Indonesian Journal of Global Health Research
Volume 4 Number 1, February 2022
e-ISSN 2715-1972; p-ISSN 2714-9749
http://jurnal.globalhealthsciencegroup.com/index.php/IJGHR

EMPOWERMENT OF KADER KESEHATAN JIWA IN OVERCOMING PSYCHOSOCIAL PROBLEMS THROUGH SUPPORT OF MENTAL HEALTH AND PSYCHOSOCIAL PANDEMIC COVID-19

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ABSTRACT

Bandarharjo, North Semarang District, Central Java Province is a village that already has a Kader Kesehatan Jiwa (KKJ). A total of 56 peoples have been confirmed positive for COVID-19 and require treatment at the hospital because they experience moderate to severe symptoms. Some peoples who were confirmed positive with mild symptoms underwent independent treatment at home, during the pandemic which is still ongoing. Objective of this study was to improve the abilities and skills of Kader Kesehatan Jiwa in promoting mental and psychosocial health, preventing mental health and psychosocial problems, and detecting and recovering mental health and psychosocial problems due to the COVID-19 pandemic. The research program for independent learning policies on independent campuses and community service based on research results and prototype PTS DITJEN DIKTIRISTEK is carried out by empowering Kader Kesehatan Jiwa (KKJ) by providing training and assistance in implementing Mental Health and Psychosocial Support for the COVID-19 pandemic (MHPSS) to Kader Kesehatan Jiwa (KKJ). Results 60 respondents, after being given mental health and psychosocial support for 3 days and assistance for 8 days, their physical health condition increased to 75% which was initially 3.3%. This study uses a descriptive study and observation method, the conditions obtained are mental health conditions from 35% to 55%, mental emotional disorders from 28.4% decreased to 16.7%, hallucinations remained 11.6% and post-traumatic disease syndrome rates decreased from 25% to 16.7%. Conclusion Mental Health and Psychosocial Support reduces the respondent's physical and mental health problems.

Keywords: covid-19 pandemic; mental health; psychosocial support

First Received	Revised	Accepted
15 December 2021	18 January 2021	20 January 2022
Final Proof Received		**Published**
24 January 2022		01 February 2022

How to cite (in APA style)
Rochmawati, D. H., Febriana, B., & Setyowati, W. (2022). Empowerment of Kader Kesehatan Jiwa in Overcoming Psychosocial Problems Through Support of Mental Health and Psychosocial Pandemic Covid-19. *Indonesian Journal of Global Health Research*, *4*(1), 77-84. https://doi.org/10.37287/ijghr.v4i1.743

INTRODUCTION

Bandarharjo Village is located in North Semarang District and is included in the Semarang City area, Central Java Province. This village is located on the coast of Semarang City with an area of 342.68 m2. The administrative boundaries of the village are as follows to the north: Java Sea; to the south: Kali Semarang and Dadapsari Village, to the west: Kali Semarang and Keurahan Kuningan, to the east: Jalan Empu Tantular and Kelurahan Tanjung Mas.

Health infrastructure in the form of one health center and 14 posyandu. The total population is 22,951 with 7,621 families and 1,199 poor people. The educational status of the most residents is high school graduates, namely 4,755 and the smallest is S-2, which is 24. Based on the results of interviews with village heads, data obtained that the coverage of the first vaccine is 71% and for the second vaccine is 80%. Meanwhile, community behavior that is a

threat during this pandemic is the use of masks that have not been entrenched and healthy living behaviors such as washing hands and using hand sanitizers also still need motivation.

The COVID-19 pandemic that has hit the whole world and the post-pandemic conditions have an impact on the physical and mental health of individuals in all age groups (Keliat, et. al, 2020). The COVID-19 pandemic has caused psychosocial trauma from the age of children to the elderly. There are restrictions on physical and social activities, especially for individuals who have to undergo quarantine or isolation due to COVID-19. This can cause a person to feel afraid, anxious, lose a sense of security, feel helpless, bored and feel hopeless. If not treated immediately, it will cause post-traumatic stress problems, mental disorders or other psychosocial problems (Keliat, et. al., 2019). However, there is no mental health management in Bandarharjo Village, especially in providing initial psychosocial assistance which is an effort to prevent and control mental health problems due to the COVID-19 pandemic.

According to (WHO, 2020), the emergence of a pandemic causes stress at various levels of society. Although so far there has not been much research on the impact of COVID-19 on mental health, a number of studies related to pandemics (bird flu and SARS) have shown a negative impact on the mental health of sufferers. Research on SARS survivors shows that in the medium and long term, 41-65% of survivors experience various kinds of psychological disorders (Maunder, 2019). A study in Hong Kong showed that psychological problems in SARS survivors did not decrease within one year after the incident. In fact, it is estimated that 64% of survivors have the potential to experience psychiatric disorders (Lee, 2017). The biggest risk factors for experiencing various psychological distress are women and health workers.

