More than Stigma:

Improving Wellbeing for People in Developing Countries

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Subject: Innovation with specialisation in Design
Level: Second Level
Course code: 5D174E
Programme: Innovation through Business, Engineering, and Design - specialisation Design
Faculty: Faculty of Arts and Humanities
Institution: Linnaeus University
Year: 2021
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June 2021
Acknowledgement

The designer of this project wishes to express sincere gratitude to the following peers who have contributed to the completion of the master thesis and the project as a whole.

- First and foremost, the designer’s family for the constant support throughout the project,
- Miguel Salinas and Yan Ki Lee as the academic tutors and supervisors. Gratitude is shown for the profound suggestions to reach the optimal result of the project,
- Lars Dafnäs, the examiner, for the valuable and constructive criticism,
- Ade Binarko from Sehat Mental ID, for the support and opportunity to work alongside the mental health organisation and giving thorough insights throughout the project,
- The interviewees for being sincere and open throughout the interview process and also for contributing and putting perspectives into the development of the project,
- Soniya Billore and Peter Lerman as the programme coordinators for the business and engineering perspectives of the programme and giving the designer brand new insight and knowledge within the programme,
- Last but not least, the class members of the Innovation through Business, Engineering, and Design programme for the continuous support, mentally and physically, and for making the semester and the whole period of the programme pleasing.

Without them, the realisation of the project would not have been possible or as meaningful as it turns out to be.
Abstract

This project puts the focus on promoting the importance of bringing attention to mental health in developing countries. It aims to connect people with mental disorders with the help needed to improve their wellbeing. Through the methodology of design thinking and theories of wellbeing and inclusive design, a design proposal is developed.

With the situation of COVID-19, people’s wellbeing has become an important issue that needs to be addressed. Apart from physical health, mental health also plays a big role in bridging people into their optimum state of wellbeing. However, the decreasing number of available mental health services has made it difficult for the people to get the help needed, especially in developing countries such as Indonesia, where it had already been limited prior to the pandemic. The primary reason being how mental health is stigmatised, which hinders people from getting the help they need to improve wellbeing.

The proposed service design, Discover the Stigma, shows a tool developed alongside stakeholders that enables people in Indonesia to get connected with the help needed and to understand, maintain, and/or improve their wellbeing. It is intended that the tool would provide comfort for people who feel stigmatised within the society and for society to understand them better.

Keywords

wellbeing, stigmatisation, mental health, service design
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## Abstract

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1. Introduction

1.1 Project Background

The pandemic of COVID-19 has altered the ways of living for people all over the world. This has led the world to apply collective rules, such as travel restriction and social distancing, that are intended to help to reduce the spread of the virus. According to Vernon (2014), to improve wellbeing, one should experience pleasant feelings that are kept in motion and supported by delightful variety. However, the regulations applied, alternately, have affected people mentally as they prevented them from having a social relationship with others and are lacking the pleasant feelings needed to improve wellbeing. They are also forced to continuously adjust to the changes made following the progression of the virus. These alterations and restrictions applied in ways of living have affected people’s emotional state, from trouble sleeping, eating, to depressive disorder. In turn, it increases the cases of people suffering from mental disorders. Mental health issues or mental disorders have been an increasing phenomenon over the years. 1 in 5 people globally live with mental disorders, meanwhile, the expenses spent for mental health is less than 2% of the overall health expenditure (WHO, 2021).

With the ongoing pandemic, the services available to help with mental issues have now been limited to follow the health regulations to lower the case of COVID-19 (Panchal, et al., 2021). Although the case is not different in developing countries, the count of mental health treatment services prior to the pandemic had already been considerably low (Rathod, et al., 2017). In Indonesia, for example, only 10% of people suffering from mental disorders could get the help needed (Indrayani & Wahyudi, 2018). To this, Eshun (2009) adds how cultures play an important role when it comes to shaping people’s psychological state as well as the services provided, including the diagnosis and treatment. Berry (1995) mentions how although mental health is a common topic for people, their understanding is hindered by the cultures and society that they grow up in. This causes the lack of responses and development on mental health service within the country, which hinders people from receiving the support needed. In addition to that, cultural factors also cause people to hide their feelings to fit in with society. Thus, it becomes important to understand the cultural factors of the country to understand how it affects its mental health services as well as people’s mental health state.
1.2 Personal Background and Motivation

The project started with my understanding and empathy for the problem faced by the society in Indonesia. As an Indonesian living with a diagnosed mental disorder, I have had firsthand experience of being in contact with the mental health service in Indonesia. During the time, the local hospital only had four specialists—three psychologists and one psychiatrist—available, which made it difficult to find a suitable time, moreover a suitable person to talk to. In addition to that, the conversations I had with society, apart from my close relatives, were not pleasant. People made speculations and overused the word “crazy” to refer to people going to see a psychiatrist and/or psychologist despite the reasons. Being initially unaware of this, I sought to gain knowledge on the state of mental health in Indonesia by joining seminars held by a mental health organisation in Indonesia.

After thorough research on the matter itself, the understanding becomes clearer that the problem lies country-wide, if not globally. Mental disorders, in Indonesia, are considered a stigma, which is defined as a mark of disgrace on someone’s held opinion by society or others. This stigmatisation on mental health relates to cultural factors, such as religious beliefs and social class hierarchy, which play big roles in the country. Due to this, the people suffering from mental disorders choose not to get the treatment they need. Additionally, the medical experts also choose to branch out to other fields apart from psychiatry. With this in mind, I, who will be referred to as the designer, intend to find an innovative solution that would help the subjects of mind in developing countries to be able to find the help they need and improve their wellbeing.

Throughout the design thinking process of this project, collaboration becomes an important factor that helps the success of the outcome and to reach the initial objective. Thus, different stakeholders are considered early in the process to gather different perspectives and to appeal to the subjects of mind the way suitable medically, while convenient whether or not they are familiar with their own feelings. Potentially, it would affect the construct formed about mental health within the culture and lead people to accept and even help the subjects of mind. Thus, I contacted the mental health organisation to better understand these needs that lead to the motivation of why the intended solution is crucial.
Sehat Mental ID

The project is realised as a collaboration with Sehat Mental ID, a mental health foundation in Indonesia that aims to hold space and provides support and education around mental health. The foundation was established in 2015 as a movement to raise people’s awareness of the existence of mental disorders in Indonesia. The foundation teamed up with local places to convene the society and commemorate World’s Mental Health Day. As years passed, the foundation started growing online platforms to promote mental health and provide support for people in need, such as through social media posts, videos, online seminars and meetings, and podcasts. The foundation works together with advisors and specialists to provide scientific research and information that potentially helps people battling mental disorders with the support and help they need (Sehat Mental ID, 2021).

1.3 Aims and Purposes

The project aims to connect people suffering from mental issues and/or showing symptoms of mental disorders with the professional help they need to improve their wellbeing. The purpose is to understand how the fear of being stigmatised by society from having, showing, or getting mental disorders, hinder people from improving their wellbeing.

1.4 Delineation of the Field of Study

1.4.1 Clinical Psychology

Before understanding clinical psychology, the main field of psychology itself needs to be understood. Psychology is best described as the knowledge that explains people’s sense of desires, emotions, and other states of consciousness through the understanding of their underlying causes and impacts (James, 1984). To that, Carta (2009) adds that psychology is also defined as the science of behaviour, which is shared by natural science, relating to biology and the study of mind, as well as social science, where people’s individual and social behaviour are studied to determine the personal state of mind. This causes the many and distinct numbers of classification of branches or approaches in the field of psychology, one of them being clinical psychology.

Clinical psychology is a field within psychology that focuses on the diagnosis and treatment of mental disorders. The process of clinical psychology is done through a structured process. The first process is assessment and diagnosis, in which psychologists run a series of tests to
understand people’s mental characteristics and diagnose the state of mental disorders if found. A tool in diagnosis includes an interview where psychologists question people based on their feelings. When understood, the process leads to treatment. There are different techniques used within the treatment process, which include individual and group therapies, or medications. Although with the understanding of each treatment that the clinical psychologists have, the final treatment is still chosen along with the people to find the suited one. The last process, research, is a process that relates to people’s participation in studies relating to mental health care for future references to find the most suitable treatment for others (Britannica Academic, 2021).

1.4.2 Social Innovation

Social innovation allows innovative activities to be done as efforts to meet social needs within social causes. This includes organisations whose purposes are society-centred rather than profit-centred (Mulgan, 2006). The fields within social innovation include, but not limited to solving problems within; rising life expectancy, growing diversity, behavioural problems, difficult transitions to adulthood, and attaining happiness. The similarity that these fields have is how the existing models and solutions are inefficient in solving the problems given the potentials that they have. Many choose to stay in their known roots without branching out on new possibilities. This becomes the driver of innovation along with the awareness of a gap between what is and what should be available at the current state. Meanwhile, following the ‘innovation’ term of the field, these gaps should be constantly altered following the changing of time with new technologies and scientific findings (Mulgan, et al., 2007).

