

Vocational Rehabilitation Based Recovery of Patients With Mental Disorders (ODGJ)

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ABSTRACT

Mental health problems such as schizophrenia are a problem in society which is currently still an issue in various countries in the world and Indonesia. Schizophrenia is a serious mental health disorder. Schizophrenics are often encountered with difficulties in cognitive and social functioning, self-care deficits, high unemployment, and social exclusion.

This research was conducted at the Posyandu Merajut Asa Mojo, Kediri Regency, East Java. This type of research is pre-experimental which will be conducted on 40 people with mental disorders who are active in Posyandu Merajut Asa without using a control group. The sampling technique used in this study was total sampling. This research was conducted by filling out questionnaires to respondents to determine coping and psychological resistance pre and post after the intervention. The analysis used was a paired t-test

There was an increase in coping scores and psychological resilience after the intervention, although there were still a few and many had fixed scores. The level of significance of the relationship with the paired t-test gave a result of = 0.026 for coping and 0.017 for resistance. The interpretation of the paired t-test was that there was a difference between before and after treatment because the p-value was <0.05.

Vocational Rehabilitation is an activity that has a positive impact on the development of ODGJ (people with mental disorders). There is a need for further studies on the impact of vocational rehabilitation with a longer time/duration, to see a significant effect (reduced relapse rate, independence, and productivity).

Keywords : Vocational Rehabilitation, Coping, Psychological Resilience

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BACKGROUND

Mental health problems such as schizophrenia are a problem in society which is currently still an issue in various countries in the world and Indonesia. Schizophrenia is a serious mental health disorder (Eisen et al., 2015). Schizophrenics often experience difficulties in cognitive and social functioning, deficits in self-care, high unemployment, and social exclusion (Foruzandeh & Parvin, 2013). Decreased individual productivity can become an economic burden in the family, a burden of care both in terms of costs and energy, time, and thoughts of the caregiver (patient's family) (Caqueo-Urizar et al., 2014).

The prevalence of general mental disorders according to WHO is 4.4% of the world's population. The World Health Organization (WHO) mentions that one in four people in the world has a mental or neurological disorder. Currently, about 450 million people are experiencing mental disturbance. More than 80% of the disease burden occurs in low- and middle-income countries (World Health Organization, 2017).

Basic Health Research (Riskesdas) 2013 data shows the prevalence of mental-emotional disorders with symptoms of depression and anxiety at the age of 15 reaching 14 million people. This figure is equivalent to 6 percent of Indonesia's population. The emotional mental disturbance is also often called psychosocial problem disorder. Psychosocial problems that often arise include excessive worry, fear, irritability, irritability, difficulty concentrating, hesitation, irritability, and aggression, physical reactions in the form of a pounding heart, tense muscles, headache, then distorted thoughts, excessive emotional reactions, inappropriate behavior, and withdrawal. Meanwhile, the prevalence of serious mental disorders such as schizophrenia has reached 400 thousand (Kementerian Kesehatan Republik Indonesia, 2018)

The prevalence of non-communicable diseases has increased when compared to Riskesdas 2013. The increase in the proportion of mental disorders in the data obtained by Riskesdas 2018 is quite significant when compared to Riskesdas 2013, up from 1.7% to 7%. Meanwhile, the prevalence of mental-emotional disorders in the population aged > 15 years, East Java is 6.82% of the total population. The data were using interviews with Self Reporting Questionnaire-20 (SRQ-20) (Kementerian Kesehatan Republik Indonesia, 2018). In a preliminary study at Puskesmas Mojo, Kab. Kediri, the number of ODGJ (people with mental disorders) was 63, and those who were active in the Asa Knitting Posyandu were 40 people.

Mental disorders are triggered by social factors, such as poverty. From a social perspective, another negative impact is labeling or stigma in society, which makes it more difficult for ODGJ families and patients due to discrimination. More broadly, the impact of treatment in mental hospitals can be a burden on the state's finances, because the cost of treating ODGJ in RSJ comes from the state budget (Le Boutillier et al., 2011).

