

## DESCRIPTION OF MANAGEMENT MENTAL DISORDERS

**Dian Utama Pratiwi Putri\***, **Mona Jesica Efendi**, **Kodrat Pramudho**, **Endang Budiati**  
Public Health, Health Faculty, Universitas Mitra Indonesia, Jl. ZA. Pagar Alam No.7, Gedong Meneng, Kec.  
Rajabasa, Kota Bandar Lampung, Lampung 40115, Indonesia  
[\\*dian@umitra.ac.id](mailto:*dian@umitra.ac.id)

### ABSTRACT

People with mental disorders are the official designation for mental disorders based on mental health law number 18 of 2014. Mental disorders have not fully attained good behavior and fulfilled human rights needs, the government provides protection and guarantees mental health services for people with mental disorders based on human rights. The research objective is known to in-depth analyze the management people with mental disorders in the community in 2020. This type of research is qualitative and the results of the research are presented in a descriptive way. Subjects or informants were taken by purposive sampling. Informants in this study were as many as 7 people. Data collection techniques using in-depth interviews and observations. Based on conducted in-depth interviews with 7 informants, there are 3 factors that influence the management of , namely (objective, subjective, iatrogenic burden). And it is known that the institutions involved in the implementation of the protection of the rights of health services are (Health Service, Social Service, Hospitals and Puskesmas). The rights of health services can be fulfilled maximally by the existence of cooperation between related institutions that complement each other.

Keywords: description; management; mental disorders

### INTRODUCTION

Severe mental disorders are a form of disturbance in the functioning of the mind in the form of disorganization (chaos) of the contents of the mind which is characterized by, among others, symptoms of impaired understanding (delusions, delusions), perceptual disorders, and disturbed power of reality characterized by strange behavior . Mental disorders can be called psychiatric disorders or mental disorders. There are many symptoms that occur in a person with mental disorders, both with his behavior and those that are only in his mind. Avoiding behavior from the environment, not wanting to communicate with people, going berserk without cause, so that they don't want to eat are examples of mental disorders that occur.

The impact of mental disorders will interfere with daily activities, interpersonal disorders and disorders of social role function (Lestari et al, 2014). Cases of shackling for schizophrenia sufferers in Indonesia found that 89, 7% of people who were shackled were those who had schizophrenia and more than 85% of cases of shackling were carried out by their families (Kemenkes RI, 2013). The latest government data shows 18,800 people or 14.3% are currently still shackled in Indonesia. One of the provinces where there are cases of shackling with mental disorders is Lampung province. According to the Governor of Lampung, there are at least 147 Lampung residents who are in pasung, the majority of them are in rural areas so that Lampung was declared to be free from pasung in 2014.

Based on 2013 Ministry of Health data combined with data from the Ministry of Health with adjusted time, prevalence of mental disorders in Lampung is 0.23% for those aged 15 years and over from a total population of 24,089,433 people, meaning that around 55,406 people in Lampung province have serious mental disorders, and 1 million people in Lampung experience

mental emotional disorders (Ministry of Health, 2013). The Lampung Provincial Health Office found 1,091 cases of shackling from January to November. Prevalence of mental disorders in Indonesia reaches 1.7 per mil. The data for serious mental disorders that had been pasung was 14.3 percent. Shackling that occurs in rural areas is 18.2 percent. Prevalence of mental emotional disorders that occur in rural areas is as much as 6.1 percent of the 33 mental hospitals (RSJ) in Indonesia, the number of people with serious mental disorders reaches 2.5 million. Research studies (Wijayanti, 2016). The research objective was provide an overview of the management people with mental disorders in the community in North Lampung Regency.

## **METHOD**

The type of research used in this research is descriptive with a qualitative approach, the design used is a case study. Determination of informants in this study using purposive technique. Data collection techniques through in-depth interviews and observative. The sampling of data sources (informants) was carried out by purposive sampling and snowball. Data collection techniques using in-depth interviews (indept Interview) and observation (observation). The number of informants in this study were 7 people, namely the Head Departement and Health workers, and family.