Nevertheless, social innovation has been a rapidly growing field around the world. An example of social innovation includes self-help health groups, helplines for suicide prevention, neighbourhood nurseries, charity shops, zero-carbon housing schemes, and even models for distance learning that these days become highly appropriate during the pandemic. These ideas meet the requirements for social innovation as the main drive is to meet society’s needs and improve their ways of living (Mulgan, 2006).

Social innovation is emphasised by the co-creation done by innovators and the society or the target group that they are pursuing. Constant communication is needed in order to come up with ideas that provide comfort and support for society. In turn, the innovators also need to secure the support needed for their projects, such as the commitment from the society that shows their need in the innovation ideas, financial support from the government or patrons,
and alliance between the innovators or organisations and the government and/or companies that show interest within the field. Said alliance is what makes the development process of the innovation feasible and helps reach the intended social change.

1.5 Delineation of the Project
1.5.1 Service Design

Copenhagen Institute of Interaction Design defines service design as a field in design that incorporates different elements to create a pleasant experience for the users. Service design has been widely applied due to its benefits in different sectors, profit and non-profit, such as retail, banking, and healthcare (Stickdorn, 2012). The innovative ideas generated through service design creates a way to evolve the existing system of service and make it more efficient for the users and other stakeholders involved in the service (Moritz, 2005).

To create the most effective service designs, there are several ways of thinking that need to be put to mind. These ways of thinking are known to be the principles of service design. The first principle is user-centred, which puts the focus of the design process on the customer. Due to this, the designers need to do thorough research and analysis on the customer’s needs, not only the journey through the service but also relating to culture, motivation, and social context. The second principle is co-creative. To understand the stakeholders’ needs better, it becomes important for service designers to create together with the stakeholders. Through co-creation, it leads the solutions to be relatable to the stakeholders and to keep the relationship between the different stakeholders and the project itself.

Following that is the Sequencing principle, which structures the process of service design from how the customers get in touch with the service, experience the service, to after the service is through. This leads to the Evidencing principle. This principle is what makes the relationship between the service and the stakeholders keep going within the post-service period. To make this post-service period work effectively, service designers need to relate each step to the touchpoints of the existing service. In turn, evidence helps to increase the customers’ loyalty towards the service. The last principle within service design is Holistic. Innovations in service design are to be made with alternatives on how different users might approach it. Thus, service designers need to consider wider than the target audience, but also the environment where the service takes place (Stickdorn, 2012).
1.6 Formulation of Question

How do cultural factors contribute to hindering people from getting the help needed to improve wellbeing?

How can design connect people suffering from mental issues to the professional help needed to improve their wellbeing?
2. Theoretical and Methodological Frameworks

2.1 Theoretical Framework

2.1.1 Wellbeing

The theory of wellbeing covers greatly the understanding of wellbeing as a whole, from the physical to psychological attributes that individuals have. It also relates to the effect that social environments have on people. For an individual to have optimal wellbeing is when the person has or exercises the ability to adjust behaviour within the social and personal environment. This includes avoiding stressful situations and social demands, building relationships, keeping focus, as well as understanding the nature of wellbeing itself for self and others (Fisher, 2019).

Psychological Wellbeing

According to WHO (2021a), wellbeing relates to positive mental health, which is a state where individuals can manage the normal stresses of life and be productive within personal life and society. To this, Czikszentmihalyi (1990) adds that people can achieve this by being involved in enjoyable individual or social activities, such as entertainment and good dietary habits. By indulging in enjoyable activities, it would help individuals to have a sense of control and victory within themselves. The reason behind it is because it gives the individuals the feeling of satisfaction that helps increase their self-consciousness.

When the joy and flow of life are not achieved, people’s wellbeing tends to lower and affect their mental and neurological disorders. These are also highly affected by the quality of life that the individual is living through. Oades, et al. (2021) mentions how the world does not define one person’s happiness, however, what affects it is how that individual perceives the world. Their perception of how the world revolves is caused by the harmony they have within themselves. When one achieves that inner peace, they will be able to be engaged in more social and/or individual activities, and in turn, will improve their overall wellbeing.

2.1.2 Attribution Theory

The word attribution is defined in The Dictionary of Psychology as “assignment of responsibility by the process of inferring underlying conditions and causes regarding behaviour of others or self.” (Corsini, 2016, p.77). The definition shows how attributions bring people to create reasons for the behaviours that people have. The attribution theory leads people to psychoanalyse their surroundings and determine the reasons behind events
happening around them to understand and adapt within the environment (Heider, 1958). This relates to the decision making of what they perceive from the surroundings, such as whether society holds a feeling of responsibility or an urge to help when they notice a person in need (Heinrichs, Oser, & Lovat, 2013). Eberly, et al. (2011) adds that there are three perspectives of attributions within the attribution theory. The first one is internal attributions, in which the reasons created to make sense of an event are based on one’s ability or behaviour. The second one is external attributions which relate the reasons why an occasion happens to other people’s or environmental reasoning. The last perspective is relational attributions which bring the internal and external perspectives and create reasoning based on the two attributions. Examples of the different perspectives in the attribution theory can be seen in table 2.1.2. Perspectives in Attribution Theory.

<table>
<thead>
<tr>
<th>Internal Attribution</th>
<th>Relational Attribution</th>
<th>External Attribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>Self in relation to other</td>
<td>Other people/situation</td>
</tr>
<tr>
<td>“I did not get a positive performance review, because…”</td>
<td>“…I did not put in enough effort over the past few weeks.”</td>
<td>“…my boss and I don't have a positive relationship.”</td>
</tr>
<tr>
<td>“I was not chosen as the team leader, because…”</td>
<td>“…I have poor communication skills.”</td>
<td>“…my boss is incompetent.”</td>
</tr>
<tr>
<td>“I did not meet the project’s deadline, because…”</td>
<td>“…I did not ask for additional help soon enough.”</td>
<td>“…my coworker and I did not give each other frequent enough updates.”</td>
</tr>
<tr>
<td>“My boss always monitors me closely, because…”</td>
<td>“…I once was caught surfing the web at work.”</td>
<td>“…we dislike each other and he is looking for a reason to fire me.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“…he is a control freak.”</td>
</tr>
</tbody>
</table>

*Table 2.1.2. Perspectives in Attribution Theory (Eberly, et al., 2011, p.733)*

According to Mbuthia, et al. (2018), attribution leads to lower wellbeing and mental disorders, such as depression and anxiety as it puts the beliefs that everything happening within the surrounding is in people’s control. The attribution theory relates to how an individual perceives an occasion and connects it to its cause based on speculations, which is caused by their feeling of need to control the environment. In addition to how the attribution theory
relates to mental health, it also relates to the stigma that grows with mental disorders. As previously mentioned, stigma leads individuals to be marked as disgraces within a society. Its emergence, not only lower people’s self-esteem but also stops people who suffer from mental disorders to seek healthcare support due to the apparent discrimination. To add to the matter, the words spread by society on the stigma itself would lead individuals to experience self-stigma, which creates a perception that what they are feeling is not relevant to society. This lowers self-esteem and increases self-destructivity (Mbuthia, et al., 2018).

2.1.3 Inclusive Design

Society consists of people with different backgrounds, social classes, and physical and mental abilities. With this in mind, designers are expected to break down the distinction that makes society split and instead turn it into a factor of unison. Inclusive design serves to innovate with the inclusion of as many people as possible. However, the need of specific groups of people is still an important factor that needs to be taken into consideration. The inclusive design does not try to solve the needs of groups of minorities within a society, but putting them into consideration and realising how those needs are what make the design process more comprehensive and in turn, appeal to a larger audience. Hence, inclusion is to be understood as equity or fairness for everyone and not an issue of disability (Imrie & Hall, 2001).

To this Viljoen (2015) adds that the result of inclusive design is aimed to engage inclusively and appeal to the target audience, not just as a business result, but also as a way to bind the culture where the design operates into a more harmonious scheme. To be inclusive is also to be able to include the different aspects that can be optimised within a design. Thus, in achieving the most effective inclusive design, designers also need to adapt to the changes happening around the society, such as politics, economy, and technology as these will help the design to grow over time. The inclusive design will as well improve the synergy between the society and the system focused on, which will generate sustainable organisational transformation.

According to the Commission for Architecture and the Built Environment, or CABE, there are five principles that make a design inclusive. First of all, it puts the focus of the design process on the users or society. What this means is that the design process should include as many groups of people as possible to create a design that promotes social cohesion in addition to improving the wellbeing of all. The second principle is to acknowledge diversity.
The addition of access for people with disabilities in a design is important. However, how it might affect other people, such as the elderly or people with mental disorders, should also be put into consideration. The different possibilities that people can access the design should be at the base level and not applied as an option only if deemed possible.

The following principle is to provide options for access towards the design developed for all users. As explained above, inclusive design should be able to accommodate everyone, however, the level of care that is put into each design element should be within the same level to provide equity. The fourth principle shows the importance of providing flexibility in use. Apart from the different users, each user might meet different situations that lead to them using the design in different ways. The design should also be able to provide comfort for different circumstances. The last principle, that binds all the other principles, is that inclusive design should provide the people with a sense of convenience and should be enjoyable to use for most, if not everyone (Fletcher, 2006).