One of the efforts in the recovery process is by providing recovery support. Rehabilitation is an activity in the form of physical, mental, psychosocial, and vocational actions as an effort to obtain optimal function and adjustment and to foster satisfying interpersonal relationships so that they function as useful persons in society (Yusuf, Fitriyari, & Nihayati, 2015). Occupational therapy as an activity in support of recovery needs to be optimized as possible (Arbesman & Logsdon, 2011; Clark et al., 2011). There is a positive relationship between work and health (Baxter et al., 2014). Work as the primary medium for human development as well as the creation of meaning in life indicates an exploration of restoration (Sutton, Hocking, & Smythe, 2012).

Occupational rehabilitation can also improve interpersonal relationships, as well as cognitive function (Fieldhouse, Parmenter, & Hortop, 2014). This can provide changes to

the patient in learning functions, daily activities, and work (Gibson, Amico, Jaffe, & Arbesman, 2011). Occupational rehabilitation also provides employment opportunities for individuals with schizophrenia (Foruzandeh & Parvin, 2013).

The aim and purpose of vocational rehabilitation is none other than to restore a person with mental disorders with a planned process gradually, so that ODGJ can be independent, self-sufficient, productive, play a normal role, and have good/satisfying interpersonal relationships. Three stages must be passed by ODGJ to have the skills above, namely the first stage of preparation (selection, work therapy, work training), the second stage of distribution (BKT, family, community, nursing home, nursing home), and the third stage is the supervision stage (Daycare, aftercare, and home visit) (Yusuf, Fitryasari, & Nihayati, 2015). So the mental health post is the right place to start vocational rehabilitation activities at the preparatory stage (selection, occupational therapy, work training). Based on the above problems with the high cases of mental disorders which are still an issue today, especially in Kediri District, Mojo Community Health Center, the researchers formulated a research problem, namely "Support for Patients with Mental Disorders (ODGJ) based on Vocational Rehabilitation." To analyze the effect of Vocational Rehabilitation on Coping and Psychological Endurance.

METHOD

Design

This research was conducted at Posyandu Knitting Asa Mojo, Kediri Regency, East Java. This type of research is pre-experimental which will be conducted on people with mental disorders who are active in Posyadu Knitting Asa. Pre-experimental activities in the form of rehabilitation with work training to make basic hydroponics with the wick system. The preparation stage consists of 3 activities, namely selection, occupational therapy, and job training. Before conducting the selection, the researcher conducted a Focus Group Discussion which was attended by experts from various disciplines including social workers, mental practitioner nurses and academics in planning what programs were appropriate and suitable for vocational rehabilitation. In the early stages, the researcher selected the respondents. The sampling technique used in this study was total sampling. There were 40 samples by the selection results without using a control group. This research was conducted by filling out questionnaires to respondents to determine coping and psychological resistance pre and post after an intervention. The intervention was carried out for 2 weeks (14 days) starting from the preparation of planting media, seedling, and transfer of planting media.

Sample

Sampling using the entire population (total sampling) of the existing population of 40 people with cooperative mental disorders

Measurement

The assessment was carried out using a questionnaire. The process of adapting to the use of the questionnaire has been carried out by researchers. The researcher permitted to use the questionnaire via email and got a reply that the questionnaire could be used for research purposes. The researcher then did back translation by involving two translators (English language experts). When Pre-intervention includes characteristic data, coping measurement questionnaires (The Brief Cope), and Psychological Endurance Questionnaires (Brief Resilience Scale).

1. Demographic data of respondents

Demographic data is used to determine the characteristics of respondents and social and cultural predisposition factors. This data is in the form of age, gender, address, marital status, occupation, education, spirituality.

