

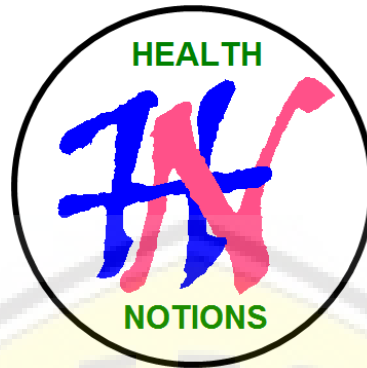
# Health Notions

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## Health Notions

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RESEARCH ARTICLE

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## The Role of Health Workers in Handling People with Mental Disorders (ODGJ) Physical Restraint

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### ABSTRACT

The problem of mental disorders in Indonesia is a significant health problem in this society because the disease of mental disorder in Indonesia is still quite high, based on the result of basic health research 2007 the prevalence of emotional mental disorder equal to 11,6% and varies between province and regency. The purpose of this study was to analyze the role of health workers covering preventive, promotive, education and evaluation in handling persons with mental disorders (ODGJ) physical restraint in Public Health Centers of Jember Regency. This type of research was a case study. Determination of informants using sampling technique purposive sampling. Number of informants were 9 people. The results of the research was that all informants have made promotive, preventive, education and evaluation efforts through counseling, screening, home visits and monitoring persons with ODGJ access in taking medication.

**Keywords:** Role, Health workers, Mental disorders

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### INTRODUCTION

#### Background

Mental disorders are people who have disorders of thoughts, behaviors, feelings that are reflected in a set of symptoms or significant behavioral changes and can cause suffering, obstacles in living the function of life as a human<sup>(1)</sup>. Report from Jember Regency Office the number of people with mental disorders is still quite high, based on mental health report at Jember Regency Health Office the incidence of mental disorders continues to increase every year. In 2014 the incidence of mental disorders amounted to 22,807 people<sup>(2)</sup>. In 2015 the incidence of mental disorders has increased to 54,190 people<sup>(3)</sup>, and by 2016 by 73,778 people<sup>(4)</sup>. Based on data obtained in preliminary study at Health Office of Jember Regency, 50 Public Health Center in Jember Regency had ODGJ that amounted to 346 patients or 0.07% and 27 public health center including People with Mental Disorders (ODGJ) which in the physical restraint were 55 people or 16%<sup>(4)</sup>.

The problem of mental disorders in Indonesia is a significant health problem in this society because the disease of mental disorders in Indonesia is still quite high, based on the result of basic health research (Risksedas) 2007, the prevalence of emotional mental disorder equal to 11.6% and varies between province and regency<sup>(5)</sup>. Risikesdas in 2013 showed that emotional mental disorders with depression and anxiety symptoms of 6% at age 15 years and older or about 14 million people, while mental disorders with severe depression (schizophrenia) of 1.7 by 1.000 people or 400.000 people. Based on this number, it turns out 14.3% of them or approximately 57,000 people have been or are being locked (physical restraint)<sup>(6)</sup>, and the incidence of mental disorders in East Java of 2.2 per 1.000 population.

A preliminary study was conducted in one of the public health centers of Jember Regency, which is one of the health centers with high physical restraint numbers on May 24, 2017 obtained data that the role of officers in the handling of people with mental illness physical restraint not maximal, based on interviews found that families who have people with mental disorders is less to get information about the care of people with mental disorders so when the patient has a relapse then the family does the physical restraint due to endanger themselves and the surrounding community.



Based on these data indicates that in Jember Regency there is still a number of occurrence of the physical restraint on person with mental disorders. This is not in line with the Indonesian government's program that Indonesia's free physical restraint program targeting on 2019<sup>(7)</sup>. The success of the Indonesia's free physical restraint program can be accomplished with a comprehensive effort from all aspects, one of them from the health aspect with the role of health workers in handling persons with mental disorders.

Based on these problems and referring to previous research, and the existing theory that the role of health workers in handling people with mental illness physical restraint include promotive, preventive, education and evaluation. The results of this study are expected to be a reference in improving the handling of non-communicable diseases, especially in the handling of ODGJ at the public health center to support the government program free of resraint 2019.

### **Purpose**

Analyze the role of health workers in handling ODGJ physical restraint in public health centres of Jember Regency.

### **METHODS**

This type of research was a descriptive research with qualitative approach and case study design. This research will be carried out in public health centers of Jember Regency involve Balung public health center, Sumberbaru public health center, Klatakan public health center, Panti public health center, Sukorejo public health center and Sukorambi public health center. Determination of informants using purposive sampling technique, consisting of 6 main informants, 2 additional informants and 1 key informant. Data analysis techniques in this study using thematic content analysis method.