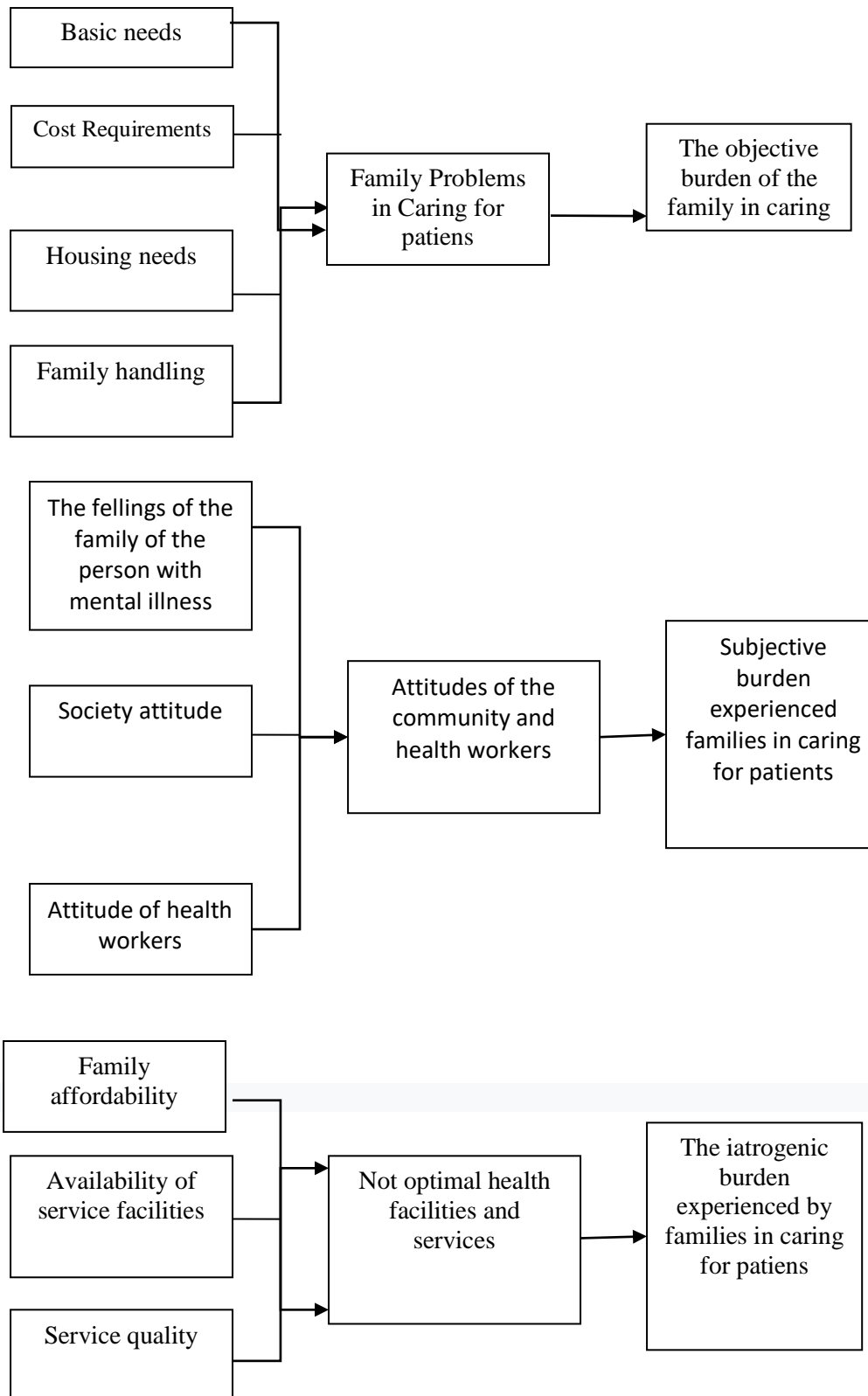
## **RESULTS AND DISCUSSION**

This research was conducted using interview guidelines with in-depth interview method with the research subjects who were determined and selected based on the suitability of the knowledge and information possessed by the research subjects. The informants in this study were the nuclear family of 3 people with mental disorders in North Lampung Regency. Key informants, main informants and additional informants in this study consisted of parties directly related to the process of managing people with mental disorders in communities in North Lampung Regency.