2.2 Methodical Framework

The methodology framework followed within the design process of the projects is the branch of Design Thinking methodology, which is Designing for Growth. Throughout Designing for Growth, the project follows for phases; what is, what if, what wows, and what works to find the most suitable solution based on the problems, needs, and research (Liedtka, et al., 2014).

2.2.1 What is?

Before creating a solution, whether it is a product or service, the problem needs to be addressed and defined. This problem will be the aspect that holds the structure and leads designers to look back throughout the whole process of design thinking. The time that is taken to uncover the different spectrums that one problem holds can open up different and unique perspectives that would benefit the result of the design. Apart from that, it will also help designers to set expectations for success and understand how to solve the problem not only on its outer layer but also the underlying factors that will establish a design that acts as a more effective solution (Liedtka, et al., 2014).
Qualitative Research Methods

Qualitative research puts the researcher in others’ point of view through observation and/or interpretation to understand different occasions. The researchers within qualitative research leap into the field or context where the project takes place. The idea is to experience firsthand what the stakeholders experience, understand them in their points of view, and create an interpretation from it. Thus, qualitative research uses words as a tool of measurement instead of numbers. The methods used within qualitative research should be appropriate to the objectives. Moreover, qualitative researchers should keep an open mind throughout the process to gain a personal-level understanding of the problem (Flick, 2008).

Ethnography Research

Ethnography as a research method is a way to understand a small-scale group of people through their behaviours, beliefs, and cultural traditions. What makes ethnography different from other research methods, is how it is meant to create a more personalised result between the researcher and the group of people. The researchers are expected to be a subjective participant, being in between the group of people to understand their ways of living on a personal level, while being an objective observer at the same time. With that, communication becomes an important factor for the researcher to give the people a sense of involvement within the research process (Angrosino, 2007).

Empathy Interview

The word ‘empathy’ is defined as an ability that a person has to understand the feelings that other people experience. One way that can be done to achieve that understanding is through listening. An empathy interview is a one-on-one open-ended interview that is done to invite interviewees to elaborate on their answers based on specific experiences. In turn, the answers given would generally give more unique and unforeseen perspectives. Thus, empathy interviews need to be done with a sense of modesty and humbleness, while putting egos and judgements aside to create a comfortable and trusting environment for the interviewees (Nelsestuen & Smith, 2020).

Brainstorming

Through a brainstorming session, all participants of the session are given the opportunity to express their feelings and/or ideas that are in line with the topic at hand. Brainstorming gives the sense of judgement-free, which results in a more open and out-of-the-box thinking process. There are different ways to structure and visualise brainstorming sessions. The first
one is brainstorming webs, which provides the participants with a central topic and leads them to give out related ideas. Following that is the tree diagrams, where classification is shown and the relationship between the ideas given and the topic is visualised. The last one is flow diagrams, in which the different aspects are seen more as a system and shown to be more related one to another. Through the flow diagram, the sequence of the system is shown, resulting in a more structured session (Hanington & Martin, 2017).

**Stakeholder Map**

Before getting into the idea generation process of the project, it is important for designers to know the groups of collaborators who relate to the project and their roles in it. Hence, the composing of the stakeholder map is crucial early in the project. A stakeholder map helps to envision the different groups of people or elements within the environment whose involvement, directly or indirectly, will influence the project. By discovering these groups, designers will be able to put the focus to include the groups who will have an impact on the project and those who might be impacted by the project. The roles put within the map can be a representation of their general or specific roles, or even by the actual existence of a person, such as a name. Apart from the relationships with the project, through a stakeholder map, the relationship between one group and another can also be identified and analysed (Hanington & Martin, 2017).

Prior to the development of the stakeholder map, a power/interest matrix can help to determine the level of power or influence and interest of the stakeholders within the project. By highlighting the roles of each stakeholder, they can then be grouped along with the other stakeholders that share their interests and/or influence. These will then be thoroughly clustered as the group who need to be engaged closely throughout the process, the group to be kept informed about the project, the group that needs to be kept satisfied, and the group that can be put in mind but with minimum effort (Johnson, Scholes, & Whittington, 2009). The power/interest matrix of the project is shown in Figure 1 and the stakeholder map is shown in Figure 2.
2.2.2 What if?

The ‘What if?’ phase is where creativity plays a big role within the design thinking process. However, the phase is expected to be structured to avoid the result primarily seen from a
traditional brainstorming session, and instead produce innovative perceptions that are out of the box yet still possible to be visualised, refined, and possibly developed if deemed to meet the objectives (Liedtka, et al., 2014).

**Personas**

The method persona is done by creating fictional characters to represent the target group with their shared characteristics that would help the innovation team with the project development (Stickdorn, 2012). The number of personas clustered depends on the needs and/or contexts that want to be covered through the project, as well as the relevance. Generally, the number of persona clusters is kept below ten to keep the team’s focus and to keep the project manageable (Kumar, 2012).

**Idea Generation**

Once the underlying problem of the project has been understood and personas are created, ideas are generated through an ideation phase where an innovation team discusses innovative solutions that answer the needs of the personas. Idea generation generally works through brainstorming sessions within a group through a predetermined structure (Stickdorn, 2012). Idea generation sessions that are done alongside stakeholders will benefit the project in bringing in broader perspectives and a more innovative approach (Kumar, 2012).

**2.2.3 What wows?**

As the previous phase leads to new ideas, these need to be selected based on the potential it has to wow the stakeholders. This includes whether the idea meets the needs of the stakeholders, solves the problems defined early in the process, and also carries out the data that has been previously collected. This can be evaluated by re-understanding the stakeholders, and possibly going back to the ‘What is?’ phase, and creating a prototype that is aimed for the people to test out (Liedtka, et al., 2014).

**Customer Journey Map**

Customers go through a journey when they utilise a service and through it, problems are faced. A customer journey map helps to visualise the journey that customers go through in a flow where the team can pinpoint where the problems or revelations lie as touchpoints. This map would also help the innovation team to determine where the focus needs to be put to
create a better experience for the customer and analyse deeper the relationship between a said customer with the service (Kumar, 2012).

Prototyping

A prototype is a mock-up of a product or service that is created to make it tangible for the users. The reason behind the development of prototypes is to see the features of how the design is supposed to look and/or how it will work. A prototype also helps to determine the direction of concept development to create the most effective solution (Kumar, 2012). The feature that wants to be focused on a certain prototype might vary, from appearance, functionality, to feasibility of development. However, prototypes tend to be created approaching the final design in a real-world environment for them to be best tested and developed (Stickdorn, 2012).

2.2.4 What works?

The last question refers to the final step of the iterative development process before going back to the starting point. This includes the testing of the prototype along with stakeholders to engage them in the co-creative process. Their inputs will help determine the development of the product or service and reach the result with strong data-based investment decisions (Liedtka, et al., 2014).

Service Staging

Once a prototype is created following the needs of the customer, service staging is done to physically test out the said prototype and see what works and how it works within the environment. The prototype could be tested by the team, the staff, or possible customers to get different inputs on where development needs to be done (Stickdorn, 2012).

2.3 Implementation Frameworks

Personas’ Wellbeing

The design process of the project started by gathering information through a series of qualitative research. The early research was done within a collaborative group with another design student researching a similar topic around wellbeing. A brainstorming session, as seen in Appendix 1. Problem Definition Brainstorm was done within the group to gather information and a collective understanding of the problems that need deeper exploration.
From here, it was determined that the project would focus on the state of wellbeing for people in developing countries. Thus, ethnographic research was applied early on to create a more personalised result as mentioned by Angrosino (2007). Indonesia becomes the case country where the focus is put on and thus, the research started by understanding the state of the problem relating to mental health in Indonesia. As understood, mental health is a relatively common problem in Indonesia that is still stigmatised by society.

A set of empathetic interviews was conducted with subjects in mind as well as a foundation that has the focus on educating and supporting people around mental health. The result of the interview, as seen in Appendix 2. Empathy Interview shows that the reason for the stigmatisation of mental health in Indonesia lies in the conventional culture that is widely associated with the country. Apart from that, the service needed to help their mental health is also hard to achieve. One of the interviewees mentioned how the lack of information and education on mental health hindered them in finding help. They also mentioned how once they found the help, they needed to find an adult specialist once they turned 17, the age considered as an adult in the country, leading them to have to retell their situation. Meanwhile, another interviewee shared about the mental health topic in the country and how they are always asked to turn to religion. The answers provided by the interviewees were supported by the research done on the matter. As a result, it was learned that the culture and available service have affected people’s wellbeing as the people are unable to enjoy social activities, and, in turn, increase their self-consciousness. The customer journey map of the existing mental health service can be seen in Figure 3.
Inclusive Ideas Generation

Following the ‘What If?’ phase of the design thinking process, once the problem was learned and understood on a deeper level, idea generation was conducted. The method was done in a structured way with key stakeholders to answer the needs more efficiently as mentioned by Stickdorn (2012). The idea generation was done in three sessions. The first session was done along with Sehat Mental ID to understand their need as a mental health foundation in Indonesia. The second session was done alongside individuals within the subjects of mind. Two subjects of mind were present digitally during the session to receive more diverse perspectives. The last session was done with a person receiving mental health treatment in a developed country. The intention is to understand what has worked within their treatment and why.

