

PROVIDING PSYCOEDUCATION TO FAMILIES WHO CARES PEOPLE WITH MENTAL DISORDERS (ODGJ) IN BANTERAN VILLAGE: CASE REPORT



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ABSTRACT

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Introduction: Mental disorders are disturbances in thought processes, emotions, behavior and perception due to disturbances in the brain. The presence of mental dysfunction can disrupt an individual's social relationships with other people and can trigger stress for the individual's family members. Thus, family support in the form of care for family members who suffer from mental disorders must be optimal. The family as caregivers plays an important role in accompanying people with mental disorders in living their daily lives. Family support is very necessary for the success of the recovery process for people with mental disorders. However, it is known that the role played by the family is still not optimal, so psychoeducation is needed. **Purpose:** Increase family knowledge about the concept of mental disorders and how to care for family members with mental disorders in everyday life. **Methods:** Case report applying in the implementation of evidence based practice in nursing care. Keywords used: People with mental disorders (ODGJ), psychoeducation. **Discussion:** After implementing psychoeducational intervention to families caring for people with mental disorders for three sessions, the results showed that there was an increase in family knowledge regarding how to care for family members who experience mental disorders. **Conclusion:** Psychoeducation is one of the interventions that must be given to families caring for ODGJ because family support is very necessary for the success of the recovery process for people with mental disorders.

Keywords: People with mental disorders (ODGJ), psychoeducation.

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INTRODUCTION

One Mental disorders are disturbances in thought processes, emotions, behavior and perception due to disturbances in the brain. People with mental disorders, hereinafter abbreviated as ODGJ, are people who experience disturbances in thoughts, behavior and feelings which are manifested in the form of a set of symptoms and significant changes in behavior, and can cause suffering and obstacles for the person so that they cannot be productive economically or socially (Ministry of Health, 2014). According to the National Institute of Mental Health, of all existing illnesses, people with mental disorders account for 13% and it is estimated that by 2030 this will increase to 25%. This increase will lead to an increase in the prevalence of

people with mental disorders in various countries (World Health Organization, 2017). The prevalence of mild mental disorders reaches 14 million people or 6% of the Indonesian population, while severe mental disorders in the Indonesian population is 1.7 per million or around 400,000 people. The phenomenon of the presence of people with mental disorders in Banteran Village amounts to 0.1% of the 7 community units or around 7 people in one village.

The author found that most families who have ODGJ family members in Banteran Village prefer to care for ODGJ at home. Many factors influence families in choosing not to take ODGJ to hospital, including economic factors. Families feel that caring for family members with mental disorders at

home will not cost money. However, in reality, families still do not understand the concept of mental disorders themselves. So, it has an impact on the recurrence of ODGJ. Then in living their daily lives, ODGJ are only given food and shelter, but the family pays little attention to self-care for ODGJ. Mental disorders are often associated with problems related to depression and loss of complete thinking function. Families as caregivers play an important role in assisting people with mental disorders in living their daily lives. However, it is known that the role played by the family is still not optimal, so psychoeducation is needed. Psychoeducation is important to strengthen caring for family caregivers when caring for family members who suffer from mental disorders. The problems faced by families in caring for family members who experience mental disorders are so complex. This burden is exacerbated by stigma which can originate from oneself or from the family environment (Chan, Ho and Bressington, 2019). These conditions reduce the chances of rapid recovery (Dalky et al., 2017). Stigma can worsen the sufferer's condition and even make the family bored and exhausted as caregivers (Pérez and Marqués, 2018).

Family support is very necessary for the success of the recovery process for people with mental disorders (Yu et al., 2018). This form of support can be manifested in various forms. Families can provide forms of instrumental, emotional and informational support to maintain and improve the sufferer's health condition (Corrigan and Shapiro, 2010). This support is a form of caring for the family as the sufferer's caregiver. Thus, family support in the form of care for family members who suffer from mental disorders must be optimal. This condition can be realized through easy access to health services at the community level and reducing stigma as proclaimed by WHO (Manley, 2013). This concept is related to community empowerment, especially closest family members who care for people with mental disorders at home. Active participation of family members can improve the quality of life (Korina, 2021). The problem of low educational background has a big influence on the success of empowerment, because it also leads to low knowledge. In learning in the community, it

needs to start by raising awareness of the problems experienced. Education for families with ODGJ, also called family psychoeducation, is a family mental health care program by providing information and education through therapeutic communication. The psychoeducation program is an educational and pragmatic approach. Family psychoeducation is carried out by training families to identify clinical symptoms together with health workers so they can plan treatment for family members. Through psychoeducation therapy, family cognitive abilities can be improved, family knowledge about disease and symptoms of behavioral deviations, and ultimately it is hoped that it will be able to increase family support for ODGJ (Chan, Ho and Bressington, 2019). Psychoeducation is carried out through therapeutic and educational communication. Psychoeducation aims to increase family understanding about disease, symptoms, treatment and how to care for sufferers (Basirun, Thahir and Mawarni, 2019). In caring for people with mental disorders, communication is a crucial factor in determining the success of the patient's recovery process in addition to being a component of the treatment implementation strategy which explains the treatment techniques for the patient.

