Original Article

Mental Health Disorders And Its Related Factors In Banyumas Regency

Catur Pamungkas [1*]

[1] Bulus Pesantren Community Health Center, Kebumen Regency, Indonesia

Corresponding author: Catur Pamungkas : pamungkascatur2@gmail.com

ABSTRACT

Background: The increase in mental health problems in the community needs to have more attention in research. The purpose of this research was to analyze the factors related to mental health disorders in RSUD Banyumas

Methods: This research was analytic research using a case-control approach. The case population in this research was mental disorders inpatients of RSUD Banyumas on June 2018 – May 2019 while the control population was the neighbors of the cases. The samples were 100 respondents (50 cases using consecutive sampling and 50 controls using accidental sampling). The research instruments were a structured questionnaire and a Personal Style Inventory questionnaire. The data were analyzed by univariate, bivariate, and multivariate

Results: The variables related to mental health disorders were educational status (0,032), economic status (0,020), bereavement (0,00), and personality type (0,00). The most caused variable was personality type. The variables that did not relate to mental health disorders were work status

Conclusions: The most influential was personality type and the other variables that caused mental disorder are educational status, economic status, and bereavement.

Keywords: Mental Disorder, Personality Type, Bereavement, Inpatient

INTRODUCTION

Many professionals view mental health symptoms as a public health concern, and they are commonly impacted by factors related to occupation, job opportunities, and economic concerns [1]. Compared to the general population, those with mental problems have a life expectancy that is 10-15 years less. [2–4]. Promotion of mental health, prevention, and early treatment of mental disorders before or at their onset improved outcomes [5].

According to GBD 2019, there has been no evidence of a global burden reduction since 1990, and mental diseases continue to rank among the top 10 leading causes of burden globally[6]. The results of the 2018 Basic Health Research show that the prevalence of mental disorders in Indonesia is 7%, while Central Java Province has a prevalence of 9% or number 5 in Indonesia[7]. The number of visits by mental patients to hospital health facilities throughout Banyumas Regency in 2017 reached 41,809 with the highest visits at the Banyumas Regional General Hospital (RSUD) of 87.15% (36,437 visits).[8]

According to Sulistyorini (2013), adverse effects affect family members as well as patients, beginning with attitudes of rejection, denial, and being ignored[9]. Significant mental illness reduces patient productivity, which raises costs that can affect families, communities, and the government. 13% of all illnesses and injuries result in Disability Adjusted Life Years (DALY) that are related to mental disorders [10].

Mental health problems can be minimized by knowing what factors influence them. Factors that may cause mental disorders include organobiological factors (genetics, drug abuse), psychological factors (personality type, bereavement, social relationship problems), socio-cultural factors (economic factors), and socio-demographic factors (age, gender, employment status, and educational status).[11–13] The structural equation modeling revealed a strong correlation between financial threat and symptoms of mental illness[1].

In this study, researchers conducted an analytical study by integrating factors that might influence mental disorders such as organobiological factors, psychological

factors, sociocultural factors, and socio-demographic factors. The study was conducted using a sampling of patients with mental disorders who had been hospitalized at Banyumas Hospital. This is because inpatients with mental disorders have signs and symptoms that are more extensive, causing difficulties in their ability to function properly in everyday life. Therefore, hospitalized patients tend to fall into the category of severe mental disorders (psychosis).

METHODS

This research is an analytical research with a case control approach. The case population in this study were all mental patients who had been hospitalized at the Banyumas Hospital in the period June 2018 - May 2019 while the control population was all neighbors of the cases. The case samples in this study were mental patients who had been hospitalized at the Banyumas Hospital in the period June 2018 - May 2019 while the case samples were neighbors of cases adjusted for age and sex. The sampling technique used for cases is Consecutive Sampling while for controls is Accidental Sampling. The total sample in this study was 100 with a 1: 1 ratio of cases and controls, namely 50 cases and 50 controls.

RESULTS

100 people were involved in this study with the characteristics summarized in table 1. All respondents in this study were of productive age and most were women (65%). For the characteristics of the research subjects, most of them were of productive age (92%) and male (54%).

