

Description Of Factors In The Utilization Of Mental Health Services At Sambang Lihum Mental Health Hospital In South Kalimantan

Achmad Syamsudin¹, Ema Dessy Naediwati¹

¹Rumah Sakit Jiwa Sambang Lihum, Kalimantan Selatan

Correspondence : achmadsyamsudin43@gmail.com

Received : 16 November 2025,

Revised : 17 December 2025,

Accepted : 18 December 2025

ABSTRACT

Mental disorders are increasing worldwide. Most cases of mental disorders go untreated. Several studies have shown that there are factors associated with the utilization of mental health services. The most important factors are stigma, feelings, lack of knowledge, available mental health services, personal beliefs, and social support. Untreated mental disorders can be fatal, causing a disturbance in an individual's cognition, emotional regulation, or behaviour, disrupt daily life and cause long-term suffering. Sambang Lihum Mental Health Hospital is a very potential research site to obtain research results that represent mental health services in the province of South Kalimantan. The purpose of this study was to identify a description of factors in the utilization of mental health services at Sambang Lihum Mental Health Hospital. This study was a quantitative descriptive study with 111 respondents selected using a purposive sampling technique conducted in the psychiatry and drug polyclinic of Sambang Lihum Mental Health Hospital. Data were analyzed using univariate analysis. The results of this study indicate that the most important factors in utilizing mental health services are stigma, feelings, lack of knowledge, available mental health services, personal beliefs, and social support. Most respondents sought treatment at mental health services within a duration of 3 months to 1 year after the first symptoms of mental disorders appeared. Mental health service providers are expected to be able to educate about factors especially stigma so that they can increase patient and family awareness to utilize mental health services.

Keywords: *Mental health service, Utilization, Factor, Hospital, Stigma*

INTRODUCTION

The current prevalence of mental disorders is around 13% globally (WHO, 2022a). Nearly 1 billion people live with mental disorders in low-income countries, and more than 75% of those with these disorders do not receive treatment. This large number of untreated mental disorders indicates that mental health is one of the most neglected health sectors globally. There are several reasons why mental health is neglected. First, stigma; second, the perception of mental health disorders as a "luxury item," as opposed to the actual illness they are. Furthermore, fragmented and outdated service models are also contributing factors (World Bank, 2021). Indonesia is facing a similar problem. Mental health remains an issue that has not received optimal attention in Indonesia. The number of people with mental disorders continues to increase (Ministry of Health, 2020).

The increase in the proportion of mental disorders in Indonesia is quite significant. Research shows that more than 19 million people aged 15 years and over experience mental and emotional disorders (9.8%), and more than 12 million people aged 15 years and over experience depression (6.1%). Nationally, this increasing prevalence rate is accompanied by problems related to treatment. The treatment coverage rate for mental health patients who have never (in their lifetime) visited a mental health hospital, health care facility, or health care professional is 15%, while patients who have not taken their regular medication in the past month is 51.1%. Non-compliance with mental health medication is due to several reasons: feeling healthy (36.1%), not taking medication regularly (33.7%), not being able to afford regular medication (23.6%), not being able to tolerate the side effects of medication (7%), frequently forgetting (6.1%), feeling the dosage is inappropriate (6.1%), and medication unavailability (2.4%) (Risksdas, 2018).

All provinces in Indonesia are experiencing an increase in the prevalence of mental health disorders, including South Kalimantan. The prevalence of mental disorders in South Kalimantan was 5.1% in 2018 (Riskseddas, 2018). This figure has increased significantly compared to the prevalence of mental disorders in 2013, which was 1.4% (Riskseddas, 2013). The coverage rate for mental disorder treatment in South Kalimantan is nearly the same as the national rate. The treatment coverage rate for mental disorder patients who have never (in their lifetime) been to a mental health hospital, health care facility, or health care provider is 16.1%, while the rate for patients who have not taken regular medication in the past month is 46.8% (Riskseddas, 2018). These figures demonstrate that the utilization of mental health services is still not optimal. Untreated mental disorders can be fatal, causing a disturbance in an individual's cognition, emotional regulation, or behaviour; physical problems (heart problems, diabetes, stroke, insomnia) (Isdianto, et al, 2025); disrupt daily life and cause long-term suffering. This is a serious problem that requiring professional treatment to prevent long-term negative impacts (WHO, 2025).

Several studies have shown factors associated with the utilization of mental health services. Research by Salsabilah, Shaluhayah, & Mustofa (2023) found that the utilization of mental health hospital services is influenced by several factors, including: unequal accessibility of mental health services; positive family attitudes toward accepting family members with mental disorders; good family knowledge; The gender of families who send patients to mental hospitals tends to be male; financial constraints, where families with low financial means will affect adherence to treatment; and social stigma, where individuals with mental disorders are discriminated against and neglected in society. Research by Tirintica et al. (2018) stated that the most important factors influencing delays in accessing mental health services are stigma, lack of knowledge about mental health issues, and the current availability of mental health services. Additionally, other factors include feelings, personal beliefs, and social support. Based on this research, factors related to the utilization of mental health services can vary depending on the service provider.