2. The Brief Cope

Brief Cope is a questionnaire to measure individual coping. The questions on the questionnaire use a Likert scale with the following answer choices: never do (1), sometimes do (2), often do (3), always do (4). The highest score for Problem Focused Coping Subtypes was 24 types (Carver, 1997).

3. Brief Resilience scale

This questionnaire is used to measure a person's psychological resistance. There are 6 questions with 3 favorable questions (1,3,5) and 3 unfavorable questions (2,4,6). The questions on the questionnaire use a Likert scale with the following answer choices: 1 = strongly agree, 2 = agree, 3 = neutral, 4 = disagree, 5 = strongly disagree. The total score is then averaged to get the final score. The scores are categorized into 3, namely <3 low resistance, 3.01-4.29 Normal, 4.30-6 high resistance (Smith et al., 2008).

Pengumpulan Data

Data collection

The researcher takes care of the research permit first to the Mental Health Posyandu. Permits are sent to research sites for recruitment purposes. When permission was obtained, the researcher visited the study site to distribute the questionnaire. Data collection took about 2 months. The researcher asked the participants to fill in the questionnaire. During the data collection period, written consent and answered questionnaires were treated separately so that participants' responses would not be exposed.

Data analysis

This research was conducted by filling in pre and post-intervention questionnaires to respondents to determine coping and psychological resistance pre and post after the intervention. The analysis used was the paired t-test with SPSS version 24. Furthermore, the data were analyzed using univariate analysis (respondent characteristics / demographic data) and bivariate (pre and post) analysis.

RESULT

Measurement of coping and psychological resilience of ODGJ with Pre-Intervention and Post-Intervention tests has provided results. Besides, the characteristics of ODGJ respondents who meet the research criteria are also obtained.

Table 1. Characteristics of Respondents

Characteristics	Description	N=	%
Age	17-25 years	4	10
	26-45 years	28	70
	46-65 years	8	20
Gender	Male	22	55
	Female	18	45
Marital Status	Married	12	30
	Single	25	62,5
	Widow	2	5
	Widower	1	2,5
Pekerjaan	Work (Farm labor and	6	15

odd jobs)		
Does not work	34	85

From table 1 regarding the description of the characteristics of the respondents, 4 main data are obtained, namely age, gender, marital status, and occupation. The average age of the respondents is in the range of 25-45 years which according to WHO is in the productive category. The male gender is more than 16 people. Data on the marital status of respondents who were married were 12 people, 25 unmarried people, 2 widows, and 1 widower. In terms of employment, as many as 6 people have worked as agricultural laborers and odd jobs, others have not worked and some are housewives.

Table 2. Coping Measurement Results

<i>Paired Samples Statistics</i>					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pretest Coping	10.22	40	1.32988	.21027
	Posttest Coping	10.55	40	1.13114	.17885

In table 2, the results of the coping measurement show the pretest score with a mean of 10.22 and a posttest score of 10.55. There is a slight difference between the pretest and posttest scores.

Table 3. Resilience Measurement Results

<i>Brief Resilience scale</i>	Resilience Level	<i>Pre Test</i> n=	<i>Post test</i> n=	<i>Mean Pre</i>	<i>Mean Post</i>
	Low Resilience	28	17		
	Normal	12	23	15,82	16,72
	High resilience	0	0		
	Total	40	40		

Table 3 shows the results of the resistance measurement showing an overview of the increase in scores after the intervention with vocational rehabilitation activities. The average pretest score of respondents obtained a value of 15.82. After the intervention, the respondents obtained an increase in the score results with an average value of 16.72.

Coping Statistical Analysis

The correlation value between the support variable vocational rehabilitation intervention with the resistance variable is 0.751 which means the relationship is strong and positive. The significance level of the relationship with the paired t-test gave the result = 0.026. There is a difference between before and after treatment because of the p-value <0.05.

