



Psychoeducational Interventions on Improving Caring Behavior for Families of People with Mental Disorders at The Public Health Center of Negara Batin

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ABSTRACT

Treatment for people with mental disorders (ODGJ) includes not only pharmacological treatment, but also environmental-based treatment. The closest environment is family. One of the obstacles in healing for people with mental disorders (ODGJ) is the low participation of families in caring for people with mental disorders (ODGJ) at home and the lack of family and community knowledge about mental illness. This creates a negative stigma aimed at people with mental disorders (ODGJ) which results in neglect, exclusion, harassment, violent behavior, shackles, discrimination, and other violations of ODGJ's human rights. The family as caregiver must be able to care for and assist people with mental disorders (ODGJ) in living their daily lives. However, the role played by the family is still not optimal so it is necessary to provide psychoeducational intervention. Psychoeducation is important to strengthen caring for caregivers when caring for people with mental disorders (ODGJ). The research objective was to determine the increase in caring behavior of people with mental disorders (ODGJ) families after being given psychoeducational intervention. This research was a quasi-experimental one group pre & post test study with a sampling technique using simple random sampling, the sample in this research was 40 families with people with mental disorders (ODGJ). The results showed that $p = 0.03$ with a (0.05) meaning that there was an increase in the caring behavior of the people with mental disorders (ODGJ) family after being given psychoeducational intervention. Psychoeducation is an intervention that can be given not only to groups but also individually so that information on how to care and motivation for independence of family members with mental disorders can be well received by the family and can be applied in the care of people with mental disorders at home.

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ABSTRAK

Pengobatan pada ODGJ tidak hanya meliputi farmakologis saja, tetapi juga pengobatan berbasis lingkungan. Lingkungan terdekat adalah keluarga. Salah satu kendala dalam penyembuhan pada ODGJ adalah rendahnya partisipasi keluarga dalam hal perawatan ODGJ di rumah serta kurangnya pengetahuan keluarga dan masyarakat tentang penyakit jiwa. Hal ini memunculkan stigma negatif yang ditujukan pada ODGJ yang berakibat pada penelantaran, pengucilan, pelecehan, perilaku kekerasan, pemasangan, diskriminasi, dan pelanggaran hak azasi ODGJ lainnya. Keluarga sebagai caregiver harus mampu merawat dan mendampingi ODGJ menjalani kehidupan sehari-hari. Namun peran yang dijalani keluarga masih belum optimal sehingga perlu diberikan intervensi psikoedukasi. Psikoedukasi menjadi penting untuk memperkuat caring pada caregiver ketika merawat ODGJ. Tujuan penelitian ini untuk mengetahui

peningkatan perilaku caring keluarga ODGJ setelah diberikan intervensi psikoedukasi. Penelitian ini merupakan penelitian quasi eksperiment one grup pre & post test dengan tehnik pengambilan sampel menggunakan simple random sampling, sampel pada penelitian ini sebanyak 40 keluarga dengan ODGJ. Hasil penelitian menunjukkan nilai $p=0,03$ dengan $\alpha(0,05)$ artinya adanya peningkatan perilaku caring keluarga ODGJ setelah diberikan intervensi psikoedukasi. Psikoedukasi merupakan intervensi yang dapat diberikan tidak hanya pada kelompok saja tetapi juga secara individu supaya informasi cara perawatan dan motivasi kemandirian anggota keluarga yang mengalami gangguan jiwa dapat diterima dengan baik oleh keluarga dan dapat diterapkan dalam perawatan orang dengan gangguan jiwa dirumah.



