

## **BASIC DATA ON RELAPSE CONDITIONS OF MENTAL DISABILITIES (PEOPLE WITH MENTAL DISORDERS) IN KEBUMEN DISTRICT, CENTRAL JAVA INDONESIA**

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### **ABSTRACT**

Healing psychosis in people with mental disabilities (People with Mental Disorder) requires a long-term treatment process followed by potential recurrence or relapse with varying causal factors, both internal and external. This research aims to present a database obtained from various sources resulting from identification of mental disability relapse conditions (people with severe mental disorders) in Kebumen district. The research method uses analytical descriptive using a survey approach to the community Public health center database in the Kebumen district on 4545 sufferers of serious mental disorders who had been treated and received routine treatment at health service facilities, the data was analyzed univariately with frequency distribution. The results of the study showed that of 4545 people with mental disabilities (severe mental disorders) 2692 (64.51%) experienced relapses or recurrences spread across all Public health center areas in Kebumen district with 3 Public health centers that had the highest relapses being at Mirit 265 Public health center (9.84 %) of relapse cases, Sruweng Public health center 249 (9.24%) and Kebumen 1 Public health center 110 (4%). Recommendations from the results of this study can be used as basic data for further efforts to treat relapse or recurrence in people with serious mental disorders.

Keywords: mental disability; people with serious mental disorders; relapse; recurrence; kebumen

### **INTRODUCTION**

Condition Recurrence of a mental disorder is the reappearance of symptoms of a psychological or mental disorder that had previously progressed and resulted in the patient having to be hospitalized. It is estimated that 50% of people with chronic mental disorders will experience a relapse in the first year, 70 percent in the second year, and 100 percent in the fifth year after returning from the mental hospital (Pasaribu, 2019). Relapse in patients who were on treatment experienced a recurrence of 40% and patients who did not continue treatment within a year experienced a recurrence of 65%. Patients who do not continue treatment within two years experience a recurrence of 80% (Kazadi et al., 2008). Apart from internal factors in the form of treatment, relapse conditions are influenced by external factors, namely the result of worsening social conditions related to excessive emotions in the home environment, especially in disharmonious families, family ignorance in dealing with sufferers and also inadequate treatment carried out by family towards sufferers, stigma from the social environment and low social support from the community (Tanjung et al., 2021)

Relapse a disabling condition and can cause stress in individuals with schizophrenia. This phenomenon is associated with the opinion of Woolley, (1951) who stated that the progressive decline in function of a person suffering from severe mental disorders can also worsen the response to medication and future prognosis. Moreover, relapse in people with mental disorders can increase the burden on health workers and represent an economic burden on family and community (Owen et al., 2016).

Prevention of relapse is a major challenge in the care of patients with schizophrenia (Owen et al., 2016). Many factors cause relapse in people with severe mental disorders according to several studies that investigate socio-demographic, clinical and treatment, but there are no factors that can directly predict the tendency to relapse. The factors in question include family support, drinking compliance. medicine, the social environment, especially the role of health cadres, as well as the role of health professionals (Lestari & Wardhani, 2014). This means that if we look at the relapse phenomenon that occurs, the dominant factor that can play a role in causing relapse in sufferers of severe mental disorders is internal factors originating from the patient. itself and external environmental factors. The results of a study conducted in Kebumen Regency regarding the phenomenon of relapse in people with mental disorders showed data from a total of 112 relapse conditions, the dominant influencing factor, namely lack of family support for healing with patterns namely the family did not respond, the family had given up on the situation, the family did not take any more The patient continues treatment. Second, economic factors where sufferers come from farmers, laborers, domestic workers which cause medical costs to be unaffordable, internal factors that stop seeking treatment but are also influenced by support from the family, factors that do not have optimal social environmental support such as still high levels of stigma, the role of health cadres mental health and the role of mental health professionals involved in the process of caring for people with serious mental disorders in society due to the increasing burden of caring

## **METHOD**

This research method is descriptive quantitative, with a survey approach. Sampling was taken using a simple random sampling technique. The sample size taken in the study was 2692 respondents, who were in accordance with the research inclusion criteria, namely people with serious mental disorders who had been treated and received routine treatment at community health facilities, experienced a relapse or relapse within the last 1 year. The exclusion criteria were people with serious mental disorders who have not been included in routine treatment data at Community Public health center. The data collection process was carried out for 3 months from March to May 2023. The data was analyzed using the Univariate Test with frequency distribution

## **RESULTS AND DISCUSSION**

Furthermore, based on situation analysis data from the Kebumen Regency health service in 2021, the prevalence of serious mental disorders obtained from 35 Public health centers and 26 sub-districts was recorded in Kebumen Regency as 4545, with 2692 people suffering from serious mental disorders who have been treated and undergoing routine treatment at health service facilities. (64.51%), in detail is described in table 1.1 regarding the condition of serious mental disorders in Kebumen Regency.