One such mental health service provider in South Kalimantan province is Sambang Lihum Mental Health Hospital. Sambang Lihum Mental Health Hospital is a mental health hospital owned by the province of South Kalimantan (rsjsambanglihum.kalselprov.go.id, 2025). Based on a preliminary study, the number of visits to the mental health clinic at Sambang Lihum Mental Health Hospital in 2024 was 15,311, with 14,268 of these visits being long-term patients. Meanwhile, in 2023, there were 13,624 visits, with 12,992 visits from existing patients. Furthermore, to our knowledge, no research has ever been conducted on factors in the utilization of mental health services at Sambang Lihum Mental Health Hospital. As a referral mental health hospital in South Kalimantan, Sambang Lihum Mental Health Hospital offers a high potential for research to obtain results representative of mental health services in this province.

METHODS

This research is a quantitative study using a descriptive method. This research was conducted at the Mental Health and Drugs Clinic at Sambang Lihum Mental Health Hospital from August to September 2025. The sample in this study consisted of families and/or patients who met the inclusion criteria: understanding Indonesian; being outpatients at the Mental Health and Drugs Clinic at Sambang Lihum Mental Health Hospital; and being able and willing to answer the questions posed in the questionnaires. The sample size used in this study was 111 respondents. The sampling technique used was purposive sampling.

Data collection used a questionnaire instrument. This instrument consisted of two questionnaires: Questionnaire A and Questionnaire B. Questionnaire A was used to collect data on respondent characteristics and utilization of mental health services. Meanwhile, Questionnaire B was used to collect data on variables related to patient and/or family decisions to use mental health services. Respondent characteristics included age, gender, education, marital status, income, cost of care, prior history of

mental health disorders, the person who first recommended the patient or family to use mental health services, and the respondent's first location where they used mental health services.

Mental health service utilization was the time from the first appearance of mental health symptoms to the respondent's first use of mental health services. This variable was categorized into three categories: short delay (less than 3 months), moderate delay (3 months to 1 year), and long delay (more than 1 year). Meanwhile, variables related to patient and/or family decisions to use mental health services included stigma, feelings, lack of knowledge, availability of mental health services, personal beliefs, and social support. The factors in Questionnaire B were ranked by respondents. Number 1 was the most important factor to number 3 for the least important factor. Each subcategory also was numbered from 1 for the most important to number 4 for the least important.

This study used univariate analysis to determine the characteristics of the respondents, the variables mental health service utilization, and the factors related to mental health service utilization. Univariate analysis yielded frequency distributions and proportions for categorical data. This research also obtained an ethical clearance statement from the Ethical Committee at Sambang Lihum Mental Health Hospital (No.000.9/9634/RSJ-SAMLIH/2025).

RESULTS

Researchers evaluated 111 respondents. The main characteristics of respondents were: age 19-44 years (49,55%), male (52%), secondary education (66,67%), married (72%), income under Rp.2.000.000,- (66%), National Health Insurance (JKN) (89%), have prior history of mental health disorders (54%), public health center worker (the person who first recommended the patient or family to use mental health services) (36,04%), and Public Health Center (the respondent's first location where they used mental health services) (55,85%).

Table 1. Respondent Characteristics

Variable	Frequency (f)	Percentage (%)
Age (year)		
1-18	2	1,8%
19-44	55	49,55%
45-59	48	43,24%
> 60	6	5,4%
Total	111	100%
Gender		
Male	58	52%
Female	53	48%
Total	111	100%
Education		
Secondary Education	74	66,67%
Primary Education	23	20,72%
Uneducated	11	9,9%
Higher Education	3	2,7%
Total	111	100%
Marital Status		
Married	80	72%
Not Married	22	20%
Divorced	9	8%
Total	111	100%

Income (Rp.)		
<2.000.000	73	66%
2.000.000-5.000.000	38	34%
Total	111	100%

Variable	Frequency (f)	Percentage (%)
Cost of care		
National Health Insurance (JKN)	99	89%
No Insurance	12	11%
Total	111	100%
Prior History of Mental Health Disorders		
Yes	60	54%
No	51	46%
Total	111	100%
The Person who First Recommended		
Family	37	33,33%
Friend	16	14,41%
Public Health Center Worker	40	36,04%
Neighbour	9	8,1%
Self	6	5,4%
Social Services	2	1,8%
Village Apparatus	1	0,9%
Total	111	100%
Respondent's First Location Used Mental Health Service		
Public Health Center	62	55,85%
Sambang Lihum Mental Health Hospital	33	29,72%
General Hospital	16	14,41%
Psychiatrist Clinic	1	0,9%
Total	111	100%

This study examined six factors related to the utilization of mental health services at Sambang Lihum Mental Health Hospital. These factors are stigma, feelings, lack of knowledge, availability of mental health services, personal beliefs, and social support. Respondents were asked to rank 1 for the most important factor, 2 for the second, and 3 for the third.

Table 2. The Factors in the utilization of mental health services at Sambang Lihum Mental Health Hospital

Factors	Frequency (f)	Percentage (%)
Stigma (1)	34	10,21%
Stigma (2)	5	1,5%
Stigma (3)	3	0,9%
Feeling (1)	28	8,4%
Feeling (2)	23	6,91%
Feeling (3)	18	5,41%

Lack of knowledge (1)	20	6%
Lack of knowledge (2)	29	8,71%
Lack of knowledge (3)	27	8,11%

Factors	Frequency (f)	Percentage (%)
Availability of mental health services (1)	12	3,6%
Availability of mental health services (2)	20	6%
Availability of mental health services (3)	21	6,31%
Personal beliefs (1)	12	3,6%
Personal beliefs (2)	25	7,51%
Personal beliefs (3)	30	9%
Social support (1)	5	1,5%
Social support (2)	9	2,7%
Social support (3)	12	3,6%
Total	333	100%

*Number 1, 2, & 3 indicate the respondents' ranking choices

The stigma factor ranked first as the most important factor that respondents considered to be the most important factor in utilizing mental health services at Sambang Lihum Mental Hospital (10.21%). The stigma factor has subcategories: stigma at work/school, stigma within the family, stigma from friends/neighbors, and others stigma. Respondents who selected stigma as a factor related to the use of mental health services at Sambang Lihum Mental Health Hospital were asked to rank the factors on a scale of 1 to 4. Based on table 3, stigma from friends/neighbors is the biggest stigma experienced by respondents (40.48%).