Table 1. Distribution of Respondent Characteristics and Research Subjects

Characteristics	Variable	Category	N	%
Respondent	Age	Productive	100	100
		Not productive	0	0
	Sex	Men	35	35
		Women	65	65
Research subjects	Age	Productive	92	92
		Not productive	8	8
	Sex	Men	46	46
		Women	54	54

Source: Processed Primary Data 2019

Table 2. Distribution of Research Variables

Variable	Category	Case		Control	
		n	%	N	%
Employment status	Not work	28	56	22	44
	Work	22	44	28	56
Educational status	Basic education	20	40	8	16
	Middle education	30	60	42	84
	Higher education	0	0	0	0
Genetic	Yes	0	0	0	0
	No	50	100	50	100
Drug abuse	Yes	0	0	0	0
	No	50	100	50	100
Personality type	Introvert	34	68	7	14
	Extrovert	16	32	43	86
Bereavement	Yes	31	62	6	12
	No	19	38	44	88
Economic status	Low	11	22	4	8
	High	39	78	46	92

Source: Processed Primary Data 2019

Table 2 shows that there were more research subjects in the case group who did not work (56%) while in the control group there were more who worked (56%). The percentage of educational status in the case and control groups had more secondary education than primary education where there were 60% in the case group and 84% in the control group. All study subjects (100%) between the case group and the control group had no genetic history related to mental disorders and had never abused drugs.

In the personality type variable, most of the research subjects in the case group (68%) had introverted personality types while in the control group most (86%) had extroverted personality types. Most of the research subjects in the case group (62%) had experienced loss, while in the control group most (88%) had never experienced loss. In addition, there were more research subjects in the case group and control group who had a high economy with a percentage of 78% for the case group and 92% for the control group.

Table 3. Results of Bivariate Analysis

Variable	Case n	Case %	Control N	Control %	Total n	Total %	p-value	OR	CI
Employment status									
Yes	28	56	22	44	50	50	0,317	1,62	0,735 –
No	22	44	28	56	50	50			3,568
Educational status									
Basic	20	40	8	16	28	28	0,014	3,5	1,361 –
Middle	30	60	42	84	72	72			8,999
Genetic									
Yes	0	0	0	0	0	0	.a	.a	.
No	50	100	50	100	100	100			
Drug abuse									
Yes	0	0	0	0	0	0	.a	.a	
No	50	100	50	100	100	100			.
Bereavement									
Yes	31	62	6	12	37	37	0,00	11,96	4,287 –
No	19	38	44	88	63	63		5	33,397
Personality type									
Introvert	34	68	7	14	41	41	0,00	13,05	4,823 –
Extrovert	16	32	43	86	59	59		4	35,327
Economic status									
Low	11	22	4	8	15	15	0,093	3,244	0,956 –
High	39	78	46	92	85	85			11,0

Source: Processed Primary Data 2019

Table 3 shows that the related variables are educational status, loss, personality type, and economic factors. Occupational status is not associated with mental disorders while genetic variables and substance abuse have constant values.

Table 4. Multivariate Analysis

Variable	p-value	OR	Lower	Upper
Educational status	0,032	4.490	1.141	17.676
Economic status	0,020	6.662	1.356	32.739

Bereavement	0,000	11.878	3.333	42.338
Personality type	0,000	14.951	4.203	53.184

Source: Processed Primary Data 2019

Table 4 shows that there are four independent variables that influence the incidence of mental disorders in inpatients with mental disorders at Banyumas Hospital. The most dominant variable affecting the incidence of mental disorders in inpatients with mental disorders at Banyumas Hospital is personality type with the largest OR value among other variables (OR = 14.951). It can be concluded that personality type can affect the incidence of mental disorders by 14.951 times.

DISCUSSION

Based on multivariate analysis, introverted personality type influences the incidence of mental disorders with a value of p = 0.00 (OR = 14.951; 95% CI = 4.203 – 53.184). Someone who has an introverted personality type is at risk of 14,951 times getting mental disorders. Someone who has a mental disorder with an introverted personality type tends to be closed to family members and rarely talks about the life problems they are experiencing. Most of them need more time to be alone and tend to be quiet. This confirms that introverted personalities focus on their own thoughts and experiences [14]. People who have introverted personalities tend to close themselves off from outside life, think a lot, have little activity, prefer solitude and are reluctant to establish relationships with other people. The promotion of personality strengths may be of value in preventing suicidal behaviour and helping pro-social change in those with personality disturbance [15].

