, and biological functions which are disorders that are not only limited to the human body. Not only the relationship with the person, but also the relationship with the community (Yusuf et al., nd). Mental disorders are signs and symptoms of a form of behavioral deviation due to the occurrence of emotions and deviations in behavior are found. Mental disorders are included in quite serious health problems because the number continues to increase every year (Ade & Nafiah, 2021). People with mental disorders (hereinafter referred to as ODGJ) have behavioral, thought and emotions that manifest in the form of various symptoms and significant changes in behavior, causing suffering and inability to do their jobs. Act as a human. (Law No. 18 of 2014 concerning Mental Health., 2014). Severe ODGJ will have an impact not only on the patient himself, but also on his family, community and even the government. These impacts can be physical, psychological, and social. The impact on oneself includes harming oneself, for example, temper tantrums and self-harm and even death. The impact on the government is that the burden on patients and families is better (Rinawati & Setyowati, 2020). Therefore, mental disorders are still a very important concern from various cross-sectors, both government and society, this is because mental disorders require a lot of health care costs. (Ministry of Health of the Republic of Indonesia, 2013).

Mental disorders are one of the four main health problems, both in developed and developing countries (Cakrawedana et al., 2016). According to Riskesdas data (2013 in Pratiwi 2018), The prevalence of severe mental disorders in the Indonesian population is 1.7 per mile. The heaviest are in Yogyakarta, Aceh, South Sulawesi, Bali and Central Java. The proportion of RTs who have shackled family members who have heavy lives is 14.3% and the highest is 18.2% of people living in rural areas. And when the population group has the lowest wealth index of 19.5%. The prevalence of psycho-emotional disorders in the Indonesian population is 6.0%. The highest levels of affective disorders are Southeast Sulawesi, South Sulawesi, West Java, Yogyakarta and East Nusa Tenggara. Mental illness higher in rural areas than in urban areas. More than 18.2% of households are from rural areas, and at least one household member suffers from severe and homeomorphic mental illness. While in town. The percentage is only 10.7%. From this we can conclude that the pressure of living in in rural areas is higher than in urban areas. According to 2016 WHO figures, there are about 35 million people with depression, 60 million with bipolar, 47.5 with dementia and 21 million with schizophrenia (Pratiwi, 2018).

The increasing number of ODGJ is influenced by several factors, namely the lack of health workers, lack of willingness of families to use health service facilities due to family economic limitations, limited access to health services, reluctance of families to take ODGJs for treatment because they feel ashamed and hopeless, and lack of socialization from health workers. Health and mental health care workers perform poorly in providing mental health facilities to accommodate and support ODGJ with government funds. Thus, poor health services result in a lack of public confidence in the effectiveness of health services (Eka Lestari et al., 2020). Care professionals Health care professionals implementing mental health programs need experience to help them perform their tasks smoothly. Previous research has shown that the clinical experience of healthcare professionals is critical to managing patient needs effectively and achieving optimal outcomes. (Karanicola et al., 2018). The limited number of health workers makes mental health programs not run well, the performance of health workers is poor, and the recovery rate of ODGJ increases (Hidayanti, 2019). Presence of nurses and doctors as the front line in medical services, including those working in mental hospitals, are at a high level in providing optimal service to patients, taking into account the condition of patients who require special care (Aedil & Syfar, nd).

Mental health professionals who care for patients may have negative attitudes and beliefs toward people with mental illness that affect individual patient care, on treatment and patient care. This is because mental health nurses have more contact with mental patients so that they can encourage nurses to be more pessimistic and hopeless in caring for patients. The involvement of health workers, especially nurses who are in direct contact with patients, is expected to have a positive perception in healing patients with mental disorders. Perceptions and attitudes have a positive relationship with schizophrenia. (Yanti et al., 2018).

Human rights are basic rights that are owned by all humans and are a gift from God Almighty. The Unitary State of the Republic of Indonesia recognizes and supports human rights because human rights are unique and cannot be separated from humans. Human rights must be protected, respected, and upheld in order to improve human dignity, social welfare, and human justice. In this case, the Republic of Indonesia, in this case the Government of the Republic of Indonesia, has legal, political, economic and social obligations to protect and strive for the fulfillment of human rights. (Congratulations Riadi, 2021).