Table 3. Stigma subcategories

Stigma	Frequency (f)	Percentage (%)
At work/school	9	21,43%
Within the family	8	19,05%
From friends/neighbors	17	40,48%
Others	8	19,05%
Total	42	100%

The feeling factor was ranked second by respondents as the most important factor in utilizing mental health services at Sambang Lihum Mental Health Hospital, namely 8.4%. Respondents who chose feelings as a factor related to the use of mental health services at Sambang Lihum Mental Health Hospital were asked to provide a rating from 1 to 4. Based on Table 4, feelings of uncertainty and fear were the most common, at 31.88%, of respondents. Meanwhile, distrust was experienced by 30.43% of respondents. These three feelings were not significantly different. Other feelings accounted for 5.79%. These other feelings included sadness, confusion, and loneliness.

Table 4. Feeling subcategories

Feeling	Frequency (f)	Percentage (%)
Uncertainty	22	31,88%
Distrust	21	30,43%
Fear	22	31,88%

Others	4	5,79%
Total	69	100%

Lack of knowledge was the third most important factor chosen by respondents as the most important factor in utilizing mental health services at Sambang Lihum Mental Health Hospital (6%). Interestingly, respondents ranked it second at 8.71% and third at 8.11%. This is higher than the number of respondents who chose this factor as the most important factor. This means that knowledge is a supporting factor in utilizing mental health services at Sambang Lihum Mental Health Hospital. Respondents who chose lack of knowledge as a factor related to the use of mental health services at Sambang Lihum Mental Health Hospital were asked to provide a rating from 1 to 4. Based on table 5, lack of knowledge about mental disorders was the biggest factor chosen by respondents (61.84%).

Table 5. Lack of knowledge subcategories

Lack of knowledge	Frequency (f)	Percentage (%)
About mental disorders	47	61,84%
About treatment	9	11,84%
About mental health services	16	21,05%
Others	4	5,26%
Total	76	100%

The availability of mental health services was the fourth most important factor chosen by respondents (3.6%). Similarly with knowledge, this factor also has a larger proportion of orders 2 and 3, at 6% and 6.31%, respectively. This indicates that the availability of mental health services is a contributing factor in the utilization of mental health services at Sambang Lihum Mental Health Hospital. The subcategories of availability of mental health services include financial reasons/cost of services, irregular sources of mental health services, transportation/distance issues, and others. Respondents who chose the availability of mental health services as a factor related to the utilization of mental health services at Sambang Lihum Mental Health Hospital were asked to rank them from 1 to 4. Based on Table 6, transportation issues or distance to mental health services is the most important factor, with more than half of the respondents choosing this subcategory, namely 52.83%.

Table 6. The availability of mental health services subcategories

Availability of mental health services	Frequency (f)	Percentage (%)
Financial/cost of services	10	18,86%
Irregular sources of mental health services	12	22,64%
Transportation/distance issues	28	52,83%
Others	3	5,66%
Total	53	100%

Personal beliefs were the fifth most important factor chosen by respondents (3.6%). This factor also had a higher proportion in the second and third places, at 7.51% and 9%, respectively. The personal beliefs subcategory includes the belief that one must overcome problems, traditional medicine, religious belief, and others. Respondents who chose personal beliefs as a factor related to the use of mental health services at Sambang Lihum Mental Health Hospital were asked to rank them from 1 to 4. Based on Table 7, religious belief was the respondents' largest choice for this personal belief category (41.79%).

Table 7. Personal belief subcategories

Personal beliefs	Frequency (f)	Percentage (%)
One must overcome problems	24	35,82%
Traditional medicine	5	7,46%
Religious belief	28	41,79%

Others	10	14,92%
Total	67	100%

Social support was the last factor selected by respondents as the most important factor in utilizing mental health services (1.5%). This factor also had a higher proportion of the second and third orders, at 2.7% and 3.6%, respectively. Social support subcategories include inadequate social support, resilience to symptoms, internet access, and others. Respondents who selected social support as a factor related to the utilization of mental health services at Sambang Lihum Mental Health Hospital were asked to rank it from 1 to 4. Based on Table 8, inadequate social support was the most frequently selected factor (61.54%).

Table 8. Social support subcategories

Social support	Frequency (f)	Percentage (%)
Inadequate social support	16	61,54%
Resilience to symptoms	4	15,38%
Internet	6	23,08%
Others	0	0%
Total	26	100%

The utilization of mental health services is divided into three categories. Based on research by Tirintica et al. (2018), these three categories are short delay (less than 3 months), medium delay (3 months to 1 year), and long delay (more than a year). This category refers to the duration of symptoms from the first appearance to the patient's first contact with mental health services. Based on Table 9, it can be seen that medium delay account for the largest proportion (51.35%). Meanwhile, long delay account for a similar proportion (45.95%).