Educational status is closely related to employment and economic status. Someone who has low education will find it more difficult to get a job than someone of the same age who has higher education [16]. If someone does not have a job, the income earned is low so that the economic status is also in the low category[17]. In addition, Ilhamdani's research (2017) explains that economic status can affect the ability to access health services. Someone who is able to access health services will get better information about health so that if there is a physical or mental disorder, it can be treated earlier [18]. Thus, the higher a person's education, the smaller the risk of developing a disorder (especially mental disorders) [19].

The results of the study show that economic factors are one of the factors that influence the occurrence of mental disorders. This influence is possible because there are demands to meet the daily needs of the family that are not proportional to the income earned, causing stress in life. This supports the results of a study by Hawari (2012) which states that inadequate economic conditions can stress a person's mental resilience so that if they cannot withstand it they will be at risk of developing mental disorders. Negative effects could be even worse by low socioeconomic status [20]. Poor socioeconomic circumstances limited people's ability to study at home and obtain mental health care, widening already-existing social and academic disparities [21–23].

Losing something will cause grief that can cause stress in a person. All people experience grief when they face change and loss in their lives, and this grieving process is frequently one of the most painful and challenging things in human life. The results of this study are also relevant to his explanation that the most devastating loss is the loss of someone you love, such as a child, parent, partner or closest person. Prolonged mourning reactions are likely to experience psychological problems such as depression, suicide, and substance abuse[24]. In addition, depression due to bereavement is less likely to recover than depression caused by other than bereavement [25]. The loss of a family member or friend amplifies psychological distress [26]. The loss of a family member increase the possibility of psychological and behavioral issues [27,28]. Loss of a parent is a significant stressful event that has been demonstrated to raise the likelihood of mental health issues in children [29].

This study reports that work status has no effect on the incidence of mental disorders. This is different from previous research that someone who is not working can experience stress, depression, and a weakened mental condition [30]. In addition, the positive effect of work can reduce stress and is closely related to high social support, while people who do not work have low social support to respond to stressors related to unemployment problems [31] Many previous studies have reported that mental suffering (i.e., depression, anxiety disorders, stress, hopelessness, panic attacks, etc.) are associated with underemployment and unemployment (due to factors such as increased competition, joblessness, job insecurity, low wages, lack of scopes in practicing acquired skills etc.) [32–34]

CONCLUSION

Most of the respondents are of productive age, male, have secondary education, do not have a genetic history related to mental disorders and do not abuse drugs. Research subjects who have introverted personality types and experience loss in the case group are higher than the control group and most have high economic status. There is no relationship between age, gender, employment status, genetic factors, drug abuse and economic status with the incidence of mental disorders in inpatients with mental disorders at Banyumas Hospital. There is a relationship between educational status, personality type and loss factors with the incidence of mental disorders in inpatients with mental disorders at Banyumas Hospital. The variable that has the most influence on the incidence of mental disorders in inpatients with mental disorders at Banyumas General Hospital is personality type.

Communities are expected to carry out positive activities to avoid pressures that cause stress in life such as exercising regularly, participating in religious activities, actively participating in organizations in the community, and participating in health programs organized by policy makers. In addition, policy makers are expected to plan programs that are more effective and efficient in order to minimize the occurrence of mental disorders in the community

REFERENCES

1. Ali M, Uddin Z, Hossain A. Economic stressors and mental health symptoms among Bangladeshi rehabilitation professionals: A cross-sectional study amid COVID-19 pandemic. Heliyon [Internet]. 2021;7(4):e06715. Available from: https://doi.org/10.1016/j.heliyon.2021.e06715

2. Hjorthøj C, Stürup AE, McGrath JJ, Nordentoft M. Years of potential life lost and life expectancy in schizophrenia: a systematic review and meta-analysis. The lancet Psychiatry. 2017 Apr;4(4):295–301.