During the pandemic and the response to the COVID-19 pandemic, many people have lost their job opportunities (Keliat, 2019). Women and girls at home are at increased risk of domestic violence (Mak, et. al., 2019). Children and youth cannot attend school and may be isolated from their peers. Many have lost friends and family to COVID-19 infection. This situation could increase the prevalence of mental health conditions in Indonesia, such as distress, anxiety and depression.

According to research conducted by the Indonesian National Health Research and Development Institute (NIHRD) in May 2020, many respondents aged 15-24 years have symptoms and mental health conditions (sleep disorders, anxiety and depression) as a result of COVID-19. If these conditions are not treated early, they can affect mental well-being in the long run. Prevention programs have been shown to reduce stress and depression for children (eg through psychological protection and support). The findings also reveal that women suffer from depression and anxiety more than men. Stigma also dominates in society. Another study conducted by the NIHRD found that 75% of the 713 respondents stopped contact with people who were confirmed cases (NIHRD, 2020). The COVID-19 prejudice around health workers is also highlighted in this study, showing that stigma and discrimination occur in society.

Public health conditions related to the transmission of the corona virus are divided into groups of healthy people, groups of people with close contacts, travelers, probable cases, suspected cases, people suffering from COVID-19 and vulnerable groups (Kementrian Kesehatan RI, 2019). There are no studies that measure mental health and psychosocial problems related to this pandemic, but based on the results of WHO research (WHO, 2005) during the tsunami disaster, it is necessary to immediately promote mental and psychosocial health, prevent mental health and psychosocial problems, and detect and recover mental health and

psychosocial problems. Given the risk of increasing mental health problems and mental disorders due to COVID-19 in the community, it is necessary to empower the community, namely Kader Kesehatan Jiwa (KKJ) through training and mentoring of Mental Health and Psychosocial Support (MHPSS) to the community so that they can provide choices to the community, especially Mental Health Cadre in handling mental health problems during the pandemic. Change requires a process (Lewin, 1951), it is hoped that with MHPSS training at KKJ, the public can understand and find out more about COVID 19, its prevention, transmission and treatment. Healthy Behavior is formed through the cultivation of New Normal Life (NNL).

METHOD

This study uses a descriptive study and observation method, Data is presented and processed quantitatively using descriptive analytic (Sugiyono, 2013). The number of samples was 60 people, namely mental health cadres in Bandarharjo district, Semarang. Inclusion criteria were able to read and write, committed to attend training for three consecutive days. Willing to participate in mentoring for 8 consecutive days. Interventions include knowledge about Covid-19, Mental Health and Psychosocial Support (MHPSS) Healthy People, Travelers MHPSS, Close Contact MHPSS, Probable Cases MHPSS, Confirmed Cases MHPSS and Vulnerable Groups MHPSS. Physical and mental health conditions were measured using a Self-Reporting Questionnaire (SRQ) whose validity and reliability have been tested and interpreted based on the instructions for using the questionnaire.(WHO, 1994).

RESULTS

Table 1.
Characteristics of Respondents (n=76)

Characteristics of Respondent		Frequency	Percent (%)
Age	30-40	9	15
	40-50	22	36.7
	50-60	29	48.3
Gender	Male	3	5
	Female	57	95
Educations	Primary School	10	16.7
	Junior High School	13	21.6
	Senior High School	34	56.7
	University	3	5
Income	< 1.000.000	46	76.7
	1.000.000-2.000.000	10	16.7
	>2.000.000-3.000.000	3	5
	>3.000.000	1	1.6

Based on table 1 above, the majority of respondents are between 50-60 years old, as many as 29 respondents (48.3%). The majority of respondents are female, as many as 57 responden (95%). The education of the most respondents is high school, namely 34 respondents (56.7%). Most respondents earn less than 1,000,000, namely 46 respondents (76.7%).

Table 2.
Fisical Health Conditions of Respondent (n=60)

Condition	Pretest		Posttest	
	Frequency	Percent (%)	Frequency	Percent (%)
Health	2	3.3	45	75
No Health	58	96.7	15	25
Total	60	100	60	100

Based on table 2 above, in the pretest measurement, as many as 58 respondents (96.7%) were not physically fit and only 2 respondents (3.3%) were physically healthy. Meanwhile, in the posttest measurement, 45 respondents (75%) were physically fit and 15 respondents (25%) were not physically fit.

Table 3.
Mental Health and Psychosocial Conditions of Respondent (n=60)

Condition	Pretest		Posttest	
	Frequency	Percent (%)	Frequency	Percent (%)
Health	21	35	33	55
Emotional Mental Disorder	17	28.4	10	16.7
DRUGS	0	0	0	0
Psychosis	7	11.6	7	11.6
Post Traumatic Syndrome Disease	15	25	10	16.7
Total	60	100	60	100

Based on table 3 above, in the pretest measurement, as many as 21 respondents (35%) were mentally healthy. Meanwhile, in the posttest measurement, 33 respondents (55%) were mentally healthy.