Therefore, the author is interested in implementing Evidence Based Nursing, namely providing psychoeducation to families with ODGJ with the aim of increasing the family's understanding of the concept of mental disorders and being able to care for family members with ODGJ at home.

METHOD

Implementation of the diagnosis of ineffective health management in Mr. R's client's family was carried out over 3 sessions. Session 1 was held on Monday, 06 November 2023 at 11.00, session 2 was held on Friday, 10 November 2023 at 10.00 and session 3 was held on Wednesday, 15 November 2023. In the first session the author carried out an assessment of family problems, looked for data -data on actual problems regarding ODGJ in the living environment and within the family. At this stage, the author carries out psychoeducation using poster media regarding the concept of mental disorders starting from the definition of mental disorders,

symptoms of recurrence of mental disorders, the role of the family in preventing recurrence of ODGJ, building good communication, and involving ODGJ in daily activities.

Next, the author carried out psychoeducational intervention session 2 by teaching families how to identify ODGJ problems. The author and the family identify problems in clients with ODGJ so that the family can plan actions that can be taken. Then in session 3 the author teaches the family about the nursing actions that must be given to ODGJ according to the results of problem identification. At this stage, families discover problems, namely self-care for families with mental disorders, then learn how to care for clients with ODGJ which is delivered using a demonstration method. After that the family tried to demonstrate.

In session 3, knowledge was again assessed regarding the concept of mental disorders starting from the definition of mental disorders, symptoms of recurrence of mental disorders, the role of the family in preventing recurrence of ODGJ, building good communication, and involving ODGJ in daily activities using a questionnaire used when measuring knowledge before implementing education. Then the family is also asked to demonstrate skills on how to care for people with mental disorders. Observations were carried out to assess the family's ability to re-demonstrate all the skills for caring for people with mental disorders that had been taught previously. Communication is also an activity that must be mastered by families when caring for people with mental disorders. So, when assistance is carried out in the implementation of psychoeducational therapy, families are also taught how to communicate with sufferers.

RESULT

An assessment was carried out on the client's family which was carried out on Saturday 20 October 2023 at 10.00 using the family interview method and observing how to care for ODGJ family members and their behavior. The study obtained the following data: the client named Mr. R is 52 years old, male, Mr. R lives in Banteran Village RT 01/05, is Muslim and is divorced from his wife. Currently Mr. R does not work, last education is S1. Based on the predisposition assessment, data was obtained that the family said Mr. R had experienced mental disorders in the past around 2010 when the client was working in Jakarta. The family said that Mr. R has an unpleasant past, namely the pressure put on him by leaders in the company. The

family said that at that time changes in behavior began to occur. Mr. R is often alone and speaks incoherently. Mr. R often says that many cars are sold for 1 billion and can afford it. Based on information from the company that Mr. R suddenly refused to communicate with anyone. This incident caused Mr. R decided to stop working, even though the family said that Mr. Since he was a teenager, R has been a tenacious person, and has been trusted to hold important positions in the company. Mr. R has never experienced physical, sexual abuse, family violence or criminal acts.

Around 2018 Mr. R had received inpatient mental treatment at the Banyumas District Hospital, because Mr. R was no longer able to communicate well. Mr. Family R is a family that has a sufficient economy. The family said that Mr. R had received a history of inpatient therapy from Banyumas Hospital, but the family felt sorry for Mr. R thus agreed not to re-hospitalize Mr. R.

Current condition Mr. R was seen walking around the RW 5 area from morning to night. Local residents said that Mr. R never goes berserk or does anything bad. It's just that Mr. R walks around talking to himself as if talking to someone else. Mr. R no longer takes medication from the Banyumas Regional Hospital. Based on the client's physical examination, Mr. R 119/79 mmHg, pulse 89x/minute, temperature 36C, respiration 20x/minute, weight 57 kg and height 172 cm. Then the results of Mr. R is the second of three children and currently lives with his father and younger sister.

The family said they were no longer able to take the client to the hospital because they felt sorry to see the client undergoing ECT. The family has also agreed to care for the client at home. However, during the assessment, the family had not bathed the client since 2018. The client looked shabby and dirty. The family said they had the desire to return to caring for Mr. R but doesn't have the courage to do it yet.

Based on the results of the study above, the author analyzed the data and then formulated nursing diagnoses according to priorities using the Indonesian Nursing Diagnosis Standards (PPNI 2018). The nursing diagnosis that can be established from the results of the assessment is ineffective health management related to ineffective family health care patterns. This nursing diagnosis is supported by subjective data, namely the family expresses difficulties in undergoing the care/treatment program.