Table 1.  
Informant Characteristics

Code	Informant	Age	Last Education	Length of Work
IK	Head of Departement	43	Master of medical	5 years
IU1	Health Workers	33	Medical	4 years
IU2	Health Workers	29	DIII Nursing	2 years
IU3	Health Workers	30	DIII Nursing	1 years
IT1	Family	34	Junior High School	-
IT2	Family	29	SMA	-
IT3	Family	31	SMA	-

The objective burden experienced by families with mental disorders consists of 4 category is:



Mental disorders will cause a heavy burden on the family, both mentally and materially because the sufferer can no longer be productive Videbeck, (2008). Medical costs that must be borne by patients not only include costs directly related to medical services such as drug prices, consulting services but also other specific costs such as transportation costs to the hospital and other accommodation costs (Djatkiko, 2007). Such conditions certainly make the family work hard with all its efforts to meet their needs, and try to set aside the wealth that they still have and be frugal.

Family feelings in caring for family members with mental disorders complain of feeling heavy, feeling bored, feelings of patience and courage, feelings of worry / anxiety, fear, sadness, and shame on neighbors. The appearance of various unpleasant feelings for the family is also almost the same as the results of previous studies which show that in providing care for people with mental disorders, family members experience a very heavy psychological burden. The attitude of understanding the surrounding community shows a tolerant attitude, pity and the community's understanding of the weight of the burden on the family.

The costs needed to bring the family for treatment to the RSJ which are far away require costs not only for treatment and treatment costs but also for transportation costs. As Djatkiko argues, (2007) Medical costs that must be borne by patients not only include costs directly related to medical services such as drug prices, consulting services but also other specific costs such as transportation costs to the hospital and other accommodation costs. Meanwhile, services at the Puskesmas are already affordable because the medicines for mental disorders are available at the Puskesmas for free.

The family is the main family support system, the family is seen as a system, so the family if there is one family member who is sick or has problems, it will affect other family members. Family involvement in client care will improve optimal results compared to individual treatment only. The role of public health plays an important role in the healing process for mental patients, but it can be seen that health cadres are more focused on physical illness and not many are responsive to mental disorders. The role of public health is very much needed for the healing process for mental patients because it will provide counseling, health, visiting the patient's family home and monitoring taking medication. The author believes that the most important thing in treating people with mental disorders is not how disciplined someone takes medication but how much support from people around them, such as family and society, to protect and not otherwise blaspheme or give bad stigma. Curative and rehabilitative aspects are important but will be far away. more important and meaningful if accompanied by preventive and promotive aspects coupled with good cross-sectoral cooperation to want to care for and intervene with people with mental disorders. Based on the results of the interviews conducted, it was found that the role of mental health has made efforts to socialize the program, in this case the mental health post to the community.

In general, the Ministry of Health has a treatment program in accordance with the direction of health development in RPJMN III 2015-2019, with the direction of developing health efforts, from curative and rehabilitative moves towards promotive and preventive according to conditions and needs, through the vision of a healthy, independent and just community. Management

policies for people with mental disorders are focused on strengthening primary services with clear strategic and performance indicators. The lack of mental health services in hospitals is a separate problem, because in fact, in handling people with mental disorders, it needs a special place that is not integrated with public health services. So far, there is no mental hospital in North Lampung Regency, mental health services are provided by regional hospitals.

## CONCLUSION

This study aims to describe the management people with mental disorders in the community at North Lampung Regency in 2020. From the results of the study, it is known that the institutions involved in implementing the protection of the right to health care services with mental disorders are the Health Service, Social Service, Hospital and Puskesmas. In carrying out the fulfillment of the right to health services for people with mental disorders, it cannot be done by the hospital alone or the Health Service alone but must be done through cooperation between related institutions that complement each other so that the right to health services for people with mental disorders can be fulfilled optimally.

It is necessary to develop an integrated community mental health program involving community participation to care for mental health by forming mental health cadres in the local area, providing treatment and care for people with mental disorders equally in mental hospitals, hospitals and health centers. Providing mental health services that include treatment and restoration of health for people with mental disorders in accordance with mental service standards. Accepting back mental disorders who have recovered in community life so that with mental disorders can return to being productive individuals for personal, family and community life.

## ACKNOWLEDGMENTS

Thank you to the North Lampung Regency Government for their permission and participation in data collection, to Mitra Indonesia University who has supported this research and the committee of the International Conference on Nursing and Health Sciences who has facilitated my writing to be published in the proceedings.