(The 1945 Constitution of the Republic of Indonesia, nd) Article 28I paragraph (4) mandates "protection, promotion, enforcement and fulfillment of human rights is the responsibility of the state, especially the government". Thus, the government protects so that a person's human rights are not violated by others. Advancing it with efforts aimed at making human rights more respected and carrying out enforcement by giving punishment to people who

violate human rights by demanding and imposing punishment in accordance with the applicable laws and regulations. The government is also obliged to fulfill the rights of every citizen without discrimination in all aspects of life.

Humans are living beings who have privileges in the form of rights where these rights are attached to every individual which in the end these rights are listed as human rights. The law on the protection of human rights has been enacted since 1999. Since then until now people have been screaming about human rights crimes and equal rights, but they seem to forget that human rights apply to all human beings even if they have mental disorders. Law Number 18 of 2014 concerning Mental health enables everyone to live a quality life and enjoy a healthy mental life without any defects such as anxiety and stress that can affect mental health. The law on mental health was re-enacted in 2014 and its implementation has not yet been fully implemented. For example, in some places, people with mental disorders still experience shackles from their families, communities, and even hospital staff. Not only that, there is still neglect where there are still many crazy people who roam on the side of the road whose conditions are very worrying and neglected and cause unrest in the community. Meanwhile, Article 2 of Law Number 18 of 2014 concerning Mental Health is related to the principles of mental health efforts, including the principle of humanity, and the principle of protection. even hospital staff. Not only that, there is still neglect where there are still many crazy people who roam on the side of the road whose conditions are very worrying and neglected and cause unrest in the community. Meanwhile, Article 2 of Law Number 18 of 2014 concerning Mental Health relates to the principles of mental health efforts, including the principle of humanity, and the principle of protection. in Article 2 of Law Number 18 of 2014 concerning Mental Health related to the principles of mental health efforts, including the principle of humanity, and the principle of protection. even hospital staff. Not only that, there is still neglect where there are still many crazy people who roam on the side of the road whose conditions are very worrying and neglected and cause unrest in the community. Meanwhile, Article 2 of Law Number 18 of 2014 concerning Mental Health is related to the principles of mental health efforts, including the principle of humanity, and the principle of protection. in Article 2 of Law Number 18 of 2014 concerning Mental Health related to the principles of mental health efforts, including the principle of humanity, and the principle of protection. even hospital staff. Not only that, there is still neglect where there are still many crazy people who roam on the side of the road whose

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Based on the discussion above, researchers are interested in conducting a review of "Description of nurses' perceptions of the fulfillment of the rights of people with mental disorders".

METHOD

This literature review uses a systematic approach and selection process. Library sources are searched from national and international databases, including: PubMed, Proquest and Google Scholar. The search technique uses certain keywords from the research question. The keywords/phrases that will be used in the search are Perception and Nurses and Rights and People with Mental Disorders or Mental Disabilities. The search is limited to publications from 2016-2021. Language restrictions are also applied to limit the search for articles published only in English and Indonesian, and also judging from the inclusion criteria that have been determined, the inclusion criteria used to determine that an article is eligible to be included in this review are related articles. on nurses' perceptions of the implementation of the rights of people with mental disorders, articles published in the last 5 years from 2016-2021, articles in English and full text, articles not research protocols and systematic reviews, articles using qualitative and quantitative designs. The article selection process was in accordance with the Preferred Reporting Systematic Review (PRISMA) guidelines (Moher et al., 2009). As much 319,599 articles were found in the first search of the four databases, indicating that they were highly relevant to the topic reviewed between 2016 and 2021. After publishing duplicate articles and screening titles and summaries, 771 articles took the next step in full-text review and eligibility by criteria. Defined inclusions. Subsequently, the quality of the five qualifying studies was examined and summarized in the final report of this literature review.