3. Walker ER, McGee RE, Druss BG. Mortality in mental disorders and global disease burden implications: a systematic review and meta-analysis. JAMA psychiatry. 2015 Apr;72(4):334–41.

4. Prior A, Fenger-Grøn M, Davydow DS, Olsen J, Li J, Guldin MB, et al. Bereavement, multimorbidity and mortality: a population-based study using bereavement as an indicator of mental stress. Psychol Med [Internet]. 2017/08/30. 2018;48(9):1437–43. Available from: https://www.cambridge.org/core/article/bereavement-multimorbidity-and-mortality-a-populationbased-study-using-bereavement-as-an-indicator-of-mental-stress/BF5216F4A59168D427DFEB6C97B63EF2

5. Solmi M, Radua J, Olivola M, Croce E, Soardo L, Salazar de Pablo G, et al. Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies. Mol Psychiatry [Internet]. 2022;27(1):281–95. Available from: https://doi.org/10.1038/s41380-021-01161-7

6. Mental GBD, Collaborators D. Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. The Lancet Psychiatry [Internet]. 2022;9(2):137–50. Available from: http://dx.doi.org/10.1016/S2215-0366(21)00395-3

7. Kementerian Kesehatan RI. Riset Kesehatan Dasar (Riskesdas) Tahun 2018 [Internet]. Jakarta; 2018. Available from: http://labdata.litbang.kemkes.go.id/images/download/laporan/RKD/2018/Laporan_Nasional_RKD2018_FINAL.pdf

8. Dinas Kesehatan Kabupaten Banyumas. Profil Kesehatan Kabupaten Banyumas Tahun 2017. Banyumas; 2017.

9. Sulistyorini, Nopyawati, Widodo A, Zulaicha E. Hubungan Pengetahuan Tentang Gangguan Jiwa Terhadap Sikap Masyarakat Kepada Penderita Gangguan Jiwa di Wilayah Kerja Puskesmas Colomadu I. Universitas Muhammadiyah Surakarta; 2013.

10. Vigo D, Thornicroft G, Atun R. Estimating the true global burden of mental illness. The lancet Psychiatry. 2016 Feb;3(2):171–8.

11. Handayani L, Rahmadani A, Saufi A. Faktor Risiko Kejadian Skizofrenia dI Rumah Sakit Jiwa Grhasia Daerah Istimewa Yogyakarta (DIY). Humanitas (Monterey N L). 2015;13(2):135–48.

12. Zhang S, Bhavsar V. Unemployment as a Risk Factor for Mental Illness: Combining Social and Psychiatric Literature. Adv Appl Sociol. 2013 Jan 1;03:131–6.

13. Wahyudi A, Fibriana AI. Faktor Resiko Terjadinya Skizofrenia (Studi Kasus di Wilayah Kerja Puskesmas Pati II). Public Heal Perspect J. 2016;1(1):1–12.

14. Torgersen S. Personality may be psychopathology, and vice versa. World Psychiatry. 2011 Jun;10(2):112–3.

15. Yang M, Tyrer P, Tyrer H. The recording of personality strengths: An analysis of the impact of positive personality features on the long-term outcome of common mental disorders. Personal Ment Health [Internet]. 2022 May 1;16(2):120–9. Available from: https://doi.org/10.1002/pmh.1548

16. Marelli E, Signorelli M. Young People and the Labor Market—Challenges and Opportunities: An

Introduction. Vol. 2, Merits. 2022. p. 59–61.

17. Julianto D, Utari PA. Analisa Pengaruh Tingkat Pendidikan terhadap Pendapatan INdividu di Sumatera Barat. Ikraith Ekon. 2019;2(2):122–31.

18. Ilhamdani AL. Hubungan antara status sosial ekonomi dengan pemilihan pelayanan kesehatan di desa karanggeneng kecamatan boyolali kabupaten boyolali tahun 2016. Universitas Muhammadiyah Surakarta; 2017.