Table 1.  
Number of Serious Mental Disorders in Kebumen Regency Year 2023

NO.	Public Public health center	ODGJ Weight	Number of Heavy ODGJ Handled	%
1	Adimulyo	116	94	81.03
2	Alian	128	124	96.88
3	Ambal I	105	105	100.00
4	Ambal II	98	98	100.00
5	Father I	37	30	81.08
6	Father II	36	31	86.11
7	B. Islamic boarding school I	47	38	80.85
8	B. Islamic boarding school II	180	46	25.56
9	Bonorowo	55	47	85.45
10	Crocodiles	223	208	93.27
11	Gombong I	40	23	57.50
12	Gombong II	142	23	16.20
13	Karanganyar	171	74	43.27
14	Karanggayam I	120	114	95.00
15	Karanggayam II	35	21	60.00
16	Kebumen I	136	117	86.03
17	Kebumen II	176	97	55.11
18	Kebumen III	75	74	98.67
19	Klirong I	185	86	46.49
20	Klirong II	148	30	20.27
21	Kr. cont	112	59	52.68
22	Kutowinangun	222	88	39.64
23	Sanity	103	97	94.17
24	Mirit	265	41	15.47
25	Padureso	23	17	73.91
26	Champion	357	357	100.00
27	Land	187	187	100.00
28	Poncowarno	37	27	72.97
29	Prembun	69	62	89.86
30	Croton	196	143	72.96
31	Rowokele	194	104	53.61
32	Sadang	62	37	59.68
33	Sempor I	123	62	50.41
34	Sempor II	93	93	100.00
35	Sruweng	249	78	31.33

Tabel 1, it shows that the prevalence rate of serious mental disorders in Kebumen Regency is high and not all of them are handled well by health services. This condition certainly needs to be addressed as a serious problem related to the need for an urgent treatment program to support the healing process for sufferers of serious mental disorders in Kebumen Regency as a step to prevent relapse or recurrence.

The following is data on the number of relapse sufferers in Kebumen Regency for the year (2021-2023)

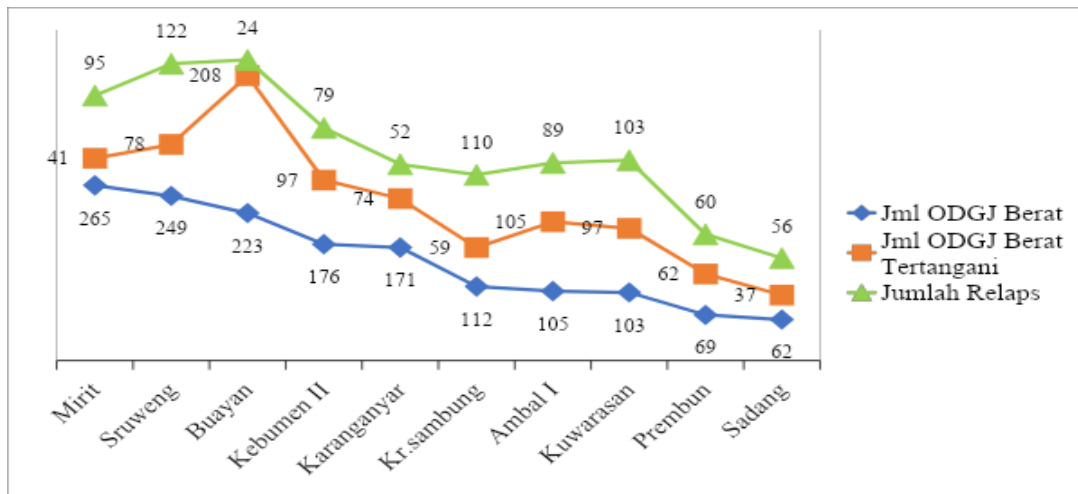


Figure 1.1

Number of Severe ODGJ Relapses in Kebumen Regency Based on Community Public health center Area in 2023

Based on Figure 1.1, the highest number of relapses in Kebumen Regency is in the areas of Sruweng Public health center, Mirit Public health center and Kebumen 1 Public health center. The following is a graph of relapses of severe ODGJ in Kebumen Regency:

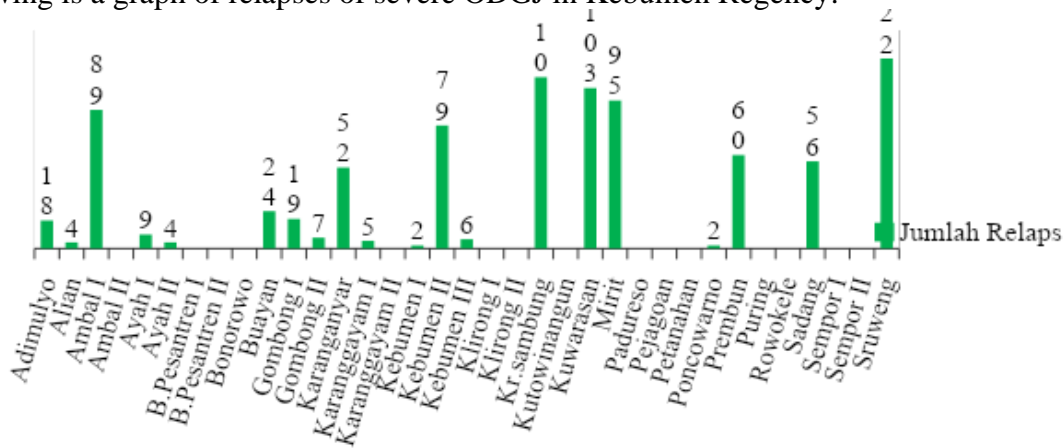


Figure 1.5

Number of relapses of severe ODGJ in Kebumen Regency Based on District

Based on the relapse phenomenon in Kebumen Regency, the treatment of sufferers with serious mental disorders is predominantly influenced by external factors, namely family support. Therefore, efforts to overcome massive mental health problems are very necessary, structured in programs that involve the community with the aim of realizing an optimal level of mental health for each individual, family and community using a promotive, preventive, curative and rehabilitative approach (Panggabean, 2019 ), This is important to do considering that the factors that hinder the treatment and healing of sufferers of severe mental disorders are dominated by

external factors, namely family and society. Thus, handling mental disorders is not only a problem for patients, doctors, psychiatrists, nurses, psychologists, other health workers but also family, group and community problems. Handling mental health problems is not only a physical matter, but also a psychological, social, spiritual and cultural matter, which always involves the government as mandated in Law Number 18 of 2014 concerning Mental Health (Suryaputri et al., 2019).

The first step that can be taken as an effort to deal with the problem of relapse in people with mental disorders is to analyze the related factors, including family support factors. Families often make the decision to stop treatment if the patient has started to improve, apart from that, the family also acts discriminatory towards the patient so that the patient falls into a condition of relapse. If the government's efforts are supported by the family's ability to carry out their duties well, the recurrence rate for patients with serious mental disorders can be reduced. (Sulistyowati, 2012).

## CONCLUSION

The research results showed that of the 2692 people with mental disabilities (people with serious mental disorders) in Kebumen Regency, they were divided into 3 areas with the highest relapses in Kebumen Regency, namely at Merit Public health center 265 (9.84%) relapse cases, Sruweng Public health center 249 (9, 24%) and Kebumen 1 Community Public health center 110 (4%).

## REFERENCES

- Dybdahl, R., & Lien, L. (2018). Mental health is an integral part of the sustainable development goals. *Preventive Medicine and Community Health*, 1(1). <https://doi.org/10.15761/pmch.1000104>
- Idaiani, S., Yunita, I., Tjandrarini, DH, Indrawati, L., Darmayanti, I., Kusumawardani, N., & Mubasyiroh, R. (2019). Prevalence of Psychosis in Indonesia based on Basic Health Research 2018. *Journal of Health Services Research and Development*. <https://doi.org/10.22435/jpppk.v3i1.1882>
- Kazadi, NJB, Moosa, MYH, & Jeenah, FY (2008). Factors associated with relapse in schizophrenia. *South African Journal of Psychiatry*, 14(2). <https://doi.org/10.4102/sajpsychiatry.v14i2.158>
- Ministry of Health of the Republic of Indonesia. (2018). Basic Health Research 2018. In the Health Research and Development Agency.
- Indonesian Ministry of Health. (2019). Datin Info (Indonesian Ministry of Health Data and Information Center) Asthma Sufferers in Indonesia. In the Data and Information Center of the Indonesian Ministry of Health.
- Lestari, W., & Wardhani, F. (2014). Stigma and management of people with severe mental disorders (Stigma and Management on People with Severe Mental Disorders with "Pasung" (Physical Restraint). Humanities Center for Health Policy and Community Empowerment.
- Owen, M. J., Sawa, A., & Mortensen, P. B. (2016). Schizophrenia. *Lancet*. Author Manuscripts, 388(10039).

Panggabean, NS (2019). Nursing process and nursing care for mental patients. INA-Rxiv Papers.  
Pasaribu, J. (2019). Medication Adherence Affects Relapse in Schizophrenia Patients.

Tanjung, A., Helena, NC, & Putri, DE (2021). Relationship Between Support

Family and Adherence to Taking Medication with Relapse of Clients with Severe Mental Disorders. *Abdurrah Nursing Journal*, 4(2). <https://doi.org/10.36341/jka.v0i2.1560>

WOOLLEY, L. F. (1951). Experiential factors essential to the development of schizophrenia. *Proceedings of the Annual Meeting of the American Psychopathological Association*.  
Bandura, (1997). *Self-Efficacy: The Exercise of Control*. In Springer Reference.