## REFERENCES

- Astuti, M. (2018). Kondisi Orang Dengan Gangguan Jiwa Pasung, Keluarga Dan Masyarakat Lingkungannya Di Kabupaten 50 Kota. *Sosio Konsepsia*, 6(3), 256-268.
- Depkes RI. (2010). Pengertian Gangguan Jiwa. Diakses pada tanggal 29 Juli 2016 dari <http://www.depkes.co.id>
- DirjenBUKKemenkesRI.(2013).*RencanaAksiKegiatanTahun2015-2019*. Jakarta:Depkes RI.
- Efendi,F&Makhfudli.(2009).*KeperawatanKesehatanKomunitasTeoridan PraktikdalamKeperawatan*. Jakarta:SalembaMedika
- Euis,P.(2014).Pemberdayaan MantanPenderitaGangguan Jiwa. e-SOSPOLNo. IVol.1;Januari 2014[2014,I (1):75-82],JurusanIlmuKesejahteraan Sosial,FISIPUniversitas Jember.<http://jurnal.unej.ac.id/index.php/E-SOS/article/view/494>diunduhpadatanggal07Mei2018.

- Fajar. (2016). *Gambaran Karakteristik pada Pasien Gangguan Jiwa Skizofrenia di Instalasi Jiwa RSUD Banyumas tahun 2015* (Doctoral dissertation, Universitas Muhammadiyah Purwokerto).
- FunkM,andDrewN.(2012).*Assessingandimproveandhumanrightsinmental healthandsocialcarefacilities*, WHO,Geneva,Switzerland.
- Gani, I., & Amalia, S. (2015). *Alat analisis data: Aplikasi Statistik untuk Penelitian Bidang Ekonomi dan Sosial*. Penerbit Andi.
- Gilmore, J. H. (2010). Understanding What Causes Schizophrenia: A Developmental Perspective.
- Hendriyana,Artanti.(2013).Setiap Tahun Penderita Gangguan Jiwa di Indonesia Terus Meningkatkan.. <http://www.unpad.ac.id/profil/dr-suryani-skp-mhsc-setiap-setiap-tahun-penderita-gangguan-jiwa-di-indonesia-terus-meningkat/>
- Herdiyanto, Y. K., Tobing, D. H., & Vembriati, N. (2017). Stigma terhadap Orang dengan Gangguan Jiwa di Bali. *Inquiry*, 8(2), 121-132.
- Islamiati, R., Widiati, E., & Suhendar, I. (2018). Sikap Masyarakat Terhadap Orang dengan Gangguan Jiwa di Desa Kersamanah Kabupaten Garut. *Jurnal Keperawatan BSI*, 6(2), 195-205.
- Kalra,G.,etall.(2012).*MentalHealthPromotion:GuaidanceandStrategies*. *EuropeanPsychiatry*.No.27, Page81-86
- Kartono, K. (2009). *Psikologi Abnormal dan Patologi Sosial..* Jakarta: PT RajawaliPers
- Kemntrian kesehatan RI, (2013). Laporan Nasional Riset Kesehatan Dasar Tahun2013:BadanPenelitiandanPengembanganKesehatan.
- Lestari Weny, Wardhani Yurika Fauzia. Stigma dan Penanganan Penderita. Gangguan Jiwa Berat yang Dipasung. 2014;157–66. 2.
- Lestari, P, dkk. (2014). “ Kecenderungan atau Sikap Keluarga Penderita GangguanJiwaterhadapTindakanPasung(studi kasusdi RSJAmino GondhoHutomoSemarang)”*JurnalKeperawatanJiwa*.Volume2,No. 1;14-23,Semarang.diakses padatanggal07Mei2018
- Maramis, W.F. (2009). *Catatan Ilmu Kedokteran Jiwa*. Surabaya: Airlangga UnivercitiPress
- Minas,H.,&Diatri,H.(2008).Pasung:Physicalrestraintandconfinementofthe mentallyillinthecommunity.*InternationalJournalofMentalHealth Systems*.Vol2(1),1-5.doi:10.1186/17524458-2-8
- Moleong, Lexy J. (2012). Metodologi Penelitian Kualitatif. Bandung : PT Remaja. Rosdakarya.
- Nasir,A.,&Muhith,A.(2011).*Dasar-DasarKeperawatanJiwaPengantarDan Teori*.Jakarta:PenerbitSalembaMedika.