19. Freeman A, Tyrovolas S, Koyanagi A, Chatterji S, Leonardi M, Ayuso-Mateos JL, et al. The role of socio-economic status in depression: results from the COURAGE (aging survey in Europe). BMC Public Health [Internet]. 2016;16(1):1098. Available from: https://doi.org/10.1186/s12889-016-3638-0

20. McDonald B, Kulkarni M, Andkhoie M, Kendall J, Gall S, Chelladurai S, et al. Determinants of self-reported mental health and utilization of mental health services in Canada. Int J Ment Health [Internet]. 2017 Oct 2;46(4):299–311. Available from: https://doi.org/10.1080/00207411.2017.1345045

21. Mamun MA, Akter S, Hossain I, Faisal MTH, Rahman MA, Arefin A, et al. Financial threat, hardship and distress predict depression, anxiety and stress among the unemployed youths: A Bangladeshi multi-city study. J Affect Disord [Internet]. 2020;276:1149–58. Available from: https://doi.org/10.1016/j.jad.2020.06.075

22. Mamun MA, Hossain MS, Griffiths MD. Mental Health Problems and Associated Predictors Among Bangladeshi Students. Int J Ment Health Addict. 2022;20(2):657–71.

23. Caffo E, Asta L, Scandroglio F. Predictors of mental health worsening among children and adolescents during the coronavirus disease 2019 pandemic. Curr Opin Psychiatry. 2021;34(6):624–30.

24. Shear MK, Simon N, Wall M, Zisook S, Neimeyer R, Duan N, et al. Complicated grief and related bereavement issues for DSM-5. Depress Anxiety. 2011 Feb;28(2):103–17.

25. Li J, Tendeiro JN, Stroebe M. Guilt in bereavement: Its relationship with complicated grief and depression. Int J Psychol [Internet]. 2019 Aug 1;54(4):454–61. Available from: https://doi.org/10.1002/ijop.12483

26. Joaquim RM, Pinto ALCB, Guatimosim RF, de Paula JJ, Souza Costa D, Diaz AP, et al. Bereavement and psychological distress during COVID-19 pandemics: The impact of death experience on mental health. Curr Res Behav Sci [Internet]. 2021;2:100019. Available from: https://www.sciencedirect.com/science/article/pii/S2666518221000061

27. Chen CYC, Panebianco A. Interventions for Young Bereaved Children: A Systematic Review and Implications for School Mental Health Providers. Child Youth Care Forum [Internet]. 2018;47(2):151–71. Available from: https://doi.org/10.1007/s10566-017-9426-x

28. Andriessen K, Mowll J, Lobb E, Draper B, Dudley M, Mitchell PB. "Don't bother about me." The grief and mental health of bereaved adolescents. Death Stud [Internet]. 2018 Nov 26;42(10):607–15. Available from: https://doi.org/10.1080/07481187.2017.1415393

29. MacEdo A, Sherr L, Tomlinson M, Skeen S, Roberts K. Parental bereavement in young children living in South Africa and malawi: Understanding mental health resilience. J Acquir Immune Defic Syndr. 2018;78(4):390–8.

30. Nikoloski D. The Unemployed Workers' Perceptions of Stress and Employment Prospects in Macedonia: The Role of Alternative Adjustment Mechanisms. South East Eur J Econ Bus. 2017 Jun 1;12:68–79.

31. Perreault M, Touré EH, Perreault N, Caron J. Employment Status and Mental Health: Mediating Roles of Social Support and Coping Strategies. Psychiatr Q [Internet]. 2017;88(3):501–14. Available from: https://doi.org/10.1007/s11126-016-9460-0

32. Lim AY, Lee SH, Jeon Y, Yoo R, Jung HY. Job-Seeking Stress, Mental Health Problems, and the Role of Perceived Social Support in University Graduates in Korea. J Korean Med Sci. 2018 May;33(19):e149.

33. Tran BX, Vu GT, Pham KTH, Vuong QH, Ho MT, Vuong TT, et al. Depressive Symptoms among Industrial Workers in Vietnam and Correlated Factors: A Multi-Site Survey. Int J Environ Res Public Health. 2019 May;16(9).

34. Mæhlisen MH, Pasgaard AA, Mortensen RN, Vardinghus-Nielsen H, Torp-Pedersen C, Bøggild H. Perceived stress as a risk factor of unemployment: a register-based cohort study. BMC Public Health. 2018 Jun;18(1):728.