Table 9. The utilization of mental health services

The Utilization	Frequency (f)	Percentage (%)
Short Delay	3	2,7%
Medium Delay	57	51,35%
Long Delay	51	45,95%
Total	111	100%

DISCUSSION

Respondent characteristics reflect demographic data in epidemiological studies for psychiatric disorders. Several journals indicate a predominance of people with mental disorders within a certain age group. Research by Munira, Liamputtong, and Viwattanakulvanid (2023) indicates that the age group 18-24 is most frequently using mental health services (60%). Other research indicates that the largest number of mental health service users are working-age adults (Lowther-Payne et al., 2023). The second-highest age group, 45-59, accounts for approximately 43.24%. This age group also includes working-age adults. Research by Coombs et al. (2021) found that the average age group most frequently using mental health services is 49. Therefore, the age group most frequently using mental health services is within the productive adult age group.

The proportion of respondents' gender characteristics shows that males are the most common gender (52%). Research by Utami, Amirus, & Yanti (2022) similarly indicates that males are the most common gender (70.7%) who utilize mental health services. However, the percentage of females is actually not significantly different, at 48%. Another study, by Tirintica et al. (2018), found that females are the most common gender in utilizing mental health services (67.3%). This suggests that gender is not significantly related to the utilization of mental health services. Meanwhile, the educational

characteristics show that secondary education (66.67%) was the highest level of education for respondents utilizing mental health services. A study by Utami, Amirus, & Yanti (2022) found a similar finding, indicating that secondary education was the most common level of utilization of mental health services. Another study found that 45.6% of respondents with secondary education accessed mental health services (Munira, Liamputtong, & Viwattanakulvanid, 2023). This suggests that those with a higher level of education utilize mental health services more frequently.

The highest proportion of respondents' marital status was married (72%). The results of this study are similar to those of Arahantabailu et al. (2024), which stated that respondents with married status were the most likely to utilize mental health services. Research by Utami, Amirus, & Yanti (2022) stated that 76% of respondents who utilized mental health services had family support. This illustrates that respondents with a partner as their closest family member utilized mental health services more often than respondents who were unmarried and divorced. The proportion of respondents by income shows that respondents with incomes of less than two million Rupiah were the largest (66%). Income can be crucial, as those with low incomes are less able to access health-supporting services. Low income has been shown to correlate with poor mental health (Thomson et al., 2022). Research by Muhammad & David (2024) shows that income is positively associated with utilizing mental health services.

Respondent characteristics based on financing show that respondents with national health insurance coverage accounted for the majority (89%). Research by Muhammad & David (2024) suggests that expanding public health insurance, such as national health insurance, can address disparities in the use of mental health services. Research by Hamersma & Ye (2021) suggests that access to mental health services could be improved in recent years through the expansion of public health. Meanwhile, respondent characteristics based on previous history of mental illness show that the majority of respondents had a history of mental illness (54%). This research is supported by research by Agenagnev & Kassaw (2020), which found that more than two-thirds of patients with mental illness experienced a relapse.

Several individuals played a role in influencing respondents to utilize mental health services. Public health center (Puskesmas) staff were the most frequent first-time recommenders to patients or families to utilize mental health services at Sambang Lihum Mental Health Hospital. The second most common group was family. The percentages of public health center staff and family were nearly equal, meaning both groups were equally likely to influence respondents' utilization of mental health services at Sambang Lihum Mental Health Hospital. This study's findings support the findings of Liana & Heni (2021), which stated that the role and effectiveness of public health center workers as primary health care providers, counselors, and partners for patients with mental disorders. Other research also found support for the utilization of mental health services, specifically family members. Research by Munira, Liamputtong, & Viwattanakulvanid (2023) found that support from partners and family was associated with the use of mental health services. Research by Isni, Qomariyah, & Nurfatona (2023) also found that social support from family was a significant factor influencing the use of mental health services.

Meanwhile, the characteristics of respondents based on their first location of use of mental health services show that the majority chose public health centers (55.85%). Public health centers (Puskesmas) are a crucial component of the Indonesian healthcare system. The presence of a public health center in every village, sub-district, and district is crucial for reaching communities who need healthcare services (Rahma, 2023). According to Minister of Health Regulation Number 19 of, a public health center is a first-level healthcare facility that organizes and coordinates promotive, preventive, curative, rehabilitative, and/or palliative healthcare services within its working area. This is why public health centers are the preferred choice for most respondents to obtain mental health services.

Researchers also identified description of factors influencing the utilization of health mental services at the Sambang Lihum Mental Health Hospital. Stigma ranked first as the most important factor identified by respondents. Many people with mental disorders face a dual challenge in their lives. They are challenged by stereotypes and prejudices stemming from misunderstandings about mental disorders

(Corrigan & Watson, 2002). Stigmatization is a collective system of negative reactions generated by human nature. The components of stigmatization include negative stereotypes (e.g., incompetence), negative emotions (e.g., anger), and discrimination (e.g., avoidance) (Jauch, Occhipinti & O'Donovan, 2023). There are two types of stigma: public stigma and self-stigma. Public stigma is the reaction the general public has toward people with mental illness. Self-stigma is the prejudice people with mental disorders hold toward themselves (Corrigan & Watson, 2002).