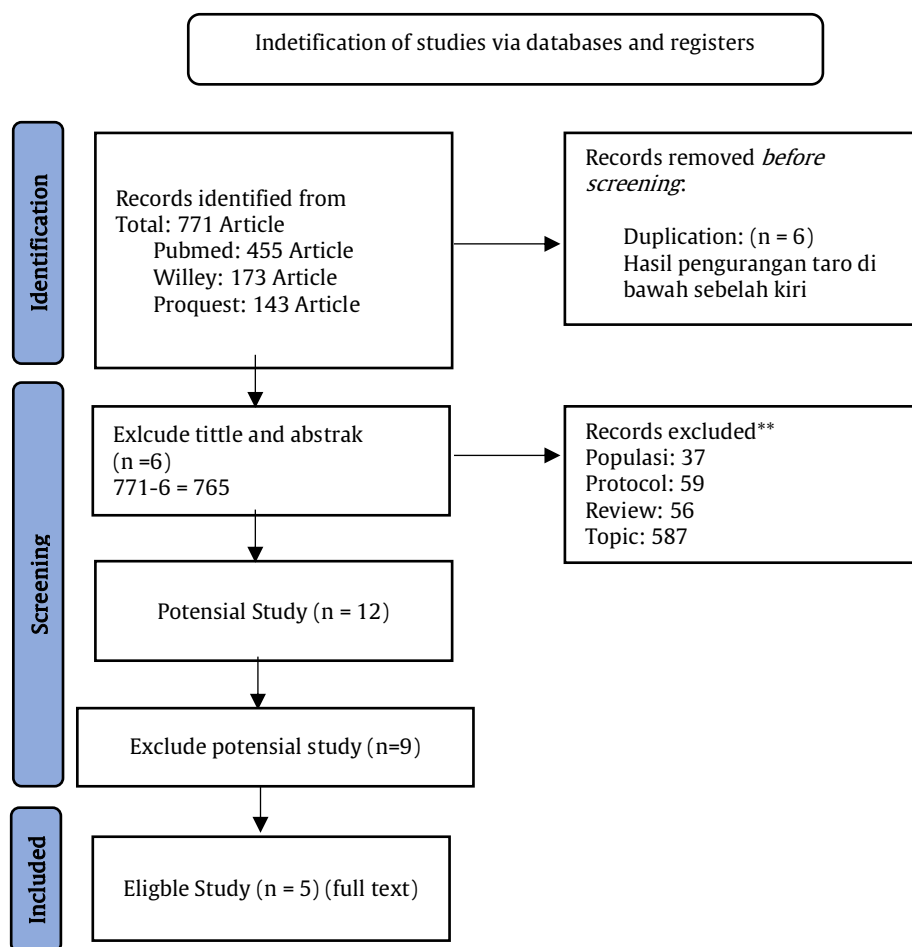


Figure 1: PRISMA flow diagram

RESULT AND DISCUSSION

After the researchers selected and extracted data on each article obtained, detailed descriptions related to the researcher's name, title, research design, respondent characteristics, objectives, interventions and results, these studies are summarized in the table.

The results of the literature review show that there are still many caregivers who are negatively aware of the rights of people with mental disorders. As physical, mental, social and spiritual beings, humans have rights as long as they are

healthy and sick. It is nurtured, maintained and protected without any outside help. Therefore, when the vulnerability of patients makes them vulnerable to abuse and weakness of the health system, the emphasis on health care and human rights during health care, especially the dignity of patients as human beings, becomes increasingly important. One of the issues discussed in the last discussion on patient rights was the need to respect the rights of inpatients in public health center and psychiatric wards and amend the law to protect patients with severe mental disorders.(Jooj et al., 2014).