All sessions were done with the diagram as seen in Figure 4 in mind. The ideas generated are intended to connect the subjects of mind to the foundation providing the treatment or support needed to improve their wellbeing. The stigma that is currently hindering this connection is put within the diagram as a remembrance that it exists. The ideas generated, however, might connect the subjects of mind to the foundation directly, through the stigma,
or even connecting the stigma to the foundation or the subjects of mind only. It was realised that these connections might affect the situation in the long run.

In the first session, both the designer and the representative from the foundation started by talking about the topic. The stakeholder talked about their feelings and the reason why the foundation started. After that, they talked about their needs as a foundation, in addition to as a mental health support system, which includes the need to reach out to more people and to be seen or recognised by other organisations and, if possible, the government. This conversation leads to the idea generation session. From the session, the conversation was kept in mind in addition to the ideas anchor. The ideas generated primarily refer to digital products that go hand in hand with the foundation’s vision. The ideas include support group applications, mental health checkup website, social media posts, and social media shows or seminars.

In the second session, similar to the previous session, the subjects of mind and the designer talked about their understanding of the topic. Through this, the designer tried to apply empathetic interviewing techniques to appeal to the subjects of mind and create a comfortable and judgement-free environment. This session leads to different ideas that show the hidden needs that were not articulated verbally through the interview conducted early in the process. The ideas generated also include what they feel would and what they have done that could help them to manage their mental disorders. These include a symptoms tracker, a psychological interactive game, a mental health toolbox that could guide them to feel better, educational shows, and a socially distanced support group. One subject of mind mentioned their need to have a physical interaction with the treatment to not make them feel like just another patient and have a deeper relationship with the specialist. Following the anchor, the ideas from this session generally show interest in going directly to the help and treatment rather than going to or through the stigma.

The last session, which was done with a person in a developed country, resulted in yet another unique set of ideas. Through the conversation done prior to the session, the person mentioned their lack of understanding of how mental health is treated in developing countries. However, they mentioned their understanding of how tough the topic can be to be brought up as not everyone is familiar with the spectrums of mental health. After going through years of the treatment system within the country, they shared what has worked for them and other ideas they thought would work for the problem. This includes a buddy programme that connects subjects of mind with an individual that they can communicate
with, illness management and recovery support groups, social media posts, and educational videos or podcasts that raise the problems within mental health.

![Figure 4. The anchor for ideas generation session.]

<table>
<thead>
<tr>
<th>Session I</th>
<th>Session II</th>
<th>Session III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support Group</td>
<td>Social Support</td>
<td>Recovery Support Group</td>
</tr>
<tr>
<td>Social Media Posts</td>
<td>Educational Shows</td>
<td>Buddy Programme</td>
</tr>
<tr>
<td>Social Media Shows</td>
<td>Mental Health Toolbox</td>
<td>Social Media Posts</td>
</tr>
<tr>
<td>Mental Health Seminars</td>
<td></td>
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</tr>
<tr>
<td>Mental Health Check-Up</td>
<td>Symptoms Tracker</td>
<td>Discovery Tool</td>
</tr>
<tr>
<td></td>
<td>Interactive Game</td>
<td></td>
</tr>
</tbody>
</table>

*Table 2.3. Ideas collected through idea generation sessions, clustered based on functionalities.*

Table 2.3. shows the ideas that are generated through the three sessions done with different stakeholders. Based on the colour, it also shows the clustering of the ideas based on their functional or technical similarities. The first cluster shows the need for support from others, whether society or other recovering people. The second cluster shows the need for an educational aspect of mental health through social media and physical elements. Meanwhile, the third cluster reveals the need to understand and discover people’s feelings based on current or overall condition. After thorough research, the different ideas were analysed to choose the most efficient solution to the problem. By relating each idea to the customer journey map shown in Figure 3, it helps to evaluate which ideas solve the main problems or
the touchpoints of the journey. Apart from that, the spoken and researched needs of the stakeholders are also prioritized.

**Psychological Prototyping**

After the ideas are sorted out, the ideas that deem to appeal to the problem the most are put into consideration within the development and prototyping process. To achieve a solution that creates a positive outcome for the subjects of mind and gaining their trust towards the designer and the design, the psychological aspect of the design was thought out. Through the three clusters and relating them to the customer journey map, three ideas are prototyped.

**Idea 1 - Social Installation**

The idea is developed considering the need for social interaction, social support, and self-discovery for the subjects of mind. Through the social installation, as seen in Figure 5, two interactive installations are placed in a public space. The first one questions people’s current feelings, meanwhile the second one questions society’s willingness to help others. The intention is to provide a space where people can express themselves and at the same time open people’s minds to the state of mental health that different people face. The weakness of this idea comes in the lack of privacy that individuals will receive as it elevates anxiety for the subjects of mind. Apart from that, it is possible that the installation gets mistreated by society passing by, such as vandalised or mockery written in the installation instead of support.
Idea 2 - Social Media Educational Posts

The idea is generated following the second cluster of the generated ideas. Following the name, the idea intends to provide educational posts through social media regarding mental health and the different mental disorders. Although the idea is not a new concept, it is to be made interactively and inclusively for the subjects of mind. For this idea to succeed, a social media account is used to share visual presentations focusing on educational information regarding mental health. This way, people can respond through comments and/or privately message the account for needed support and help. Moreover, the idea also provides commercial advertisement for the mental health organisation to be discovered by the subjects of mind. The weakness of this idea, similar to the social installation, is how it is to be made public and might be misunderstood and mistreated by society. It also lacks interactivity for subjects of mind to receive personal support for their conditions as the right information might appear at a later time.
Idea 3 - Self-Discovery Tool

The discovery tool idea provides questions that users can answer to understand their feelings, whether it is the feeling they have when taking the tool or the general feeling they have on a regular basis. The choices of answers are also provided to give a sense of belonging for the users on a more personal level. The questions asked will be based on the category chosen in the beginning and thus, in the end, it will give recommendations and different options of support that each individual can do or receive to help manage their feelings. The idea intends to give the subjects of mind an understanding of their own conditions and possible ways that can be done to improve their wellbeing. Apart from that, it also helps to understand someone’s feelings if taken by others to increase their sense of empathy on mental health and the people suffering from it. It is to be made in the form of a digital interface to reach out to people from different parts of the country. However, this also becomes the weakness of this solution as the people in the country with limited or no access to the internet will not be able to benefit from the Self-Discovery tool.
With the different ideas developed, the format and application of the ideas still follow one objective, which is to connect the subjects of mind to the help and support needed. With that, before determining the chosen solution, it becomes necessary to analyse the context where the solution will take place following the user-centred principle of Service Design. In the case of this project, the context of Indonesia as a developing country as well as the existing mental health service in the country was analysed.

*Figure 7. Self-Discovery Tool idea.*
3. Contextual Analysis

3.1 The Culture of Hierarchy in Indonesia

Indonesia is a country that is filled with different cultures. With over 300 ethnicities and six official religions, controversies and arguments are undoubtedly occurring ever so likely. Among them is the ongoing interplay of democracy and the clash of religious beliefs. These beliefs and practices are most visible in rural towns with middle to lower economic classes. Despite that, the country has shown massive growth in the number of people who can afford more than the basic needs, such as food, water, and shelter. Not only different personal needs but society in Indonesia has also been involved in a battle of snatching power and influential needs as this has become important to excel in life as an individual or a part of society. Confirmations from others also play an important role in survival within the country. This causes people in Indonesia, despite their social classes, to live with the means to meet expectations from others (Van Klinken & Berenschot, 2014).

The hierarchy built within social and professional classes have created gaps between society and resulted in damaged psychological health. Hence, identity exploration becomes essential to generate a healthy identity of a country. Van Klinken and Berenschot (2014) mentions that this offers a limited explanation for understanding young people’s aspirations in the context of a developing country. Young people’s aspirations in Indonesia for personal development are highly influenced by the social and political connections that they have. In addition to that, this political connection is determined by the social classes, which is indicated by the parents’ occupations; religion; and/or ethnicity. In turn, this affects individuals in Indonesia to achieve the aspirations that are built to meet other people’s expectations rather than individual aspirations.

3.2 Mental Health Culture and Service in Indonesia

Similar to other developing countries, the mental health services in Indonesia have not appealed to the people seeking support or treatment. Based on Riset Kesehatan Dasar (Riskesdas) or basic health research in Indonesia from the health minister of Indonesia, people aged 15 above suffering from mental health in Indonesia had increased significantly from 6% to 9.8%, with 6.1% of the percentage suffering from depression. This causes 13.4% of Years Lived with Disability (YLD) in Indonesia is caused by mental disorders. These disorders, apart from depressive disorder, include anxiety disorder, schizophrenia—which is
rapidly increasing—, and bipolar disorder (Indrayani & Wahyudi, 2018). To this, (Hartini, et al., 2018) adds that less than 10% of these people have received the treatment they needed. Following the treatment, the support shown by the government and society is close to none. The level of stigma within mental health is high. This is proved by how 31.5% of people suffering from mental health in Indonesia are in *pasung*, a term used for confining people in the family home.