Research by Mardatillah (2024) states that stigma against mental health disorders remains a major barrier to seeking health services. Existing stigma discourages individuals from seeking medical help due to fear of being ostracized by society. This stigma is even stronger in developing countries, where societal views of mental health are often negative. Stigma keeps patients from receiving the best possible treatment. Mental health awareness in Indonesia is on the rise, but remains hampered by persistent societal stigma. This stigma hinders the acceptance of individuals with mental disorders, a crucial first step in recovery (Khansa, 2022).

Additionally, the description of stigma subcategories had identified. Stigma from friends/neighbors was the biggest stigma experienced by respondents. Stigma at work/school ranked second, followed by stigma within the family and other stigmas. Other stigmas included stigma from communities such as social gatherings, bird lovers, fishing groups, religious studies groups, and motorcycle groups. Research by Rinancy (2024) stated that stigma from the surrounding environment or society has an impact on not getting the right treatment. The next impact is that people with mental disorders experience disintegration with society due to the labeling given by society, so that interventions are needed to increase public knowledge about the diagnosis of mental disorders, so that society can accept people with mental disorders like sufferers of other chronic illnesses, so that people with mental disorders can live more optimally like other humans.

Feeling factors ranked second among respondents as the most important factor in utilizing mental health services at Sambang Lihum Mental Health Hospital. Research by Tirintica et al. (2018) found that feelings such as uncertainty, distrust, and fear can arise when someone experiences mental illness. Uncertainty and fear were the most common feelings experienced by respondents (31.88%). Meanwhile, distrust was experienced by 30.43% of respondents. These three feelings were not significantly different. Other feelings accounted for 5.79%. These other feelings included sadness, confusion, and loneliness. Research by Alessandro et al. (2023) states that uncertainty is often cited as a trigger for several negative mental health conditions, such as stress and anxiety. Another form of patient emotion is distrust. Medical trust is a key indicator of patient satisfaction with psychiatric care. Psychiatric patients develop distrust in the healthcare system when they perceive their right to discrimination in access to treatment, barriers to quality care, and inadequate involvement in treatment decisions (Molua, 2021). Furthermore, feelings of fear can also arise in patients with mental illness. Research shows that fear plays a significant role in shaping people's experiences using psychiatric services (Sweeney et al., 2015).

Lack of knowledge was the third most important factor selected by respondents as influencing the utilization of mental health services at Sambang Lihum Mental Health Hospital. Knowledge related to the utilization of mental health services can include knowledge about mental disorders, treatment, mental health services, and other factors (Tirintica et al., 2018). Lack of knowledge about mental disorders was the most significant factor selected by respondents (61.84%). Research has found that poor knowledge about subtle symptoms is associated with reluctance to seek professional help. Early identification of signs and symptoms of mental disorders is crucial to preventing them from becoming severe (Fung et al., 2021). Previous studies have reported several factors associated with poor knowledge, including low education, unemployment, age, gender, poor social support, low income, the absence of relatives with mental disorders, and a history of untreated mental illness, leading to a lack of access to better information about mental illness (Birkie & Anbesaw, 2021). Dora's (2022) research found that most respondents had poor knowledge about mental health issues, most respondents did not

utilize mental health services. Therefore, good knowledge will also improve utilization of mental health services.

The availability of mental health services was the fourth most important factor selected by respondents as influencing their use of mental health services. Mental health services are a crucial component of the health infrastructure, providing essential support for people living with mental disorders. Currently, utilization of mental health services remains low, and care utilization is unevenly distributed (Breslau et al., 2022). Research by Moroz, Moroz, & D'Angelo (2020) found that the main barriers to utilizing mental health services relate to cost, not knowing where to seek help, excessive waiting times, and insufficient funds.

The subcategory for availability of mental health services includes financial reasons/cost of services, irregular sources of mental health services, transportation/distance issues, and others. Transportation or distance to mental health services was the most important factor, with more than half of respondents (52.83%) selecting this subcategory. Sumbang Lihum Mental Health Hospital is located in the center of Banjar Regency, but public transportation is rarely used to access the hospital. Second place was irregular sources of mental health services. Third place was financial problems/cost of services (18.86%). Finally, other reasons include non-over-the-counter medications and limited drug availability at district hospitals (5.66%). Research by Munira, Liamputtong, & Viwattanakulvanid supports this finding; difficult access to mental health services, such as distance or lack of transportation. This distance can also prevent respondents from using routine mental health services at the same location. Financial issues are also a significant factor in the utilization of mental health services. Research by Salsabilah, Shaluhayah, & Mustofa (2023) indicates that financial support influences the utilization of services at a mental health hospital.

Personal beliefs were the fifth most important factor selected by respondents for their use of mental health services. According to research by Johnson & Possemato (2021), cognitive factors (such as beliefs) related to mental illness and mental health care tend to be more closely associated with treatment utilization. The personal beliefs subcategory includes the belief that one must overcome one's problems, traditional medicine, religious beliefs, and others. Religious beliefs were the most common choice for respondents in this category. Research by Naibili & Rochmawati (2019) found that beliefs about illness determine treatment methods. One method of health assistance is through religious methods. The second most common factor chosen by respondents was the need to overcome their problems. Individuals should address their problems by seeking professional help or mental health services. Beliefs about seeking professional psychological help are a factor that influences help-seeking intentions. Help-seeking intentions determine how individuals motivate themselves to seek mental health services (Sitanggang & Sudagijono, 2022).