| Researcher name & year | Title | Research design/location setting | Characteristics of respondents | Destination | Results |
|--------------------------------|---|----------------------------------|--|--|--|
| (Koshorke Mirja., et all 2021) | Perspectives of healthcare providers, service users, and family members about mental illness stigma in primary care settings: A multisite | Qualitative | The method used is the interview method. Participants were 248 participants, 64 primary nurses, 11 care managers, 111 psychotic patients, and 60 families. | The purpose of this research was to document pcp and the human perspective. Person with mental disorder who need primary health care | The output of the research found several themes, including: 1. Structural and Practical Factors Contributing to Primary Care Stigma: Health care providers in all regions except Italy are a major barrier to accessing care in all types of health care environments, including primary care centers Stigma is described as one of them. The lack of priority in psychiatric |

qualitative
study of seven
countries in
Africa, Asia,
and Europe

care is also seen as a devaluation of mental health services in primary care centres. In Tunisia and Nepal, the lack of availability of medicines is a major concern. Service providers at all locations reported inadequate workloads and staff fatigue due to lack of time to properly guide service users.

2. Expectations of psychiatry services both professional and primary: psychiatric services in primary care are reported by a doctor did not improve stigma. Patients feel embarrassed if they get treatment at a community health center. “When patients seek treatment, they close the door, keep the problem a secret, make sure there are no neighbors and get medicine. People are afraid of being branded, and so are we. Do not give any information about them to anyone else.
3. Clinical Abilities and Experience and Need for Training: In most places, general practitioners report mental health problems and a lack of knowledge about psychiatric treatment. In particular, they described difficulties dealing with difficult situations associated with agitation and other behavioral problems, and caring for patients with drug problems. Patients with severe mental disorders are referred to special psychiatric care. Whereas in primary care only for patients with mild mental disorders. Some general practitioners in Lebanon and Tunisia believe that treating patients with mental disorders is a professional job and not their job. This is because doctors have different views about their role in providing mental health services in primary care. In European HIC countries where mhGAP is not implemented, the PCP reports that limited mental health training is provided by different states or specialized agencies. After their foundational vocational training is complete and generally have little or no incentive or obligation. PCP profoundly wants to seriously prepare, particularly involved preparing, for example, how to speak with administration clients and how to manage

tough spots. GP additionally needs more oversight with administrations that explicitly manage administration clients. Overall, general practitioners complain about the lack of communication and cooperation with medical services, especially support.

4. Prosperity and exhaustion of service provider: Fatigue was reported by PCP from multiple sites among staff due to workload, limited assessment time, lack of personnel, lack of organizational support, and criticism from patients. No country reports having structured guidelines for dealing with workers burnout. But, in Tunisia, India, and Hungary, workers are trying to protect their prosperity by ensuring regular support and discussion about their difficulties. In India and Nepal, several structured trainings have been organized for PCPs to improve their psychological well-being, but this is just a one-time occurrence and is not sustainable.

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|--|--|-------------|--|---|--|
| (Papathanas iou Chrysovala ntis and Stelios Stylianidis., 2021) | Experiences of Futility Among Nurses Providing Care to Patients With Borderline Personality Disorder in the Greek Mental Health System | Qualitative | The method used is the interview method on 12 nurses | This study aims to explore the experiences and attitudes of psychiatric nurses. | <p>The results of the study found that the whole theme was futile. The following are the elements of the main theme that discusses the causes of participants feeling useless, without purpose and meaning :</p> <ol style="list-style-type: none"> 1. Uncertainty For the first theme, which is about the experience of nurses regarding the causes of mental disorders associated with various types of uncertainty. <p>Subtheme 1: Uncertainty of Cause Three explanatory models have been identified foretiology of psychiatric disorders: (a) brain disease, (b) sociopathology, and (c) mixed perspective. For the first case, biogenetic reasons considered to be the cause of brain dysfunction (eg, genetic, chemical imbalance). The second is believed to be the effect of environmental factors (social chaos, family dysfunction, etc.). From a mixed perspective, mental illness is thought to result from a combination of biological and social factors (eg, genetic susceptibility, interpersonal/ social trauma).</p> <p>Subtheme 2: Behavioral Uncertainty. Respondents assume that people with mental disorders such as schizophrenia were</p> |
|--|--|-------------|--|---|--|

unconscious, while patients with BPD were conscious. Patients with mental disorders such as BPD are usually able to recognize and control their behavior, but are often irrational, so that participants are confused and do not know how to respond. Another aspect of the disorder that raised many questions among participants was related to the propensity of BPD patients to injure themselves by scratching, cutting, or burning skin and other tissues. Unnatural and intense anger, known as "threshold anger", which causes emotional distress to nurses, is also raised in discussion as another behavioral problem.