### **RESULTS**

#### **Promotive**

Based on the results of research that has been done all informants have made promotive efforts through counselings. The informant stated that, "basically we have been counseling since I on duty, we always to the volunteers sometimes to the neighborhood around the Baihaqi (people who got physical restarint) that I collect the environment around", "if anyone like Baihaqi or before he was got physical restraint he has a mental disorder please report can be treated can be for free". "From junior high school to senior high school has been socializing to students were have done and every year but it start from 2014 and there are still who are get physical restraint but they caught, and they understand cause i also implemented accordancewith the started getting here know more cause we have been counseling and socialization and I implement according to PKP, in PKP there is at least one village counseling everytime, but I added with counseling in senior high school because they are the early generation." This is in accordance with the statement of the additional informants who stated that, "once get an invited, but my son who came."

#### **Preventive**

Preventive is an activity to prevent psychiatric or mental disorder (Law No.18, 2014). Based on the results of interviews that have been done all informants have done preventive activities by early detection one of them were through screening activities cadre approach, home visits, and from the benefits of counseling that ha been done. The informant stated that, "the result of individual screening yesterday, if there was a mental disorder then we give adviced to students who are depressed". "Detection, his home visit 2. Home visit to monitor the medication and the other home visit to extrication physical restraint."

#### **Education**

Based on the results of research that has been done, all informants have done educational activities to people with mental disorders and or families of patients with mental disorders. The informant stated that, "ya, yaa later when he was cured, first must take a medicines". "And continue establishing him to be able for fulfill his ADL". "And then if the recurrence, call me or others health care workers by phone then today he must start should be taught to bathe, taught toothbrush again, he does not want to brush his teeth anymore and eat being established until he can be independent". This accordance with the statement of additional informants who stated that, "if it still unwell it should be patient, to eat should be repeated and if take a bath should be bathed, that for his treatment."

## Evaluation

Based on the research that has been done all informants have conducted evaluation of mental health activities this was in accordance with the informant statement stated that, "(hehe) yes we do what it is after he was out of the hospital, yes we continue to observation". "We continue to control the treatment from the hospital get some medicines, if at public health center the drug is not there then given it to GFK". "The next plan expected no more physical restraint again, we often down to the region of coordination and cross-sector areas". "The evaluation is the next activity plan.. Looking at the existing problems if not recovered so we must give treatment again, consul to the specialist, if necessary to be referred we must coordination with TKSK and other health care workers, depending on the problem", this is supported by a key informant statement stated that in addition to the evaluation of the public health center level, the evaluation in the public health office has also been conducted through meetings, but there are improvements in the reporting system at the public health center level because the system of recording and based reporting there was still not available in provincial level or national level. Recording and reporting systems using a cohort system are not expected to escape monitoring. Key informants stated that, "Ee... already there are meetings activities, we just fix it both in the system of recording and reporting I have asked even to the province, is there such a pattern? which, as I had hoped, the cohort system was not, the national level also has not". "Everyone with severe mental disorders should be included in cohort and this should be monitored, not just this we have treated, we have loose the physical restraint today and then we let it but this is at least, later every month there is monitoring officer, that's what we have to do right now". "Yes finally no one escaped from monitoring".

## DISCUSSION

### Promotive

Based on a statement from the informant interview about health promotion that has been done at public health center in accordance with constitution number 18 of 2014, that the role of health officer in public health center includes promotive activities<sup>(8)</sup>. This is in accordance with the Regulation of Minister of Health Number 43 on Minimum Service Standards (SPM) number 10 about the mental health service people with mental disorders, one of which is promotive activities<sup>(9)</sup>. Umah (2016) in his research stated that the handling of mental health in public health center helps one of them is with promotive activity which was proven by the visitor in public health center helps reaching 100 visitors every day<sup>(10)</sup>. The results of the research shown that the promotive activity has done through the counseling activities that give information that the people with mental disorders can be treated and cured, and the treatment at the public health center does not require the cost so that the community can know and understand that people with mental disorders can be cured and can be directly treated in public health center without thinking medical and treatment costs. Azwar in Notoatmodjo (2012), said health education is a health education activity conducted by spreading the message, instilling confidence so society are not only aware, know and understand but also willing and able to conduct health-related advice<sup>(11)</sup>. Kholid (2015) states that health promotion or health counseling is an effort to empower communities to maintain, improve and protect health from the environment through the distribution of health information<sup>(12)</sup>. Batas (2017) in his research states that health promotion strategies have an influence on the behavior of clean and healthy life<sup>(13)</sup>. Setyawan (2017) in his research stated that the provision of health education proved effective against improvement of knowledge, attitudes and intention about patient care pasca pasca on health cadre in Work Area of Jatnom public health center, Klaten<sup>(14)</sup>. Susilawati (2017) in his research stated that the provision of health promotion proved effective towards the increase of knowledge and attitude about the prevention of healing of mental disorder in the health cadre in the working area of Jatnom public health center, Klaten<sup>(15)</sup>.