Furthermore, traditional medicine was only a factor at 7.46%. This indicates that respondents preferred medical treatment at mental health services. However, some respondents also chose other belief categories, such as asking someone considered "smart" for water for mental disorders. Research by Subu (2015) found that patients with mental disorders seek traditional medicine as part of their treatment regimen, especially in developing countries, because they believe their illness is the result of supernatural powers. Some mental patients have used traditional and alternative healing methods before seeking medical care. Finally, another belief mentioned by respondents was that they believed they would be fine and that their illness would be cured. This indicates that respondents had positive beliefs about themselves and could encourage them to seek professional help or mental health services.

Social support was the last factor selected by respondents as the most important factor in utilizing mental health services. Social support can be an option for treating mental health issues. Empathy demonstrated by family, friends, and neighbors serves as resilience or a protective factor against mental health issues. Emotional support from social relationships is believed to be a significant factor in managing mental health issues (Choudhry et al., 2016). Research by Bretherton (2022) states that social

support networks foster positive help-seeking attitudes, which lead to positive help-seeking intentions and subsequent utilization of mental health services.

Subcategories of social support include inadequate social support, resilience to symptoms, internet access, and others. Inadequate social support was the most frequently selected factor (61.54%). Research by Utami, Amirus, and Yanti (2022) found that inadequate social support, such as from family and healthcare professionals, is associated with underutilization of mental health services. The internet factor was chosen at 23.08%. The internet is an effective way to reduce limitations and facilitate the provision of various healthcare services, including mental health (Rudi, 2022). The final factor, at 15.38%, is symptom resilience. This factor refers to respondents' attempts to combat their symptoms. This is also a factor respondents consider when utilizing mental health services. Individuals who try to overcome their symptoms can do so by improving their coping skills (Sulistiyowati & Sulistiyowati, 2019).

The final variable is the utilization of mental health services. Researchers found a clear picture of this variable. Mental health services in hospitals are services for cases of mental disorders that require multidisciplinary and specialist treatment and care (Ministry of Health Regulation Number: 406/Menkes/SKNI2009). Utilization of health services contributes to improving health and alleviating pain (Gulliford & Morgan, 2003). Utilization of mental health services is divided into three categories. Based on research by Tirintica et al. (2018), these three categories are short delay (less than 3 months), medium delay (3 months to 1 year), and long delay (more than a year). This category refers to the duration of symptoms of mental disorders starting from the first appearance to the first time the patient is brought to mental health services.

Medium delay accounted for the largest proportion (51.35%). Meanwhile, long delay was not significantly different, at 45.95%. The results of this study align with those of Tirintica et al. (2018), which found that the proportions of long and medium delays were not significantly different. Other research indicates that 43.3% of people with mental disorders do not utilize mental health services (Rahayuni et al., 2018). A total of 61.86% of people with mental disorders do not receive access to healthcare services according to standards. This is because access to mental health services in Indonesia does not meet the need for quality, affordability, and equitable access (Salsabilah, Shaluhayah, & Mustofa, 2023).

Most studies indicate that mental health services are still suboptimal and that several obstacles exist in the process and/or activities of providing mental health services to the community. Factors that can impact mental health services include a lack of adequate health resources, insufficient mental health budgets, inadequate supporting infrastructure, lack of support from policymakers, and a lack of advocacy (Pasaribu, Zahroh, & Dwi, 2023). The utilization of mental hospital services is influenced by several factors, including the unequal accessibility of mental health services; A positive family attitude in accepting a family member with a mental disorder will help accelerate recovery; a well-rounded family will better handle a family member with a mental disorder; the gender of the family member who sends the patient to a mental hospital tends to be male; financial factors, where families with low financial means will affect adherence to treatment; and societal stigma, where someone with a mental disorder will be discriminated against and neglected in society (Salsabilah, Shaluhayah, & Mustofa, 2023).

The short delay category is 2.7%. This figure is still relatively small, indicating that patients are still not utilizing mental health services optimally. One study stated that traditional and alternative medicine play a significant role in the Indonesian health system in meeting the need for mental health treatment. This treatment is the first choice for mental health patients and their families. Most mental patients have used traditional and alternative healing methods before seeking medical care (Subu, 2015). This suboptimal utilization of mental health services can also be due to various factors. Research by Munira, Liamputtong & Viwattanakulvanid found that barriers to accessing mental health services include: difficult access to mental health facilities; stigma, lack of social support, and delays in obtaining

appropriate treatment, as well as the high cost of treatment without national health insurance membership. To support optimal utilization of mental health services, factors that support access to mental health services are needed, including: national health insurance membership; support from partners, family, and close friends, as well as links to mental health literacy; and self-help.

CONCLUSIONS

The results of this study concluded that the utilization of mental health services at Sambang Lihum Mental Health Hospital was related to six factors, in order of importance: stigma, feelings, lack of knowledge, availability of mental health services, personal beliefs, and social support. Furthermore, the highest utilization of mental health services at Sambang Lihum Mental Health Hospital occurred within three months to one year, meaning the time from the first appearance of mental health symptoms to the first visit to a mental health service.

Several recommendations emerged from this study: education and campaigns about mental health and its treatment for the community need to be intensively promoted, as people who do not understand how to properly handle people with mental disorders tend to discriminate, ostracize, and label them; Sambang Lihum Mental Health Hospital needs to develop and improve higher-quality services to increase the utilization of health facilities by the people of South Kalimantan; support from provincial and central governments needs to be increased to facilitate the use of mental health facilities through policies and infrastructure that are evenly distributed across all regions, high-quality, affordable, and equipped with qualified human resources.