Subtheme 3: Uncertainty in Decision Making.

Mental disorder was perceived by all participants as "different" from organic illness. While the medical practice of physical care is constant, psychiatric practice is characterized by a instability that make a feeling unsure of what to do. Referenced here. As a decision uncertainty. Psychiatric nurses learn by treating different patients, testing different methods, and seeing what works and what doesn't. The process of interpreting this understanding is more empirical than scientific. It is characterized by subjectivity, causes disagreement and conflict among the care team and increases caregiver anxiety leading to stress.

2. Frustration

In this second theme, the issues discussed regarding some of the causes of frustration include limited therapeutic effects, repeated hospitalizations, and how the interactions between nurses and BPD patients are conflicting.

Subtheme 1: Treatment of Frustration.

Psychotic patients are categorized into 3 in treatment, namely: (a) self-treatable, (b) professionally treatable, and (c) non-treatable. Patients with BPD were considered untreatable. Participants noticed that the efficacy of treatment in patients with BPD (even those on heavy medications) was limited and therefore treated the disorder

as an incurable disorder that was considered incurable. Medical use.

Subtheme 2: Rolling Door Frustration

Patients with mental disorders are divided into 2 categories in relation to mental health services, namely: (a) beneficiaries and (b) non-beneficiaries. Patients with BPD were considered non-beneficiaries and “burdens” because they were characterized by frequent and repeated hospitalizations.

Subtheme 3: Caring for Frustration.

Frontier patients are most difficult if they do not follow MHP orders and clinic rules. The resistance that patients with BPD exhibit to caregivers' attempts to communicate and manage effectively reinforces the feeling that all care is

3. No support is useless.

The third theme relates to the lack of support for the health care system, including inadequate mechanisms and services, lack of training for BPD psychopathology professionals, as well as lack of supervision and emotional support.

Subtheme 1: Helplessness

Institutional.

participants' questions regarding the care of patients with BPD at an institution such as a hospital. Emergency department hospitals can provide immediate assistance to patients in the event of a crisis (i.e., treat self-injury injuries or administer sedation), but hospitalization does not appear to offer much, according to participants, in large part because of available treatment. Institutional. Ask participants Practice caring for BPD patients in an environment such as a hospital. Hospital emergency departments can provide immediate assistance to patients at risk (such as self-harm and sedation), but participants said that the primary care available was limited to medication, so hospitalization did not appear to be very effective. As previously mentioned, BPD patients are not hospitalized and feel they do not need nursing services because of the limited effectiveness of drugs in BPD. Lack of specialized mental health care facilities is

another problem with care services in Greece. The lack of a referral system in certain cases to other health care facilities, and the lack of interaction and cooperation between these institutions creates another serious disadvantage in the existing system of care in Greece.

Subtheme 2: Educational Discomfort.

No discipline Different nursing has been defined in the Greek health care system. A typical nurse seeking employment in a Greek hospital may move from one clinic to another at the discretion of the hospital director, depending on the needs that arise from the vacancy. Thus, a nurse may be transferred to a psychiatric clinic without prior training in psychiatric nursing even though the nurse has worked for several years in a surgical clinic. This common practice increases uncertainty, anxiety, and the likelihood of failure.

Subtheme 3: Unsupported Emotionally.

In addition to the lack of training, the nursing staff is also less professional. As noted earlier, working with patients with BPD presents a challenge when it comes to building relationships. Lack of clinical monitoring deprives nurses of opportunities to express their feelings and think about their practice. The need for monitoring is evident in the following statement: "Letting go of emotions is the best thing we can do, but sadly it never happens!"