Due to the stigmatisation, it has stopped people from expressing their feelings to others or specialists even when it bothered them. It also caused the people suffering from mental health issues to have lower self-esteem, in addition to lower wellbeing, as they tend to receive a sense of discrimination given their human rights on feeling safe and secure in their everyday lives. This stigma, not only affects the people, but also the image of mental health as it forms a bad notion of it in general.

According to the Indonesian Constitution number 18 of 2014 about mental health, mental health is defined by the country as a condition when an individual is able to grow physically, mentally, spiritually, and socially and realise one's ability to handle pressure, be productive, and contribute to society. The constitution (2014) also states that the country needs to confirm people’s optimal quality of life and ability to avoid fear, pressure, and be mentally healthy. There are four main efforts that have been proposed within the constitution for the matter. The first one is the promotional effort, which is a way to promote and increase the level of mental health within society. Followed by the preventive effort that is meant to avoid mental disorders to grow for individuals. The third one is the curative effort, which promotes a way to provide treatment for people battling mental disorders and make them be accepted back within society. The last effort is the rehabilitation effort. This effort includes activities from the government to provide social rehabilitation, for them to be able to socialise with others, and specialist rehabilitation, which motivates people to get help from a psychiatrist and/or a psychologist.

Given what has been stated above, the literacy around mental health in Indonesia is still considerably low, which affects the diagnosis and treatment provided, and also society’s understanding of their conditions and how to treat them within a social context. To add to the matter, the number of specialists for mental health services in Indonesia can only cover up to 10% of the subjects of mind. Apart from the numbers of people who could not receive help, suitability is not a choice for others (Afifah & Asyanti, 2016).
As a result of this stigmatisation and the lack of treatment available, the practice of pasung is being accustomed by families to hide the people with mental disorders as previously mentioned. According to Indrayani & Wahyudi (2018), the practice is commonly done in areas with low socioeconomic status. Society believes that through the practice of pasung, they can protect the community from the subjects of mind. Minas and Diatri (2008) mention that there are different ways that society applies this treatment to others, including confinement in a small hut within the family’s home space for two to 21 years. In addition, during this time, the people in pasung are not given formal assessment or treatment.

The enforcement of the Law of the Republic of Indonesia number 18 of 2014 concerning mental health has become a trigger for the government’s commitment to overcoming issues pertaining to mental disorders, including but not limited to the practice of pasung against people with mental illness. A number of anti-pasung programs have been carried out, such as Indonesia Bebas Pasung (pasung-free Indonesia) and Jawa Timur Bebas Pasung (pasung-free East Java), which were targeted to be accomplished by 2019. In spite of the constant efforts to release mental health patients from pasung, these programs are still considered unsuccessful, which is indicated by the repeated postponement of the accomplishment year of these programs. Initially planned to be completed by 2015, the accomplishment year of these programs has been changed to 2017 before and is changed to 2019 now. This implies that release of the mentally ill is not enough and a more effective evidence-based strategy is required to eliminate pasung as a product of stigma attached to the mentally ill.

### 3.3 Innovation to Improve Wellbeing

The context analysis of Indonesia and mental health in the country explains that cultural factors, be it religion or social class, affect people’s way of living their lives, which in turn affect their states of wellbeing. Therefore, the innovation developed needs to put the society in mind in addition to the needs of the stakeholders.

The government’s willingness and effort to strengthen the law for mental health service, as mentioned in the previous subchapter, show a possibility for the stigma to ease off in the country. However, society’s fear and eagerness to fit in with society stops them from seeking support. It has also stopped the current service to grow following the growth of mental disorder cases around the country. Thus, it becomes important to gain the trust of the subjects of mind and society when creating an innovation that answers the topic of mental
health in Indonesia. This sense of trust is what would make the people come back for more. In this case, the level of engagement received from the solution would not only affect the organisation commercially but also the image of mental health in the country.

Through the project, More than Stigma, the intention is to redesign the existing process of finding mental health support and help despite the growing stigma in society. A way to do this is by connecting them to the assistance. Given what has been mentioned regarding the situation in Indonesia, especially around mental health, a big step needs to be taken to achieve the objective.
4. Design Project

4.1 Design Development

As mentioned by Stickdorn (2012), the five service design principles are crucial in creating an innovative service solution. Thus, throughout the development phase of the solution, these principles are thought out.

User-Centred and Co-Creation

The project took off by targeting young adults in Indonesia. Therefore, it becomes important for the designer to research the young adults and the context of the project itself, which is Indonesia. Through this, the designer gained information about the needs of the stakeholders and also the underlying problems that are not spoken verbally by the stakeholders. It was also supported by the personas and the customer journey map built early in the project. After thorough research and gathering of information, the relationship between the designer and the stakeholders are maintained in a co-creation development process. The different ideas are proposed to the stakeholders to seek their insights and feedback. With this in mind, the development phase started by understanding the culture of the country and its relation to mental health.

Czikszentmihalyi (1990) states that people’s wellbeing is affected by the enjoyment that they feel within their daily activities as well as how society perceives them. Through indulging themselves in enjoyable activities, it would give people increase their self-consciousness and give control over their lives. However, the attribution theory, made notable by Heider (1958), explains that people tend to gain a sense of control when they can make sense of the occasions happening around them. The theory is also pushed by people’s yearn to adapt within society. This leads to people creating speculations over the reasons why something happens and often relating it to personal achievements. The attribution theory, when related to the theory of wellbeing, shows how said behaviour in an individual affects people’s mental health as it lowers wellbeing. People’s interactions with others and the continued desire to fit in effect the way they see and play a role within the world. This perception is also affected by how society responds to other people’s ways of living.

Indonesia, being a country with many cultures, is filled with people with contrasting beliefs, whether religious or personal beliefs. Despite all this, the majority of the population in Indonesia still has the belief that backs the damaged reputation of mental disorders in people. Which contributes to the speculations that people have when they are trying to seek
support for their feelings. Thus, it brings the subjects of mind to react to the stigma following the attribution theory. Most people choose to refuse to find help or hide it when they get the help needed for their mental health issues to adapt to society. With the lack of people seeking experts to manage their situations, it drives medical experts to pursue other fields than clinical psychology. The loop affects the whole system of mental health service in Indonesia and it becomes a problem that needs solving.

Therefore, through the project of More than Stigma, it is intended that the solution proposed helps the growth of mental health service in Indonesia. It is important for the solution developed to not only connect but also address the cultural factors that hinder people from seeking or receiving the help and support needed to improve their wellbeing.

Sequencing and Evidencing
Apart from the co-creation with the stakeholders in developing the solution, the relationship once the solution is fully developed also needs to be considered. It helps to gain the trust of the stakeholders towards the service and/or the designer, and at the same time gain information to keep improving for the service to grow with the changing of time. Implementation of sequencing in the project is done by creating an intention-based customer journey map that can be seen in Figure 8. It shows how the service design will refine the existing mental health service in Indonesia and also the post-service occasion for the users of the service. The cycle shown in the customer journey map also shows the evidencing principle of the service design and how the touchpoints from the existing mental health service are addressed and refined.

![Figure 8. Intention-based customer journey map.](image-url)
Subsequently, through the implementation of the researched and analysed theories, methods, and the context of the project, the Self-Discovery Tool was chosen as the idea to develop further. The idea is deemed to be crucial for the subjects of mind as the basis of understanding their feelings. Relating it to the customer journey map in Figure 3, the tool answers to the major touchpoints that negatively affect personas’ experiences with mental health service in Indonesia, which is expressing their feelings to themselves or to others, including specialists. Nevertheless, the other touchpoints throughout the mental health service in Indonesia are still critical to be addressed. Hence, the development process of the design seed was completed in an iterative process. This means that the research phase of the project was done throughout along with the development process of the solution following the loop of the Designing for Growth methodology. To keep the process on track, the aim of the project, which is to connect the subjects of mind to the support needed, became the grip that pulls the designer back to focus.

**Holistic**

The last principle of service design and one that relates closely to the context of the project is Holistic. It pushes the designer to explore different alternatives from ways of how people can reach the service to ways for them to be in touch with the service after the cycle comes to an end. In relation to the project, the subject of mental health, the young adults and the country, Indonesia, have varied characteristics that make options of use for the solution become critical. The different cultures that the country has resulted in different characteristics of the population. It also results in the different perspectives people have regarding mental health. Thus, for the solution to appeal to the theory of inclusive design and reach out to people across the country despite the cultural, economic, and social classes.

The Self-Discovery Tool is an interactive digital interface that provides an empathic inquiry in the form of questions in which the answers will help people and the system to understand one’s feelings. The designer envisioned the interface by analysing two main benchmarks that relate to the factors of the project, the topic of mental health, the target group, and the context. One of the benchmarks is focused on the psychological and inclusivity of the interface, and the other on the interactive elements. The first benchmark is Mind, which is a mental health charity that provides support and information regarding mental health. Through the digital interface, the charity equips users with features from information on mental health, self-coping tools, to news and campaigns relating to mental health. Meanwhile, the second benchmark is Wizarding World. Although the intention of the interface is unassociated with the project, the interface provides a discovery tool in reference
to a certain subject in popular culture. However, what makes the interface interesting and applicable to the solution is its interactiveness of the choices on each question that appeals to users and invites others to participate. These benchmarks are analysed and considered into further development processes of the solution.