REFERENCES

1. Agenagnew, L., kassaw, C, 2020. *The Lifetime Prevalence and Factors Associated with Relapse Among Mentally Ill Patients at Jimma University Medical Center, Ethiopia: Cross Sectional Study*. J. Psychosoc. Rehabil. Ment. Health 7, 211–220.
2. Alessandro, M., Hanna, K., Suzan, A., Nancy, T. and Rita, G, 2023. *The association between uncertainty and mental health: a scoping review of the quantitative literature*. Journal of Mental Health, 32(2), 480-491.
3. Arahamthabailu, P., Praharaj, S. K., Purohith, A. N., Yesodharan, R., Rege, S., & Appaji, R, 2024. *Exploring barriers to seek mental health services among patients with severe mental illness and their caregivers in a modified assertive community treatment program: A qualitative thematic analysis*. Indian journal of psychiatry, 66(7), pp. 621–629.
4. Birkie, M., & Anbesaw, T, 2021. *Knowledge, attitude, and associated factors towards mental illness among residents of Dessie town, northeast, Ethiopia, a cross-sectional study*. BMC psychiatry, 21(1), 614.
5. Breslau, J., Barnes-Proby, D., Bhandarkar, M., Cantor, J. H., Hanson, R., Kofner, A., Li, R., Malika, N., Mendoza-Graf, A., & Pincus, H. A, 2022. *Availability and Accessibility of Mental Health Services in New York City*. Rand health quarterly, 10(1), 6.
6. Bretherton SJ, 2022. *The Influence of social support, help-seeking attitudes and help-seeking intentions on Older Australians' use of mental health services for depression and anxiety symptoms*. The International Journal of Aging and Human Development, 95(3), pp. 308-325.
7. Choudhry, Fahad & Mani, Vasudevan & Ming, L C & Khan, Tahir, 2016. *Beliefs and Perception about Mental Health Issues: A Meta-synthesis*. *Neuropsychiatric Disease and Treatment*. 12. 10.2147/NDT.S111543.
8. Coombs, N. C., Meriwether, W. E., Caringi, J., & Newcomer, S. R, 2021. *Barriers to healthcare access among U.S. adults with mental health challenges: A population-based study*. SSM - population health, 15, 100847.
9. Corrigan, P. W., & Watson, A. C., 2002. *Understanding the impact of stigma on people with mental illness*. World psychiatry : official journal of the World Psychiatric Association (WPA), 1(1), pp. 16–20.

10. Dora, M.,S., 2022. *Hubungan pengetahuan dan sikap keluarga terhadap pemanfaatan pelayanan kesehatan jiwa di wilayah kerja puskesmas sungai limau kabupaten padang pariaman*. As-Shiha Journal of Medical Research, 3(1).
11. Fung, A.W.T., Lam, L.C.W., Chan, S.S.M. et al., 2021. *Knowledge of mental health symptoms and help seeking attitude in a population-based sample in Hong Kong*. Int J Ment Health Syst, 15(39).
12. Gulliford, M., & Morgan, M., 2003. *Access to health care*. London: Roulledge.
13. Hamersma, S., & Ye, J., 2021. *The effect of public health insurance expansions on the mental and behavioral health of girls and boys*. Social Science & Medicine, 280, 113998.
14. Isdianto, A., Al Indunissy, N., and Fitrianti, N., 2025. *The impact of mental health disorders on physical disease risks: a comprehensive review*. Multidisciplinary Indonesian Center Journal, 2(2), pp. 1572-1587.
15. Isni, K., Qomariyah, N., & Nurfatona, W.Y., 2023. *Social support in accessing adolescents mental health services*. The Indonesian journal of public health, 18(3).
16. Jauch, M., Occhipinti, S., & O'Donovan, A., 2023. *The stigmatization of mental illness by mental health professionals: Scoping review and bibliometric analysis*. PLoS ONE, 18(1), e0280739.
17. Johnson, E. M., & Possemato, K., 2021. *Problem recognition and treatment beliefs relate to mental health utilization among veteran primary care patients*. Psychological services, 18(1), pp. 11–22.
18. Kementerian Kesehatan Republik Indonesia, 2020. *Rencana aksi kegiatan 2020 – 2024*. Jakarta: Direktorat Pencegahan dan Pengendalian Masalah Kesehatan Jiwa dan Napza Kemenkes RI.
19. Khansa, 2022. *Stigma buruk gangguan kesehatan mental hambat pemulihan pasien*. Dilihat pada 3 November 2025, (<https://ugm.ac.id/id/berita/22185-stigma-buruk-gangguan-kesehatan-mental-hambat-pemulihan-pasien>).
20. Liana, L., and Windarwati, H.D., 2021. *The effectivity role of community mental health worker for rehabilitation of mental health illness: A systematic review*, Clinical Epidemiology and Global Health, Volume 11, 100709.
21. Lowther-Payne, H.J., Ushakova, A., Beckwith, A. et al., 2023. *Understanding inequalities in access to adult mental health services in the UK: a systematic mapping review*. BMC Health Serv Res 23, 1042.
22. Mardatillah, 2024. *Akses pelayanan kesehatan mental di negara berkembang*. DAWUH, (5)3, pp. 103-108.
23. Molua, E., 2021. *Addressing medical mistrust in in-patient psychiatric African American (AA) patients*. DNP Scholarly Projects. 60.
24. Moroz N, Moroz I, D'Angelo MS., 2020. *Mental health services in Canada: Barriers and cost-effective solutions to increase access*. Healthcare Management Forum, 33(6), pp. 282-287.
25. Munira, L., Liamputtong, P., and Viwattanakulvanid, P., 2023. *Barriers and facilitators to access mental health services among people with mental disorders in Indonesia: A qualitative study*. Belitung nursing journal, 9(2), pp. 110–117.
26. Naibili, M., J., E., and Rochmawati, E., 2019. *Keyakinan kesehatan dan persepsi masyarakat tentang gangguan jiwa*. Jurnal Penelitian Keperawatan, 5(2).
27. Pasaribu Habeahan, R. O., Zahroh Shaluhiyah, and Dwi S., 2023. *Pelayanan Kesehatan Jiwa dan Faktor yang Mempengaruhinya di Pusat Kesehatan Masyarakat : Literature Review*. Media Publikasi Promosi Kesehatan Indonesia (MPPKI), 6(6), pp. 1047-1056.
28. Rahayuni, I. G. A. R., Wulandari, I. A. P., Adianta, K. A., Darsana, W., & Wicaksana, A. A. T., 2018. *Pemanfaatan pelayanan kesehatan jiwa di puskesmas oleh keluarga penderita skizofrenia di provinsi bali*. Jurnal Riset Kesehatan Nasional, 1(1), pp. 76–81.
29. Rahma, M.N., 2023. *Sejarah Puskesmas di Indonesia: Pilar Pelayanan Kesehatan Dasar untuk Masyarakat*, dilihat pada 2 November 2025, (<https://fkm.unair.ac.id/2023/10/23/sejarah-puskesmas-di-indonesia-pilar-pelayanan-kesehatan-dasar-untuk-masyarakat/>)
30. Republik Indonesia RI. Undang-Undang Republik Indonesia Nomor 18 Tahun 2014 Tentang Kesehatan Jiwa.
31. Rinancy, H., 2024. *Sistematic Literature Review : Dampak Stigma Masyarakat Terhadap Orang Dengan Gangguan Jiwa*. Informasi Dan Promosi Kesehatan, 3(2), pp. 176–186.
32. Riskesdas, 2013. *Riset kesehatan dasar 2013*. Jakarta: Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan RI.