DISCUSSION

Physical, Mental and Psychosocial Health Conditions

The results showed that before the intervention the physical health condition of the respondents was 2 respondents (3.3%) physically healthy and after the intervention increased to 45 respondents (75%) who were physically healthy. Meanwhile, the mental health and psychosocial conditions of the respondents before the intervention were 21 respondents (35%) who were in a mental health condition, increasing to 33 respondents (55%) who were mentally healthy after the intervention. The interventions provided are mental health and psychosocial support which includes increasing physical immunity, increasing mental immunity, preventing physical transmission, preventing mental and psychosocial health problems for individuals, families and communities as well as implementing healthy behavior during the COVID-19 pandemic. The intervention was given for three consecutive days and assisted for eight days. The assistance provided is intended for the implementation of healthy behavior every day so that healthy behavior habits are formed during the COVID-19 pandemic.

Measurement of the respondent's physical, mental and psychosocial health conditions was carried out using a physical SRQ questionnaire containing 12 questions regarding physical health conditions, SRQ 29 questions for mental and psychosocial health. If the respondent

answers yes to one of the physical health questions number 2 to number 12, it is categorized as physically unhealthy. The question items are related to signs and symptoms of people with COVID-19 and chronic physical illnesses. The symptoms of COVID-19 sufferers are fever, cough, runny nose, discomfort and pain, sore throat, difficulty breathing or shortness of breath, loss of sense of taste or smell. While the questions related to chronic diseases are suffering from hypertension, diabetes mellitus, tuberculosis, cancer and currently breastfeeding or the puerperium. As for the 29 items of SRQ questions, if the answer is yes more than equal to 6 in questions number 1 to number 20 then it is included in the category of emotional mental disorder. If you answer yes to number 21, it is included in the category of drug abuse. Answering yes to number 22 to number 24 is included in the category of psychosis. Answering yes to numbers 25 to 29 are included in the post-traumatic syndrome disease category (WHO, 1994).

Mental health is a condition that shows that an individual can develop physically, mentally, spiritually, and socially so that individuals understand their own abilities, are able to cope with pressure, are able to work productively, and are able to provide support in their environment (Undang- Undang Republik Indonesia, 2014). A healthy condition is a state of physical, mental and social well-being that is not only free from physical disease or disability (WHO, 2015). Mental health is a condition that shows physical and psychological health as well as all individual aspects needed to carry out activities and functions of daily life and play a role in life in society.

The COVID-19 pandemic is a condition that occurs throughout the world, this condition results in both physical and psychological problems. This is evidenced in the results of this study which stated that 65% of respondents experienced psychosocial mental health problems in the form of GME (28.4%), psychosis (11.6%) and Post Traumatic Syndrome Disease (25%). This is in accordance with previous research which states that an outbreak of physical disease that is easily contagious, spreads widely and quickly, as well as pressure and difficulties in the community causes emotional mental disorders and PTSD (Rahayu, 2021). Exposure to continuous sources of stress during the COVID-19 pandemic makes people more vulnerable to depression (Bao, 2020). Acute stress, panic attacks, PTSD, anxiety and depression, and even suicidal tendencies are responses that can arise from a source of stress during the COVID-19 pandemic (Zang, et. al., 2020). Sources of stress during the COVID-19 pandemic have various consequences that are indicated as psychosocial mental health problems.

Respondents who experienced physical illness in this study said that they became sick because they thought too much about the health of themselves and their families, worrying about the plague that could attack their family at any time. The unpreparedness of health services to provide treatment for COVID-19 sufferers quickly and accurately makes them tired and physically weak. Fatigue and weakness that occur continuously result in decreased physical immunity. Worries, anxiety and anxiety due to ignorance about the spread and prevention of COVID-19 have traumatized respondents. Every time they hear news of a death, or sick family and neighbors, the respondent becomes more traumatized and causes them to be unable to think rationally. This affects the physical and psychological health of the respondents. Even though during the current pandemic, strong physical and mental immunity conditions are needed to fight the transmission of COVID-19 caused by the virus.

The conditions experienced by respondents require immediate treatment by increasing physical and psychological immunity through increasing knowledge about COVID-19. The

intervention in the form of training provided was effective in overcoming physical and psychosocial problems during the COVID-19 pandemic. This is evidenced by the decrease in the number of respondents' physical illness, from 96.7% to 25%. Other evidence is the decline in mental health and psychosocial problems, from 65% to 45%, mental emotional disorders decreased to 16.7%, psychosis remained at 11.6% and post-traumatic disease syndrome fell to 16.7%. The percentage of psychosis is constant because psychosis is a mental disorder condition that cannot be cured in a short period of time. It takes a long time and years and requires appropriate treatment to treat psychotic conditions.

CONCLUSION

Kader Kesehatan Jiwa (KKJ) are trained with the MHPSS COVID-19 Pandemic Training for three days. Kader Kesehatan Jiwa (KKJ) receive assistance for eight days from facilitators from each RW. Identified physical and mental health problems through physical and mental health screening. There is a decrease in physical and psychological health problems after intervention in the form of training.

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