The research and analysis on the different elements of the project lead the designer to achieve an open mind to develop the solution into a realised service design.

### 4.2 Design Result Analysis

As a result, the final design emerges entitled Discover the Stigma. Following the aim of the project through the field of service design, Discover the Stigma aspires to provide an enhanced journey for the subjects of mind in acquiring support to improve their wellbeing. Discover the Stigma is developed as an advancement of the Self-Discovery Tool that is generated by the different stakeholders. Putting the different elements of the project in mind, additional features are tailored into the digital interface to create an improved system of the mental health service in Indonesia. Through Discovery the Stigma, the users are given the chance to discover their feelings within their comfort zone and pace to reduce the fear of judgement. The result received will help the users to comprehend the reasons why they are feeling the way they feel. They will also be connected to different suggestions to help them manage their wellbeing, including self-help tools and/or professional support. The suggestions are provided so they can choose what they deem to be suitable for them.

To visualise the design as a development process and entering the ‘What Wows’ phase of design thinking, the designer created a prototype for the system. The intention is to enter the service staging phase and receive feedback from stakeholders for the refinement of the design. In the prototype of Discover the Stigma, different factors were considered, which includes:

**Functional Factor**

With an aim to connect people to the support and help needed, the solution needs to provide, not only the said support and help but also a convenient system throughout the mental health service. To achieve that, different features need to be applied and elaborated to give users not only the support and help they need but also thorough information on how to attain them in a convenient manner.
Discover the Stigma is then developed and incorporated into a redesigned mental health service that is compacted in a form of a digital interface. The interface intends to provide a more convenient experience for the subjects of mind throughout the journey of mental health service. The different features along with their connection to the main page can be seen in Figure 9. As shown, the Self-Discovery Tool, as the initial chosen solution, becomes the main feature of the interface. However, the other supporting features are integrated and provide connections one to another. As an example, after a user takes the Self-Discovery Tool, in the result page, different suggestions of ways to manage their feelings are listed that relate to either the Self-Help Tools page or the Talk to Someone page (an example of the result page can be seen in Figure 11).
Figure 9. Overview of the different features in the interface.

With the Self-Discovery Tool being the main feature highlighted in the service design, the additional focus on the prototype is put on it. To appeal to the users and create a pleasant empathetic experience, the questions are asked in an interactive way. An example of the question is shown in Figure 10, where the question of “Which view calms you the most as
you open the window?” is asked. Illustrations of closed windows are shown underneath the question and as the user hover their cursor over one of the windows, it will open and show a picture of the environment beyond the windows. The three windows show different nuances for the environment when opened. The choices that the user makes on all the questions determine the result of the test. The result itself, as seen in Figure 11., gives the user an understanding of their state of mental health. Apart from that, different alternatives of support from tools to manage their feelings to contact medical experts.

Figure 10. The interactive Self-Discovery tool question.
Technical Factor

The technical aspect of the interface lies in different aspects. First and foremost is the platform where the solution takes place. With Indonesia having different economic classes for its population, access to the internet is not a certain need that each person has achieved. The rural areas of the country still rely on limited internet connectivity, which results in some people not having internet access and some having middle to low internet speed. For the solution to appeal to its inclusivity, an alternative approach needs to be considered. Thus, an interactive poster is developed to complement the digital interface as seen in Figure 12. The poster is created relating to the Self-Discovery Tool and serves a similar purpose. Through the poster, the question of “How are you feeling today?” is asked and the passersby are able to answer by putting their marks under the answers that they deem suitable for their feelings. An example for the application of it is shown in Figure 13. Due to it being a static poster, the further steps of the tool cannot be accessed through the poster. Nevertheless, the users are given a choice to visit the digital interface by scanning the provided QR-code in the poster. In addition to that, the national hotline for mental health is also provided for emergency reasons or immediate help.
Figure 12. Interactive poster for the means of advertisement and Self-Discovery Tool.

Figure 13. Implementation of the interactive poster in a public space.
On the digital interface, the technical factor was related to the limited speed of the internet within the country. Apart from that, a fast loading interface will also please the users and appeal to them to return after the initial visit. To make this possible, there are several aspects that need to be considered according to Hebbar (2019) that the designer applied within the prototype of the digital interface. The first one is using a popular font that is widely available on different platforms. Following that is the use of graphics. As high-definition images tend to be high in size, illustrations are applied in the interface, which example can be seen in Figure 14, to still appeal to users with smaller size to make for a smoother experience. The last aspect is the non-parallax scrolling system. Parallax is a three-dimensional effect that users get when scrolling on a digital interface where the background graphic moves at a different speed than the page. Apart from risking users getting distracted from the impact of parallax scrolling, it also causes the page to scroll slowly. These aspects are applied in the prototype in consideration of the context and purpose of the interface and to create the most engaging and pleasant user experience.

Figure 14. The application of illustration graphics for the interface.
Visual Factor
Within the visual factor, design psychology was thoroughly applied throughout the development process to not only attract the users but also serves its purpose without distraction. As stated by Norman (1998), design is defined as a way to communicate an understanding between a designer and the target users and/or stakeholders. Thus, it becomes important for designers to consider the psychological state and behaviours of others when going through the design process. Thus, the result of the design that refers to psychological principles in the process can be more efficient and positive and in turn, giving the users a sense of trust towards the designer. It will, as well, lead the users to act the way expected towards the design itself.

The colour application is the main visual aspect thought out from the psychological perspective through the development of the interface and poster. Mikellides (2012) mentions how the use of colours affect the emotions that human beings feel. Thus, the shades of pink are used within the design due to the psychological effects it has. As described by Cherry (2020), the colour pink is generally associated by people with qualities that femininity has, such as empathy, compassion, and calmness. As follows, the colour is suitable for the objective of the design. The home page of the interface, as well as the interactive poster, are to have a pink colour on the background to allure the audience and gain their initial trust to provide them with compassion and a safe space. However, Cherry (2020) adds how the colour, although appears to be calming and charming, might agitate people after an elongated time, especially to those who hold unpleasant experiences with it. Thus, within the interface, the following pages where people would have to stay longer, the backgrounds are composed with white colour, which gives a sense of space and new beginnings. With the colour pink being a light hue of red, the red and white colour of the design is also considered to represent the identity of Indonesia.

4.3 Design Proposal
Discover the Stigma is proposed as the design seed, putting everything that has been researched and developed into consideration. A system that holds the intention to explore and discover mental health as more than just a stigma built by society. It connects the subjects of mind to mental health support and treatment and also connects society to the culture of wellbeing. The idea of Discover the Stigma is not to overrule the existing culture that already exists in the country but to lead mental health and the people battling mental disorders to be included within the culture.
The design proposed, apart from providing the subjects of mind with the support needed, also addresses the stigma that is currently ongoing and educates society on the importance of understanding mental health and wellbeing. Through this understanding, apart from being able to include and communicate with subjects of mind, individuals can as well be vocal about their own feelings when they are having negative thoughts. In turn, they will be able to understand their own wellbeing. The equal understanding that everyone has will as well reduce the stigma and repair the image of mental health. Thus, several elements are included in the design proposed.

Apart from the screening feature of the Self-Discovery Tool and the suggestion, the interface is also filled with different features, such as support chat, guides to get professional help, guides of self-help tools that people can use at home to manage their feelings, and educational information about mental health. The ‘About Mental Health’ page is designed to react towards the stigma as it consists of facts regarding mental health globally and nationally, in addition to general and specific information on different mental disorders. The visitor can also search for the information they needed directly from the home page to lower confusion.

As understood that mental disorders overpower not only the middle to higher classes within the economic and social status in the country, thus, another element of the design is encompassed within the design proposal. This element involves an interactive branding poster that can be positioned in public places and/or posted on social media to appeal to people without or with limited access to the internet. The format is to follow the main intention of the interface, which is understanding one’s feelings. Apart from reaching out to the larger society, the poster also works as a tool to advertise the interface and the foundation, while helping the general public note down and understand their feelings within the time being.

The following figures show the features of the chosen solution to the project.
The landing page to the website provides an overview of the different features within the interface. This will as well be the page that the QR code from the interactive poster brings to. The page starts with the main feature, the Self-Discovery Tool, to make it easier for the users to reach the page. On the top of the page, the logo of the mental health organisation is displayed along with a link to information on the organisation itself. Meanwhile, as the user starts scrolling through the page, the varied features are listed for the users to choose from along with a search bar where they can search a keyword for a quick leap to a page that they are interested in.
The Self-Discovery Tool acts as the main element of the design. The tool is intended for the subjects of mind to discover their feelings. Sets of questions are asked in an interactive tool to gain an understanding of the treatment they needed and/or drawn to based on their
answers. It will then lead to an overview that gives them a better understanding of their state of wellbeing based on the answers, information regarding the feelings, and what they can do to improve their wellbeing or lower their negative feeling if needed. Society is also encouraged to take the Self-Discovery Tool to understand other people’s feelings, although the tool will be given in a first-person perspective.