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INTRODUCTION

Mental disorders are one of the problems in the health sector whose population is increasing. The prevalence of schizophrenia is quite high not only in the world but also in Indonesia. Referring to the Basic Health Research data 2018, it shows that the prevalence of households with members suffering from schizophrenia or psychosis is 7 per 1000 population. This data has increased by 6% from 2013. Likewise with cases of mental disorders at the working area of Public Health Center of Negara Batin which also experienced an increase, in 2017 there were 40 sufferers and in 2021 there were 66 sufferers with the highest number occupied by schizophrenia 46 people, Anxiety as many as 11 people, depression as many as 7 people, mental and behavioral disorders due to the use of narcotics and other addictive substances as many as 1 person, and organic mental disorders as many as 1 person (at the working area of Public Health Center, 2020). Individuals who suffer from schizophrenia often experience negative views (stigma) from their family and environment, the impact of stigmatization can cause schizophrenic patients to experience social isolation, lack of life opportunities such as work and also social discrimination, this results in a decrease in the quality of life of patients with schizophrenia (Dadang Hawari, 2007). 2014). People with schizophrenia show more changes in maladaptive coping, namely reacting emotionally and the use of maladaptive coping will have an impact on spiritual dissatisfaction and passivity in religion (Ariyani S & Mammu'ah, 2014).

Treatment for People With Mental Disorders (ODGJ) does not only include pharmacological factors, but involves other very complex factors. In addition to being carried out with appropriate pharmacological treatment, environmental-based treatment is needed. The closest environment to the client is family, a healthy and warm family able to provide a therapeutic touch to the client. The family as the front line in maintaining the mental health of its members and being the party that provides psychological first aid if symptoms appear that lead to mental health. The role of the family in increasing the productivity of People With Mental Disorders (ODGJ) is very large, so efforts to empower families in supporting the healing of People With Mental Disorders (ODGJ) are very necessary and carried out continuously which will ultimately be able to restore their quality of life and become productive and independent human beings (Mityasari, E 2018).

The results of the pre-survey showed that 8 out of 10 families said they did not routinely come to health facilities

to take medicines that must be consumed by family members with mental disorders. The family said they did not have the time and felt ashamed to have a family member with a mental disorder, which triggered the lack of family caring for their family member with a mental disorder.

METHOD

This research was a type of quantitative research with a quasi-experimental research design One Group Pre & Post Test. The sample in this research were families who have family members who experience mental disorders or People With Mental Disorders (ODGJ) as many as 40 respondents who were selected using random sampling techniques. Respondents had previously received an explanation regarding voluntary participation and signed an informed consent, this research lasted for three weeks at the Public Health Center in Negara Batin. The research procedure was carried out for 3 meetings, the first meeting the researchers conducted an assessment of the level of caring behavior before psychoeducational intervention was carried out using a caring behavior intervetory questionnaire, then the researchers provided psychoeducation related to family care for People With Mental Disorders (ODGJ). The second meeting of the researchers evaluated the understanding of the material provided and the third meeting carried out a home visit as well as measuring family caring with a caring behavior intervetory questionnaire. Analysis of the data in this research using a dependent Paired T-Test using Confident interval (CI) 90% and Alpha ($\alpha = 0.05$).

RESULTS AND DISCUSSION

Variable analysis in this research includes caring behavior before being given psychoeducational intervention and caring behavior after being given psychoeducational intervention at the Public Health Center of Negara Batin.

The results of the analysis in Table 1 show that before being given a psychoeducational intervention (pre-test) a small proportion of good caring behavior (score 84) as many as 12 respondents (30%) and most of the respondents behaved in poor caring behavior (value < 84) as many as 28 respondents (70%).

Table 1
The average of caring behavior for people with mental disorders (ODGJ) Families Before Psychoeducation Interventions

Category	Frequency	Percentage (%)
Good Caring Behavior (Value ≥ 84)	12	30
Poor Caring Behavior (Value < 84)	28	70
TOTAL	40	100 %

Table 2
The Average of Caring Behavior for people with mental disorders (ODGJ) Families After Psychoeducation Interventions

Category	Frequency	Percentage (%)
Good Caring Behavior (Value ≥ 84)	20	50
Poor Caring behavior (Value < 84)	20	50
TOTAL	40	100

The results of the analysis of Table 2 show that after being given a psychoeducational intervention (post-test) there was an increase in family caring behavior, namely

respondents with good caring behavior (score 84) as many as 20 respondents (50%) and respondents with poor caring behavior (value < 84) as many as 20 respondents (50%).