Then objective data, namely when the family

tried to bathe Mr. R, Mr. R just left and failed to take action to take care of himself. Families also find it difficult to provide appropriate food. Mr. R only wants to drink hot coffee when he is hungry. Mr. R has a private room to rest in, but Mr. R looks dirty and smells. So Mr. R and family fail to carry out activities of daily living to meet health goals.

The author made a nursing plan with the aim of carrying out health education nursing actions for Mr. R, the family is able to experience increased knowledge and can care for Mr. R in everyday life. The nursing action plan for Mr. R's client's family is health education by providing psychoeducational intervention activities to families caring for ODGJ for 3 weeks consisting of 3 sessions.

DISCUSSION

The final scientific work carried out by the author used the case report method in the form of implementing evidence-based practice in nursing care for families with ODGJ with psychoeducational activities. The results of the study show that the characteristics of the families who took part in psychoeducational therapy were a 45 years old sister, a 47 years old sister in law, and an 87 years old father of an ODGJ sufferer. Respondents had bachelor's and high school education. The respondent has a sufficient income because the respondent is a retired civil servant and private worker. Based on the results of initial identification through a short interview, the mental disorders experienced by Mr. R is auditory and visual hallucinations and self-care deficits.

In accordance with the Indonesian Nursing Outcome Standards, with a nursing diagnosis of ineffective health management, it is hoped that the family can take action to reduce risk factors, in this case the risk factor that is appropriate to the case findings is ODGJ recurrence. Then it is hoped that families will be able to implement treatment programs for ODGJ as well as effective daily living activities to meet health goals. One of the interventions that the author carries out is health education. The health education provided to families is psychoeducation and demonstrations of ODGJ care are carried out in everyday life. The pre-test results obtained before the intervention was given were that the family still did not understand enough what to pay attention to when caring for family members who suffer from mental disorders. The average score of family knowledge regarding the concept of mental

disorders starting from understanding mental disorders, symptoms of recurrence of mental disorders, the role of the family in preventing recurrence of ODGJ, building good communication, and involving ODGJ in daily activities is 3. Then after the intervention, return A post test was carried out with a score of 5 and the family was able to demonstrate how to care for family members with mental disorders.

So, it can be concluded that family assistance in the form of counseling about nursing interventions for ODGJ patients can increase family knowledge in recognizing mental disorders and providing care for ODGJ. Poster media is very helpful in increasing family knowledge as caregivers. The family was able to demonstrate how to care for Mr. R is in accordance with what has been demonstrated during counseling, but Mr. R still finds it difficult to clean his nails.

Self-care for ODGJ must always be considered in order to reduce signs and symptoms of self-care deficit. The family said Mr. R has never cleaned his body since his mother died in 2018. Previously, Mr. R was accompanied by his mother to carry out self-care. So, the implementation of this psychoeducational intervention aims to ensure that other families are able to help Mr. R is for taking care of yourself again.

Psychoeducation is different from health education. Health education focuses on the client receiving the intervention, while psychoeducation focuses on the larger system and tries not to pathologize the patient (Haryani, Muntamah and Astuti, 2020). Psychoeducation can be a single intervention, but is also often used in conjunction with several other interventions to help participants face certain life challenges. Similar to the intervention that was given to Mr. R, namely psychoeducation along with demonstrations of caring for clients with mental disorders.

After carrying out psychoeducational intervention to Mr. R, there is an increase in knowledge as evidenced by an increase in post test scores. This is in line with research conducted by Notoatmojo (2017) that the concept of health education is a learning process for individuals, groups or communities from not knowing about health values to knowing, from not being able to overcome problems to being able to. As Mr. R went from previously not knowing enough about how to care for family members with ODGJ to knowing and being able to do it. Families become able to implement

treatment programs for family members with mental disorders. Meanwhile, other research conducted by Amin, Saputra and Vioneery (2019) shows that there is an influence of family psychoeducation on the family's ability to care for patients with social isolation disorders at the Soperapto Special Mental Hospital (RSKJS) Bengkulu Province. Increasing the capabilities of Mr. R occurs because the family is provided with psychoeducation about caring for patients with mental disorders, so the family can remember and understand the information/skills provided through psychoeducation. Changes in behavior made by Mr. R is only observed from the author's perspective. The author only measures by observing the success of families in providing treatment for ODGJ, so that for further research, it is hoped that they can measure the family's ability to use appropriate instruments.

CONCLUSION

After implementing the psychoeducational intervention for 3 sessions, the results showed that:

1. There has been an increase in knowledge among families of patients with ODGJ which includes the concept of mental disorders starting from the definition of mental disorders, symptoms of recurrence of mental disorders, the role of the family in preventing recurrence of ODGJ, building good communication, and involving ODGJ in daily activities.
2. There has been an increase in the family's ability to care for ODGJ in everyday life.
3. Psychoeducation is one of the interventions that should be given to every family caring for ODGJ because psychoeducation can strengthen caring for family caregivers when caring for family members who suffer from mental disorders.

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