- Nasriati, R. (2017). Stigma dan dukungan keluarga dalam merawat orang dengan gangguan jiwa (ODGJ). *MEDISAINS*, 15(1), 56-65.
- Nihayati, 2015, *Buku Ajar. Keperawatan Kesehatan Jiwa*, Salemba Medika, Jakarta.
- Notoatmodjo, S. (2012). Metodologi penelitian kesehatan (Cetakan VI). *Jakarta: Penerbit PT. Rineka Cipta*.
- Palupi, D. N., Ririanty, M., & Nafikadini, I. (2019). Karakteristik Keluarga ODGJ dan Kepesertaan JKN Hubungannya dengan Tindakan Pencarian Pengobatan bagi ODGJ. *Jurnal Kesehatan*, 7(2), 82-92.
- Pramana, I. B. G. A. Y., & Herdiyanto, Y. K. (2018). Penerapan Kearifan Lokal Masyarakat Bali yang dapat Mengurangi Stigma terhadap Orang dengan Gangguan Jiwa. *Jurnal Psikologi Udayana*, 5(2), 226-241.
- Purnama, G., Yani, D. I., & Sutini, T. (2016). Gambaran stigma masyarakat terhadap klien gangguan jiwa di rw 09 desa cileles sumedang. *Jurnal Pendidikan Keperawatan Indonesia*, 2(1), 29-37.
- Setiawan, I. Y. Gambaran program kesehatan jiwa: penanganan ODGJ pasung di kabupaten Cilacap. *Berita Kedokteran Masyarakat*, 35(4), 7-7.
- Stuart dan Sundeen. 2013. *Keperawatan Jiwa Edisi 6*. Jakarta: EGC.
- Stuart, G. W. & Sundeen. (2007). *Buku saku keperawatan jiwa (edisi 3)*, alih bahasa, Achir Yani, editor Yasmin Asih. Jakarta: EGC.
- Subu, M. A., Holmes, D., & Elliot, J. (2016). Stigmatisasi dan Perilaku Kekerasan pada Orang Dengan Gangguan Jiwa (ODGJ) di Indonesia. *Jurnal Keperawatan Indonesia*, 19(3), 191-199.
- Sugiyono. 2010. *Metode Penelitian Pendidikan Pendekatan Kuantitatif, kualitatif, dan R&D*. Bandung: Alfabeta
- Suharto, B. (2014). *Budaya Pasung dan Dampak Yuridis Sosiologi (Studi Tentang Upaya Pelepasan dan Pencegahan Tindakan Pasung dan Pencegahan Tindakan Pemasangan di Kabupaten Wonogiri)*. *Journal on Medical Science*. Vol 1 No 2, Sukoharjo, Poltekkes Bhakti Mulia. Diakses pada 07 Januari 2020.
- Suharyana, Y., & Fernanto, G. model penanganan orang dengan gangguan jiwa (odgj) di provinsi banten.
- Surbakti. (2009). *Memahami ilmu politik*, PT. Grasindo, Jakarta
- Suswinarto, D. Y., Andarini, S., & Lestari, R. (2015). Studi Fenomenologi: Pengalaman Keluarga terhadap Pemasangan dan Lepas Pasung pada Anggota Keluarga yang Mengalami Gangguan Jiwa di Wilayah Kerja Puskesmas Bantur Kabupaten Malang Propinsi Jawa Timur. *Jurnal Ners dan Kebidanan (Journal of Ners and Midwifery)*, 2(2), 176-187.

- Sutejo. 2017. Keperawatan Kesehatan Jiwa. Yogyakarta: Pustaka Baru Perss. Suwarjo.*
- Wahyu, S. (2012). Buku saku keperawatan jiwa. Yogyakarta: Nuha Medika.
- Wijayanti, A, P & Masyur, A, M. (2016). Lepas Untuk Kembali Dikukung: Studi Pemasangan Kembali Eks Pasien Gangguan Jiwa: Jurnal Empati. Vol. 5. No. 4. 2016.
- Yosep, I. (2009). *Keperawatan Jiwa*. Edisi Revisi. Bandung: Revika Aditama.
- Yusuf A., Fitriasari PK., Rizki., & Nihayati HE., 2014. Buku ajar keperawatan kesehatan jiwa. Jakarta: Salemba Medika.