33. Riskesdas, 2018. *Hasil utama riskesdas 2018*. Jakarta: Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan RI.
34. Rizal, M.F., Johnston D.W., Black, N., and Sweeney, R., 2024. *Mental Healthcare Access and the Treatment Gap in Indonesia*, Papers 2024-16, Centre for Health Economics, Monash University.
35. RSJ Sambang Lihum, 2023. *Profil: tentang RS*. Dilihat pada 5 November 2025, (<https://rsjsambanglihum.kalselprov.go.id/web/tentang-rs/>)
36. Salsabilah, N., Shaluhayah, Z., & Mustofa, S.B., 2023. *Analisis faktor pemanfaatan pelayanan rumah sakit jiwa: systematic literature review*. *Holistik Jurnal Kesehatan*, 17(2).
37. Sitanggung, B.,F., & Sudagijono, J., S., 2022. *Help-seeking intention dan self- efficacy dalam mencari bantuan layanan kesehatan mental pada mahasiswa*. *Experientia : Jurnal Psikologi Indonesia*, 10(2).
38. Subu, M.A., 2015. *Pemanfaatan terapi tradisional dan alternatif oleh penderita gangguan jiwa*. *Nursing*, 3(3).
39. Sulistyowati, E., C., and Sulistyowati, D., 2019. *Pemberdayaan pasien dengan pendekatan self help group terhadap perubahan mekanisme coping pada pasien gangguan jiwa skizoprenia di rsjd dr arifz surakarta*. *Jurnal Terpadu Ilmu Kesehatan*, 8(1), pp. 01-129.
40. Sweeney, A., Gillard, S., Wykes, T., and Rose, D., 2015. *The role of fear in mental health service users' experiences: a qualitative exploration*. *Social psychiatry and psychiatric epidemiology*, 50(7), pp. 1079–1087.
41. Thomson, R. M., Igelström, E., Purba, A. K., Shimonovich, M., Thomson, H., McCartney, G., Reeves, A., Leyland, A., Pearce, A., and Katikireddi, S. V., 2022. *How do income changes impact on mental health and wellbeing for working-age adults? A systematic review and meta-analysis*. *The Lancet. Public health*, 7(6), e515–e528.
42. Tirintica, A.R., Andjelkovic, I., Sota, O., Pirlog, M.C., Stoyanova, M., Mihai, A., and Wallace, N. (2018). *Factors that influence access to mental health services in South-Eastern Europe*. *Int J Ment Health Syst*, 12 (75).
43. Utami, Y.H., Amirus, K., & Yanti, D.E., 2022. *Analisis faktor-faktor yang berhubungan dengan pemanfaatan pelayanan kesehatan jiwa di wilayah kerja Puskesmas Seputih Raman Lampung Tengah*. *Holistik Jurnal Kesehatan*, 16(6), pp. 505-515.
44. WHO, 2022a. *World mental health report: transforming mental health for all*. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO.
45. WHO, 2025. *Mental health*. Dilihat pada 1 Desember 2025, (<https://www.who.int/news-room/fact-sheets/detail/mental-disorders>)
46. World Bank. (2021). *Mental health: lessons learned in 2020 for 2021 and forward*. Retrieved July 7, 2023, from <https://blogs.worldbank.org/health/mental-health-lessons-learned-2020-2021-and-forward>