Table 3
Analysis of Improving Caring Behavior for ODGJ Family After Psychoeducation Interventions

	Mean	Std. Deviation	P Value
<i>Pre-Test</i>	0,30	0,464	
<i>Post-Test</i>	0,50	0,506	0,003

Based on the table above by using the Paired T-Test, the results obtained that the difference in the mean before the psychoeducation intervention was given was 0.30 and after the psychoeducation intervention was given the mean value was 0.50. The Std deviation value before the psychoeducation intervention was given 0.464 and the Std deviation value after it was given. Psychoeducational intervention of 0.506. With a p value of $0.03 < (0.05)$, this shows that there is an increase in caring behavior for families of people with mental disorders (ODGJ) after being given psychoeducational interventions at the Public Health Center in Negara Batin 2021.

Surudani, C (2019) Research on Caring-Based Psychoeducation in Families with People with Mental Disorders, this research objective to reduce community stigma and increase the family's ability to meet their daily needs and activities. Care for his family with the caring method.

The family has a very important role in efforts to improve health and reduce the risk of disease in society because the family is the smallest unit in society. If there is a problem, one family member will become a family unit because there is a strong relationship between the family and the status of its family members. The role of the family is very important in every aspect of health care for family members, for that the family plays a role in determining the way of care that is treated by the family. The health and illness status of family members and family influence each other (John, 2013).

Giving psychoeducation to families based on caring will give better results, Caring-based Family Psychoeducation is given with a sense of responsibility, concern and sincerity where families are able to invite, guide and assist to carry out daily activities and carry out social activities for family members who have a mental disorder. Consistent and continuous treatment will provide optimal results, namely an increase in Activity Daily Living (ADL) and socialization gradually until the patient becomes independent in Activity

Daily Living (ADL) and socialization (Hendrawati, 2018). Caring behavior as a form of caring, paying attention to others, being person-centered, respecting self-respect, humanity and commitment to prevent deteriorating health status, paying attention and respecting others (Nursalam, 2014).

Psychoeducation is provided through health education with methods or methods of exploration, assessment, discussion, role playing and demonstration. Family education in the form of psychoeducation is education or training for people with mental disorders that will assist the person in the treatment and rehabilitation process. Educational programs are considered successful if family knowledge increases. Psychoeducation that is able to meet the needs of family members shows consistent results in increasing the patient's recovery (Jewell, 2009).

Psychoeducation is a program that provides skill-building education for people diagnosed with mental illness, procoeducational interventions can effectively address problems and challenges related to the disease process where sufferers and their families together gain strength, resources and coping skills to minimize crisis and stress. This approach can improve family mental health and well-being on a long-term basis. Psychoeducation programs have proven to be very beneficial for families and people with mental disorders (Lianque, 2011).

Research conducted by Setiawan (2013) states that psychoeducation is effective in reducing the caregiver's burden where the burden can affect the level of distress. This is in line with the research of Grandon, Jenaro and Lemos (2006) that family psychoeducation programs can be used to reduce the burden, relapse and be able to improve the social function of sufferers and families. Interactive psychoeducational interventions about schizophrenic patients have an influence on family knowledge, regularity for control and adherence to medication (Marchira, 2012).

From the results of this research, the researchers concluded that the provision of psychoeducational interventions is needed to increase family knowledge. Increasing family knowledge can change family attitudes for the better. Therefore, a negative attitude can turn into a positive or good one by being balanced by the good knowledge gained. One way to get good knowledge is to get psychoeducational intervention. That way, families can care for and teach ODGJ to socialize in the family so that they can be accepted by the community based on the good knowledge they have.

LIMITATION OF THE RESEARCH

The limitations and weaknesses in this research line in the process and systematic review, where the researcher realizes that in the research there must be obstacles and obstacles such as relatively long distances to reach family residences, relatively short time and the existence of community stigma against people with mental disorders.

CONCLUSIONS AND SUGGESTIONS

There was an increase in family caring behavior of people with mental disorders after being given psychoeducational interventions three times with a P value of 0.03 (<0.05). The results of this research are expected to provide information in adding to mental health activity programs by conducting psychoeducational not only in groups but also individually so that the information conveyed can be quickly accepted by the community and can be applied to provide family support for people with mental disorders to be able to return to their activities regularly independent.

CONFLICT OF INTEREST STATEMENT

There is no potential conflict of interest associated with this article.

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