### Preventive

The results of the research that has been done was known that the implementation of preventive activities conducted by public health center has several obstacles such as the family hide the patients with mental disorders so the health workers play an active role through collection the data of healthy family or from community reports. Based on these results, that public health center have conducted preventive activities at public health center level, this is in accordance with constitution number 18 of 2014 which states that preventive activity aims to prevent the occurrence of psychiatric problems, prevent the occurrence and / or recurrence of mental disorders, reduce risk factors due to mental disorders in society, preventing the onset of psychosocial problems<sup>(8)</sup>. Regulation of the Minister of Health Number 43 of 2016 concerning Minimum Service Standards that mental health services one of them is preventive activities<sup>(9)</sup>, this is in accordance with research conducted by Umah (2016) stated that the impact of preventive activities that have been done felt by the rural community Pariangan of social life change, awareness and behavior of healthy life behaviour after existence of mental health from "helper public health

center”<sup>(10)</sup>. Preventive activities conducted by informants are expected to know and understand the disease of people with mental disorders so no longer hide the situation in order to can be treated immediately and does not cause a worse impact on the people with mental disorders with physical restraint, in addition to the preventive activities can be done early detection if there was a new people with mental disorders so health workers can immediately treat people with psychiatric problems (ODMK) before to the occurrence of people with mental disorders, so can reduce the cases number of people with mental disorders and physical restraint.

### **Education**

Based on the results of research on education as the role of health workers in handling people with mental disorders with physical restraint has been maximized, including the drugs administration, how to deal with patients with recurrent mental disorders, teaches to do daily activities, eat regularly and personal hygiene. This is in accordance with Minister of Health Regulation number 43 of 2016 on Minimum Standards Service in people with mental disorders one of which is education that includes signs and symptoms, medication adherence, personal hygiene, and daily activities. Keliat (2011) states that the role and function of mental health nurse one of them is as an educator<sup>(16)</sup>, in accordance with research conducted by Rahman (2015) states that the role of nurse as an educator includes giving introduce the problem of mental disorders experienced by the patient, suggested to the family that the patient be taken to the psychiatric hospital for treatment<sup>(17)</sup>.

The Tones in De Leeuw in Notoatmodjo (2012) suggest that health education serves to generate conviction in society about the aspects of environmental health loss and social sources of disease, ideally followed by community involvement actively<sup>(11)</sup>. Health education help people to control their own health by influencing, enabling, and strengthening decisions or actions according to their own values and goals. Education conducted by informants to the community are expected to be able to recognize the symptoms of people with mental disorders disease and can solve the problem in recurrent of people with mental disorders so as to minimize incidences of physical restraint to support the government program free of physical restraint in 2019.

### **Evaluation**

Based on the results of research on evaluation as the role of officers in handling ODGJ physical restraint has been maximal, but there are obstacles in the reporting system so that the evaluation activities on target, there is no report system using the cohort system, in the presence of cohort system it can be known the existence of new ODGJ or ODGJ physical restraint which has recovered but has been re-infiltrated, but the censorship system such as the cohort system is still not available either at regency health office, province or national level. This is in accordance with Minister of Health Regulation No. 43 on Minimum Service Standards concerning ODGJ, that ODGJ activities undertaken on health services other than promotive, preventive, educational and evaluation activities<sup>(9)</sup>. The technical guidance (2014) of the liberation of the statue also states that evaluation activities include socialization and coordination, as well as consultations<sup>(18)</sup>. Pinilih (2015) in his research stated that monitoring and evaluation are carried out regularly to assess the success of the program<sup>(19)</sup>. Fatoni (2011) in his research stated that evaluation of the implementation of mental health program is not fully in accordance with the minimum service standards<sup>(20)</sup>.

### **CONCLUSION**

Based on the results of the research, it was found that the role of health officers in handling ODGJ at the public health centers in Jember Regency which includes promotive, preventive, educational and evaluation has been running maximally but there are still obstacles experienced such as evaluation system where there is not enough reporting system evidenced based on interviews from informants research that the role of promotive, preventive, educational and evaluation is done through extension activities, screening, home visits and monitoring people with mental disorders in taking the medicine.

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