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|---|--|--------------|--|---|--|
| (Al- Awadhi Anwar et al., 2017) | Nurses' Attitude Towards Patients with Mental Illness in a General Hospital in Kuwait | Quantitative | The method used is a questionnaire which was distributed to 990 nurses | The purpose of this paper is to describe the attitude of nurses towards patients with mental disorders in general hospitals | Of the 990 nurses, 308 (31%) responded to the CAMI questionnaire. The mean of the authoritarian subscale (2.85), Virtue (3.66), social distance (2.97), and community mental health ideology (3.48) reflected attitudes. Negative nurse for the mentally ill. The use of direct or indirect mental attitudes of health facilities significantly increased authoritarian and benevolent scores, indicating a change in the positive attitudes of nurses in this group. The results showed that nurses generally had a negative attitude towards mental illness. It is well known that the negative attitudes of medical professionals, nurses in particular, can exacerbate mental health problems and significantly impair recovery potential. |
| (| Health care | Quantitative | Using | the | This study aims There is a negative correlation |

| | | | | | |
|-----------------------------------|--|-------------|--|---|---|
| Hatamizadeh Maryam et al., (2018) | reform in Iran: Implications for nurses' moral distress, patient rights, satisfaction and turnover intention | | questionnaire method distributed to 276 nurses | to assess the implications of Iran's health care reform on the recent experience of nurses' moral stress, perceptions of nurses in respecting patient rights and their relationship to job dissatisfaction, salary, and turnover intention. | between willingness to leave and respect for patient rights, job satisfaction and income satisfaction. In other words, the greater the respect for patients' rights, the more satisfied they will be with their jobs and income, and the less motivated they will be to move. The relationship between the intensity and frequency of positive moral burden with changing intentions. In other words, the higher the frequency and intensity of moral pressure, the higher the intention to sell. Respect for patient rights was significantly and negatively correlated with the intensity and frequency of moral distress, and positively with job satisfaction. |
| (Mendenhall Emily et al 2016) | Nurses' perceptions of mental healthcare in primary care settings in Kenya | Qualitative | Methods of interviewing 60 nurses from three hospitals | This study aims to find out nurses' perceptions of the mental health care system in Kenya, which focuses on the opportunities and challenges in providing mental health services at the primary level. | <p>The emergence of four themes in this study is assumed to be the center of nurses' awareness about the difficulty of providing mental health care in a situation where nurses work</p> <ol style="list-style-type: none"> 1. Nurses believe that mental disorders are a burden for the poor, both because of high costs and social problems. Generally, people think that patients cannot afford psychiatric health services because patients are unemployed or poor families with all limited resources. This is what makes nurses at local health facilities assume that this will burden the families of patients with mental disorders That's why they don't take patients to the hospital. Access to psychiatric health services that are still lacking is considered by many respondents as a fact that patients and their families are reluctant to seek treatment in dealing with mental health disorders because they do not have access to mental health services. Therefore, there is a consensus that families can more easily recognize mental health as a health problem and support them when integrated into primary care. Seek treatment. 2. The growing stigma in families and health professionals can hinder access to mental health care services for those who need psychiatric care. As stated by many nurses in this research interview, that a person and society do not think of mental disorders as a health problem so they are categorized into socio-spiritual aspects. Nurses believe that the discontinuity between mental disorder and medical facilities is driving people with |

mental illness further and further apart. Most caregivers have expressed concern about people with mental disorder who have been neglected or excluded from families and society because of prejudice and fear.

3. Substance abuse is defined as a mental disorder and is one of the leading causes of health problems in Kenya, thus the role of nurses is needed to improve their mental health services in drug and alcohol use. The nurse points out that substance abuse is a problem that requires prevention and rehabilitation. A nurse at the city's public hospital explains from a feasibility perspective. They really deserve treatment because they don't want it. Free counseling is required if the cause is drug related.
4. Patients with chronic mental disorders who need ongoing care will be difficult to reach and hinder the discovery of care. Generally, nurses assume mental disorders are the same as other chronic diseases such as HIV, hypertension, and type 2 diabetes. Medicines for people with mental disorders are consumed for a relatively long time and are expensive.