The Talk to Someone feature shows the help that connects users to someone who can help them to understand their feelings better. The page shows two different ways to get support. The first one is access to contact information for an in-person session based on the user’s chosen location. The specialists, in this case, will be the ones who are in affiliation with the mental health organisation. The second one is a live chat where the users can have a conversation with trained personnel. It can be regarding their wellbeing and/or technical support on the access of the interface.
The Self-Help Tools page shows different ways that can be used or explored by users to improve their wellbeing. It includes articles relating to mental health, meditation and mindfulness tools for different levels, and activities that can be done from the comfort of home or anywhere the users are located. This tool is also incorporated into the result page in the Self-Discovery Tool under the suggestions that the users can take to manage their wellbeing.
The About Mental Health page shows information about mental health to appeal to society in an educational manner. Within this page, the educational aspect of mental health is provided not only for the subjects of mind but also for society. In addition to providing information on mental health and mental disorders, it aims to address the stigma that stops people from improving their wellbeing. In turn, it aspires to improve the wellbeing of the mental health culture in the country.
5. Summary and Discussion

5.1 Summary

The project aims to connect people to the help and support needed to improve their wellbeing. Through research, it has been found that culture has a big influence on people’s wellbeing. It affects the way people think as people tend to seek conformity to fit in with their surroundings. The culture in Indonesia has affected the ways of living and thinking of its population, which in turn affects their wellbeing. To fit in, negative feelings, as well as other mental health issues, are held back and most refuse to address it to others and also themselves. This contributes to how the number of years lived with mental disorders in Indonesia is not decreasing over the years and becomes a hindrance between people suffering from mental health issues and the help and support they need. The stigma that society has on mental health has not only affected how people perceive their wellbeing but also the available service. Up to 25 millions of the population in Indonesia suffer from mental disorders, yet only 10% of them can receive the treatment needed.

Therefore, in an attempt to create a safe space for the subjects of mind, the designer addressed the problem and understood the touchpoints of the existing mental health service. It is intended that the result of the project can help people to articulate their feelings without fear of judgement or feeling out of place within their environment.

The research started by developing an understanding of people’s wellbeing that builds the awareness of how the state of mind should be. Through a series of research and interviews with the stakeholders, different findings have affected the outcome of the project, such as the subjects of mind’s need for personal contact, the mental health organisation’s need for advertisement, and the aspect of psychology, not only as a field of study but also in correlation to design. Putting everything into consideration, the designer came up with a service design, Discover the Stigma. It is a united system that intends to bring forward the existing mental health service in Indonesia into a more concise service and create a pleasant experience for the people.

Through Discover the Stigma, different features are provided to achieve the aim of the project. The first and main feature is the self-discovery tool that encourages the users to understand their feelings or others by choosing answers that best describe themselves. The choices are made available to give the awareness that what they are feeling is valid and acceptable to feel. Following that, and integrated into the main feature, are the Self-Help
Tools feature that provides different ways for users to manage their feelings personally, and the Talk to Someone feature that assists for immediate assistance and potentially lead users to specialists. In addition to mentioned features is the mental health feature that gives users educational information and figures on mental health, and the different mental disorders. It is meant to address the stigma and give society a better understanding of mental health.

As witnessed through the empathy interview with the personas, the stigma on mental health in Indonesia, through the eyes of the subjects of mind, is an issue that stops them from understanding themselves. And from the responses to the prototype according to the personas, Discover the Stigma can be an initial step for people to understand their states of mental health and also create a platform to address the stigma.

The urgency to discourse mental health has grown crucial over time. Moreover, with the pandemic that has affected the lives of people from all over the world, the wellbeing of people is affected and the stigma does not help in improving it. Therefore, it is important for designers to include society, apart from the people suffering from mental disorders, into the stakeholders of projects regarding mental health. This puts the direction of the solution to a broader perspective and creates an impact that continually grows.

5.2 Reflections

Dismissing the restrictions of the pandemic as well as the distance between the designer and the key stakeholders of the project, there are several aspects that could have been done more thoroughly. First and foremost, the empathy interviews were done with the subjects of mind to be done in a face-to-face manner. The facial expression and how people react within their environment affects the result of the interview and might say more than words said behind the screen. It would also help the designer to display empathy and gain trust from them. Moreover, when going through the service safari method, the designer would be able to see the users’ live reactions and interpret their feelings more than the spoken comments about what works from the prototype. Apart from the subjects of mind, the conversation with the mental health organisation would also benefit more through an in-person meeting. There are several aspects that could be explored from the existing solutions that the organisation already has run. However, due to the distance, it becomes difficult to explore the possibilities. The ideas generated are also mainly affected by the social-distancing regulations that are ongoing all over the world. Without the regulation, it is speculated that different ideas that include physical interaction would be provoked and developed.
With that being said, the designer has had a pleasant experience working along with the stakeholders on the topic that relates closely to heart and home. A thorough understanding of mental health, the stigma, and the different aspects that relate to them have also been gained through each phase of the project. These will be brought by the designer beyond the thesis work and into personal and professional advancement.

5.3 Future Development

The prototype and visualisation of Discover the Stigma was shared with the stakeholders to receive insights for future development as seen in Appendix 3. Through this, the designer discovered the different aspects that can be thought about more carefully. First and foremost, the interface can bring the focus on the Self-Discovery Tool more before widening its attention to the other features. With the Self-Discovery Tool being the main feature that is connected between the interactive poster and the digital interface, it is important for it to be explored more and displayed thoroughly to see how the structure and operation of the whole feature would work. The language barrier also needs to be thought about. As Indonesian is the main language of the country it should be considered to change the use of language or give choices as to which language the user wants to access the interface in. Moreover, a persona mentioned the need for a choice to have a video session for immediate help in addition to the chatbox. It helps to gain trust and a feeling of comfort when expressing their feelings. As a video meeting will potentially make the interface run slower, an external digital meeting platform can be integrated with the feature as an option for users who choose to be in it.

Apart from that, to appeal to a broader audience, the solution needs to be tested in different contexts, such as other developing countries or other groups of age. The solution is intended to appeal to young adults in Indonesia, however, through research it is found that the stigmatisation of mental health is a worldwide problem although for different reasons. Thus, the findings on different groups of people might result in a more diverse innovative approach or development of the solution. With this, bigger involvement from different organisations or companies for co-creation and/or fundings can be achieved. To bind the project together into one unity, the interactive poster as a means for advertisement should be explored more profoundly to create a more visible linkage with the digital interface and to appeal to a wider audience.
The designer of the project fully sees the potential with the Self-Discovery Tool and the relation between the public space interactive poster and the digital interface. Through the tool, it helps people in understanding themselves or others on a personal level yet indirectly addressing the stigma. By understanding one’s feelings it helps to determine the approach that needs to be taken to manage that feeling and increase self-confidence. Through further development, it is believed that the solution would strengthen the mental health service in the country and in turn, improve people’s wellbeing by connecting them to the help and support needed.
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Appendices

Appendix 1. Problem Definition Collaboration

<table>
<thead>
<tr>
<th>Before</th>
<th>During</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care</td>
<td>Health care</td>
<td>Health care</td>
</tr>
<tr>
<td>Increased stress and anxiety</td>
<td>New regulations: lockdown, social distancing, work from home, wear masks</td>
<td>Increased mental health issues, stress</td>
</tr>
<tr>
<td>Economic impact</td>
<td>Longer time at home, online working, one line family members</td>
<td>Good personal hygiene, emotional therapy needed</td>
</tr>
<tr>
<td>Empty streets, stores closed</td>
<td>Efforts to support economic recovery</td>
<td>Influence the climate system changes in air quality in some regions</td>
</tr>
<tr>
<td>Economic shock, food security issues, unemployment problems</td>
<td>Increase in poverty</td>
<td>impacts on health, employment and incomes and through disruptions of supply chains and global trade</td>
</tr>
</tbody>
</table>

Actual situation -- Ideal situation

Context

Keywords

"new" normal
mental health
the future of normal

Pandemic

wellbeing at home
mental health problems
Theories of wellbeing

Wellbeing

"Seeking well-being is to respond to love and see how to live, mainly about happiness/psychological wellbeing.

Social wellbeing

creates awareness of the importance of social relationships, community processes and social context in producing mental health.

Wellbeing and COVID-19

1. Engage in sustained, constructive, self-controlled goal-directed activity within complex social environments, in ways that exercise skills, achieve valued or meaningful outcomes, and sustain attention.
2. Respond constructively to social challenges and rapidly adjust behaviour in response to social cues and norms.
3. Engage in self-controlled, creative, goal-directed activity outside constraints of social demands and expectations.
4. Engage in and enjoy positive, reciprocal social interactions and contribute to the wellbeing of others.
5. Engage in present-focused activities of a sensory, meditative, creative, playful or aesthetic nature including personal reflection.
6. Achieve a balance between the demands of socially directed goal-directed activity (points 1-2) and other kinds of activity (points 3-5).
7. Understand the nature of wellbeing and the social and environmental conditions required to attain it, and work to ensure these are available to the self and others.
Appendix 2. Empathy Interview

Questions:

Warm-Up Questions:
1. What is your general perception of mental health?
2. How is your relationship with mental health?
3. Have you ever sought or thought about seeking professional help?