Resilience Statistical Analysis

The correlation value between the variable support for vocational rehabilitation intervention with the resistance variable is 0.496, which means that the relationship is weak and positive. The significance level of the relationship with the paired t-test gave the

result = 0.017. There is a difference between before and after treatment because of the p-value <0.05.

DISCUSSION

The characteristics of the respondents are described by looking at the results of the demographic data questionnaire. There are 4 main data, namely age, gender, marital status, employment status. ODGJ respondents have an average productive age, namely 25-45 years. The male gender is more than a female. Mental disorders in men are more often found than women. This is influenced by many factors including because according to various literature studies men often harbor feelings and do not like to tell stories to express their feelings to others. This is what causes male ODGJ to be found in mental hospitals in Indonesia and globally.

Concerning conditions can also be seen in the employment status where as many as 34 people (85%) of respondents do not work and the remaining 6 people work as agricultural laborers and irregular odd jobs. This site can aggravate a person's mental health condition where economic resources are a trigger for problems in the family. In addition, the absence of activities or work makes ODGJ more sensitive and often daydreams, has low self-esteem, and withdraws which results in hallucinations. Social activities with other people are also hampered and respondents are also unable to actualize themselves in society.

After the intervention was carried out we can see the average score from the brief cope questionnaire to measure the coping of people with mental disorders which has increased although not significant, because most of the scores still have not shown a change. This is also the same as the psychological endurance score of people with mental disorders, which increases (Hoshii et al., 2013). Yet so, we need to appreciate people with mental disorders who have participated, spent their time, interest, and willingness to participate in this vocational rehabilitation research. It shows that there is a strong interest, enthusiasm, and motivation from respondents to recover, a desire to be productive, independent, and feel useful and valuable as a human (Gibson et al., 2011).

Many factors influence the results or output of this study. These factors include cognitive, psychomotor, affective, inadequate experience, a sense of inadequacy or helplessness which has become an old habit (Less-Useful Coping (denial, self-distraction, behavioral disengagement, and substance use). and continuous, as well as the support of many parties (family and cross-stakeholder in handling mental cases) in slowly eroding these factors (Gibson et al., 2011).

The vocational rehabilitation program with simple hydroponic activities is very relevant for people with mental disorders in posyandu settings and mental hospitals (Foruzandeh & Parvin, 2013). With this, people with mental disorders can get multi-comprehensive services in terms of both medical and health services (psychopharmaceutical, mental health screening, and counseling) as well as rehabilitation and recovery services (in the form of learned skills/work training) (Baxter et al., 2014).

The results of this study are consistent with the journal that work is an important activity and affects the recovery of patients with psychiatric disorders (Arbesman & Logsdon, 2011; Le Boutillier et al., 2011). Cognitive support and supportive environmental strategies are very helpful for ODGJ in managing maladaptive behavior (Fieldhouse et al., 2014; Hoshii et al., 2013).

The limitation of this research is the limited number of samples and is only carried out in one Posyandu. Besides, many patients have mental disorders for over 3 years. This

causes the need for time in adapting vocational rehabilitation to be more effective. Therefore, the researcher recommends the need to continue the program with a longer period and increase the number of samples to see the effectiveness of the therapy is more significant.

CONCLUSION

Vocational rehabilitation with basic hydroponic activities using the wick system is a new thing for ODGJ respondents at the mental posyandu. The result was that there was an increase in coping scores and post-intervention psychological resistance, although there were still a few and many had fixed scores. Vocational Rehabilitation is an activity that has a positive impact on the development of ODGJ (people with mental disorders). There is a need for further studies on the impact of vocational rehabilitation with a longer duration/time, to see a significant effect. So vocational rehabilitation activities are important to carry out and become a common concern, especially in familiarizing ODGJ patients with activities. The hope is that with structured activities at the mental posyandu or protected work training center, it will make ODGJ aware of the importance of their mental health, reduce the relapse rate, recover from helplessness and be independent and productive.

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