Nurses' Perceptions of the Rights of People with Mental Disorders

Perception is a person's assessment of something (Videbeck, 2011). Perception is a process of seeking information concerning the interpretation of the surrounding environment through sensing, in perceiving aggressive behavior (Khulsum, 2014). Perception can make individuals aware of and understand the state of the environment around them, and understand the state of the individual. The perception of each individual can be different in the same situation, this can happen because each individual has a different interpretation (Sunaryo, 2015).

(Hansson et al., 2013) in his journal states that mental health care staff in caring for patients can have negative attitudes and beliefs towards people with mental disorders that have an impact on the treatment of individual patients, on treatment and patient care. This is because mental health nurses have more contact with patients with mental disorders so that they can encourage nurses to be more pessimistic and hopeless in caring for patients.

Environment Employers believe that staff who primarily care for psychiatric patients and those who work in inpatient settings have more negative beliefs than those who treat other diagnostic groups and those who work in outpatient settings. The most difference was found in the comparison of inpatient and outpatient staff. This is because employees in this subset have more contact with people with more severe and long-term recurrent illness, and it can lead to an attitude that they don't respect people with mental illness and think

of them as human beings. People who are in poor health, unreliable, and have low ability to get or keep a job (Hansson et al., 2013).

This is in line with research (Hansson et al., 2013) which says that differences in the work environment will affect perceptions, where nurses in the mental health inpatient environment will have more negative perceptions and attitudes than outside nurses. Nurses in mental health settings have more contact with mental disorders and are thought to encourage negative beliefs, pessimism and hopelessness in caring for patients.

In the research conducted by (Nugroho, 2018) it was found that the stigma of mental health nurses in schizophrenic patients was found to be high in schizophrenic patients at Prof. HB Saanin Padang Hospital in 2015 as many as (68.6%). Nurses stated that they agreed that in people with schizophrenia their behavior was unpredictable (68.6%) and almost all nurses said they did not agree to marry a family member with schizophrenia (63.6%) and most nurses were still hesitant to recommend work to people with schizophrenia. (50.0%) and working with people with schizophrenia (45.7%) which are part of the discrimination of nurses' stigma in schizophrenic patients.

Causes of Nurses' Perceptions of People with Mental Disorders

a study entitled "Research on the Knowledge, Attitudes and Practices of Psychiatrists regarding Hospitalization of Mental Patients and Related Laws in Iran 2006" published by

Validour and partners. The results of impaired consciousness are seen in the work of most psychiatrists. These results suggest that there are limitations to existing laws and a shortage of trained psychiatrists in the country, for better legislation and more comprehensive training for psychiatrists. Therefore, in order to protect the interests of patients and healthcare providers, both groups should be informed of the provisions of the law. Meanwhile, caregivers should strive to continuously improve patient care standards and protect their safety and health (Jooj et al., 2014).

The Impact of Nurses' Perceptions on People With Mental Disorders

The impact that nurses do occurs on many sides including isolating others from seeking help, humiliating, causing a decrease in self-esteem, stopping treatment in time and social isolation, besides having an impact on the patient's psychological condition, it also has an impact on the effectiveness of health services.(Loftus, 2004).

LIMITATIONS OF THE STUDY

This article is only limited to searching for five databases that were analyzed due to the lack of research discussing this and all literature sources obtained in this study were English articles.

CONCLUSION AND SUGGESTION

ArticleThis article describes several research reviews related to explaining caregiver perceptions in realizing the rights of people with mental disorders. After reviewing the five articles, we can conclude that there are still many medical professionals who have negative attitudes towards people with mental disorders. The results of the literature review show that nurses generally have a negative attitude towards mental illness. It is well known that the negative attitudes of medical professionals, especially nurses, can exacerbate a person's mental health problems and seriously affect their recovery potential. Mental patients are also God's creations and must be treated like patients in public hospitals, so hospitals and nurses must always pay attention to the rights of mental patients.

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