Mental Health Service Questions:
4. How did you feel before you reached out to a specialist?
5. How did you feel during your session?
6. How easy was it for you to open up your feelings to the specialist on your first session?
7. How did you feel after your session?
8. Did you keep coming back on a regular basis?
9. What happened that made your visit unpleasant, if any?
10. What do you wish was made different to make your visit more pleasant?

Mental Health Culture Questions
11. Did other people's perception of mental health affect your decision on getting help?
12. How do you feel about conversing with other people in your country about your feelings or the topic of mental health?

Persona 1:
1. Mental health is a state where people feel stable mentally and feel at peace.
2. I try to understand the different disorders or issues that people have. And as I have suffered from it myself, I have a good understanding of how mental issues can affect people.
3. I have and I’m still seeing a psychologist to this day.

4. I decided to seek professional help when I broke mentally, before this I knew something was wrong, but I didn’t really know who to talk to, or what even was wrong with me. Eventually, I reached a breaking point where I knew I had to tell my parents, I was not with them when I broke, so I just called a number after I searched "psychologist number" into google, and they referred me to an under 18 psychologist place for people to go to.

5. I felt scared, I didn’t know what was happening, there was so little information, and I had never been taught anything about mental health in school, I didn’t want to go, but I knew something had to change, so I went anyway.

6. My first session felt weird, it was strange to open up to a person I’ve never seen before, but I guess I didn’t have anything to lose, my life felt so lost already, I might as well have some guiding light to bring me back.

7. Opening up is never really easy at first, I remember it was mostly the specialist asking me questions over and over, and I couldn’t really say something for too long, because I would start getting too emotional, and then I would start crying and just not talk for a while again, and he would reassure me that everything would be okay, and it kept going like this for the first few sessions.

8. It’s been quite some time since my first session, but I think I remember feeling a bit better, I was scared my friends were going to find out, because there was such a stigma around mental health, so I didn’t tell anyone in the beginning. I believe I felt some relief, and that at least something is changing, and I just hoped it was for the better.

9. Yes, I decided to keep going back, then when I turned 18, I started seeing a psychologist at an adult clinic.

10. it was uncomfortable, but of course, opening up about the worst inside of you should be uncomfortable.

11. I’m not sure, not anything I can remember at least.

12. I maybe would’ve gone sooner, if people, at least at that time, thought that everyone who went to a specialist was an "insane person" and/or a danger to society. But I can’t be sure.

Persona 2:

1. Mental disorder is a condition where your mental status is affected negatively.
2. There are days where I feel down and the expectations people have on me most of the time are the reasons that affect my mental health.

3. I have never sought it myself, but other people have asked/brought me to a psychiatrist after a suicide attempt I did back in 2018.

4. I felt numbness really, a combination of emotions that's hard to describe.

5. During the session, I felt mostly bored because I was asked multiple questions that were similar in nature so many times.

6. It was quite easy actually, I am naturally an extroverted person so it was nice to talk to someone.

7. Honestly, in some way, I felt better, but only for a short period of time.

8. I came back for a second and third meeting and never went again.

9. Yes, the person that was the psychiatrist, was talking way too much.

10. If there would be more activity rather than just talking, it would’ve been more enjoyable I think.

11. No, I don't think so.

12. Honestly, it's hard. Mostly the people here will just say, "turn to religious texts and behaviour" which upsets me so much since I’m not religious
Appendix 3. Responds to Solution Prototype

Questions:

1. From the prototype, what do you think the interface does?

2. Based on the prototype, how likely would you use the interface for individual purposes on a scale of 1-5? Why?

3. Based on the prototype, how likely would you use the interface to understand other people's conditions on a scale from 1-5? Why?

4. Based on the prototype, how likely would you use the interface regularly on a scale of 1-5? Why?

5. What do you think could be developed more from the interface to make it meet your needs more?

Persona 1:

1. The prototype looks like it helps you understand more about your or someone else's mental health issues, and it can help you show how to cope with it, or you can talk to someone that can help you.

2. I would say personally maybe a 4, because I already go to a psychologist, but I say a 3 because I believe if I didn't go to a psychologist, I could see this site helping me.

3. A 4 as well, I've gone to a lot of self-help groups before, so if I hadn't done those already, I could see this helping me, but since I've already gone to so many different things, I don't need as much as say maybe someone who hasn't gone to all that.

4. On a regular basis maybe a 4, I'm not sure, but I think if you have someone to chat to on here, and you don't feel like you can talk to your friends, this could be a good helping tool or stepping stone.

5. I think the site is pretty much what it sets out to be, helping people understand, and ending the stigma around mental health. It's perfect, the only thing it needs is attention, and people willing to give it a chance.
Persona 2:

1. The prototype focus on how to provide a service that could help people dealing with mental health.

2. 5, because I have never seen an integrated platform that could provide all of the needs in dealing with mental health.

3. 5, from the friendly interface I think it has the potential to understand better people's condition.

4. 4, for personal reason I think I would like to use it sometimes because I still prefer to talk to or ask people around me first.

5. I really like the feature of the chat room but if I can suggest I would like to add the video call feature as well because I prefer to see someone's eyes to make a connection on telling how do I feel (feeling less talking with a robot).
More than a Stigma: 
Increasing Wellbeing for People in Developing Countries

Shilla Anjadini

Motivation

Admitted as a patient?
Answering questions from society?
Getting support from surroundings?
Having a conversation with people?
Reckoning the ongoing stigma?

Wellbeing, mental health, stigmatisation, service design

Mental Health

Refers to cognitive, behavioral, and emotional wellbeing. It is all about how people think, feel, and behave.

Wellbeing, mental health, stigmatisation, service design

Innovation in specialisation of Design

Cardiovascular
Neoplasm
Maternal
Respiratory Infection
Mental disorder

Mental Health in Indonesia

31.5% in pasung

physical restraint or confinement of "criminals, crazy and dangerously aggressive people."

10% of the population.

1 specialist out of 400.000 people.

New mental health centers needed to address effects of COVID-19

Stigma?
a mark of disgrace associated with a particular circumstance, quality, or person

Young adults (19-25) battling mental disorders in Indonesia

Target Group

Questions

How cultural factors contribute to hindering people from getting the help needed to increase wellbeing?

How can design connect people suffering from mental issues to the help needed to increase their wellbeing?

Theory of Wellbeing

wellbeing relates to positive health, which is a state where individuals can manage the normal stresses of life and be productive within personal life and society.

Having or exercising the abilities to:

1. avoid stress
2. avoid behaviour
3. avoid mental stress
4. avoid constrains
5. focus
6. balance 1-2 and 3-5
7. understand the nature of wellbeing

Shilla Anjadini

Innovation in specialisation of Design
Theory of Attribution

Humans have the tendency to:
1. Perceive that every behaviour is intentional,
2. Conjure theories on causality to predict the surroundings,
3. Distinguish between personal and contextual factors to explain behaviour.

Stigma from Society → Self-Stigma

Fritz Heider, 1958

1. Perceive that every behaviour is intentional,
2. Conjure theories on causality to predict the surroundings,
3. Distinguish between personal and contextual factors to explain behaviour.

Shilla Anjadini
Innovation, specialisation Design

Stakeholders

Mental Health Organisation

Founded in 2015 by Ade Binarko, assisted by Vivid Anggarin, academic and communication practitioner, and Rama Giovani, psychiatrist.

Wishes to provide space and information related to mental health through digital media, especially social media and websites.

Shilla Anjadini
Innovation, specialisation Design

Personas

Adam, 22

I had been feeling out of place since I was a kid. I tried to seek help when I turned 16 and went to a kid psychologist. I wanted to talk to my friends, but feared to be called insane or that they would not understand.

Hawa, 24

As I grew up, I felt the pressure from my family and society to get good education and future. When I couldn’t help it, I tried to commit suicide. My family found out and brought me to a psychiatrist. However, the people around me who knew kept telling me to turn into religion even though I am not religious.

Shilla Anjadini
Innovation, specialisation Design

Customer Journey Map

Before

During

After

User-Centred Co-Creative
Sequencing Endexecing
Holistic

Adam, 22

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Session I  Session II  Session III
Support Group  Social Group  Recovery Support Group
Social Media Posts  Educational Shows  Social Media Posts
Social Media Shows  Mental Health Toolbox  Mental Health Check-Up
Mental Health Services  Symptoms Tracker  Discovery Tool
Interactive Game

Click for the prototype video
Features the main objectives of the service and provide choices to immediate help/support.
Information on professional specialists around users’ areas and interactive chat with the organization’s representative.
A tool to understand your or others’ feelings and leads to personalized support.

Collection of interactive self-help tools for personal use without contact.
Education area for people to understand what mental health is and the underlying disorders and/or spectrum of mental health.

Interactive Poster
Sans Serif
Colour
Font

Session I  Session II  Session III
Support Group  Social Group  Recovery Support Group
Social Media Posts  Educational Shows  Social Media Posts
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Interactive Poster
Sans Serif
Colour
Font
"I would like to add the video call feature as well because I prefer to see someone’s eyes – feeling less talking with a robot."

"I think it has the potential to understand better people’s conditions.

"I would like to see it translated to Indonesian so others can understand it better."

Thank You!

Shilla Anjadini