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Family Empowerment In Patients With Severe Mental Disorders In Banjarmasin, Indonesia

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ABSTRACT

Family empowerment is a process or effort that aims to increase families' awareness of and willingness to care for their health. The purpose of this study was to determine, examine, and analyze family empowerment and the factors that inhibit it in patients with severe mental disorders in Banjarmasin City, Indonesia, in 2021. This study employed qualitative methods to elicit descriptive data in a written or spoken form from individuals and observed behavior to gain a better understanding of field phenomena through the collection of data or information obtained directly. At the Banjarmasin City Health Office, data were gathered through interviewing, documenting, and collecting secondary data. Interviews were conducted with key stakeholders, including families of patients with mental disorders, patients with mental disorders, and puskesmas mental health program management officers. The findings indicated that family empowerment was still suboptimal in patients with severe mental disorders; families lacked knowledge about caring for patients, impeding the healing process properly.

1. INTRODUCTION

According to Talcott Parsons, empowerment is a process in which people can exert control over events and institutions that affect their lives. As a result of the empowerment process, people who gain sufficient skills, knowledge, and authority can impact their own and others' lives (Alfianti, 2014; Risaad, et al, 2021). As a social unit in society, the family is an essential asset to a nation. The family is on the front lines of maintaining its members' mental health and being the party that gives psychological first aid if indications that lead to mental health occur. Families are urged to provide accurate information to health care providers to acquire the correct diagnosis and treatment for ODGJ. Finally, he can improve his quality of life and become a productive and self-sufficient human being (Sunarti, 2012).

According to the Republic of Indonesia's Law No. 18 of 20214, mental health is a state in which an individual can develop physically, mentally, spiritually, and socially to the point where he is aware of his abilities, capable of dealing with pressure, productively working, and contributing to his community. The term ODGJ (people With Mental Disorder) refers to the Law of the Republic of Indonesia No. 18 of 2014, which defines it as being impaired in one's mind, behavior, and sense of self. The 2018 Basic Health Research (Riskesdas) data show a significant increase in the prevalence of mental disorders compared to the 2013 Riskesdas data, increasing from 1.7 per mil to 6.7 per mil. The following table illustrates the prevalence of households with ART (household members) Schizophrenia/Psychosis Mental Disorders in South Kalimantan Province by district/city (Riskesdas, 2018). In Banjarmasin, schizophrenia and psychosis occur at a rate of 1.53 per mile per family. This figure is among the lowest in South Kalimantan compared to other

districts/cities, but when the actual number in the field is considered, the City of Banjarmasin has 1,227 People with Mental Disorders, the highest in South Kalimantan. This prevalence rate will continue to rise annually unless comprehensive mental health management is implemented. Mental health efforts are an activity that aims to achieve optimal health degrees for each family and community through comprehensive, integrated, and sustainable approaches to promotion, prevention, treatment, and rehabilitation (Riskesdas, 2018).

Few research has been conducted on family empowerment in treating people with severe mental problems. The study discovered additional evidence of families' empowerment in caring for physically unwell family members. Nurhaeni (2014) discovered that drive, compassion, and social support shape family self-efficacy, which directly and indirectly influences family empowerment through self-efficacy.

Figure 1.1 Graph of Treatment Achievement for Patients with Severe Mental Disorders

According to the figure above, 51.1 percent of patients with severe ODGJ who seek treatment do not take their medication consistently, although it is critical to the healing process. The reasons for not taking regular medication in the last month include feeling healthy, being unable to afford medication, being allergic to the side effects of medications, frequently forgetting, feeling the dose is insufficient, and unavailable drugs. The family's role in assisting patients with severe ODGJ in regaining their health is critical, as ODGJ is included in the category of people with mental disabilities who require extra attention from others. Family is involved in every aspect of ODGJ's life, from encouraging them to heal, serving as friends, reminding them to take medication, and meeting all of ODGJ's needs. As a result, family empowerment is critical for research with Banjarmasin patients suffering from severe mental disorders.

2. METHOD

The approach used in this research is qualitative. Researchers chose qualitative because this research is an elaboration, researchers can dig more profound information about family empowerment in patients with severe mental disorders in Banjarmasin in 2021. Qualitative research produces descriptive data in the form of written or spoken words from people and behaviors observed because researchers want to understand the phenomena or realities that occur in the field by collecting data or information directly from informants. Researchers are trying to find out and examine and analyze how to empower families in patients with severe mental disorders in Banjarmasin in 2021. The type of research used in this study is a qualitative descriptive research type, namely in the research process carried out by researchers, researchers use conceptual studies of the concept or phenomenon being studied. In this case, the pictures or symptoms are our efforts to empower families in patients with severe mental disorders in the city of Banjarmasin in 2021.

The research location is located in the city of Banjarmasin, this location was chosen because the number of severe mental disorders is the largest of all *puskesmas*, and there are 104 people in Banjarmasin City. The source of the data in the research is the subject from which the data can be obtained. In this study, the authors used two sources of data, namely:

a. Primary data sources, namely data directly collected by researchers from *key informants* as the main source. The primary data sources in this study are as follows:

1. Patients with severe mental disorders in Baiman Shelter, Banjarmasin City
2. Manager of Baiman Shelter as a *caregiver for* patients with severe mental disorders Mental
3. health cadres in Banjarmasin City
4. Head of RT/RW where patients with mental disorders live severely
5. Mental health program manager Banjarmasin City Health Office
6. Family of patients with severe mental disorders

b. Secondary data sources, namely data directly collected by researchers as support from the first source. It can also be said that data is arranged in the form of documents. In this study, documentation and data on the number of patients were secondary data sources.

3. FINDINGS AND DISCUSSION

The Healthy Indonesia Program is the primary health development program planned for its achievement through the 2015-2019 Ministry of Health Strategic Plan, through the Decree of the Indonesian Minister of Health Number HK.02.02/Menkes/52/2015. The target of the Healthy Indonesia Program is to increase the health status and nutritional status of the community through health efforts and community empowerment supported by financial protection and equitable distribution of health services. Implementing the Healthy Indonesia Program requires a family approach, which integrates Individual Health Efforts (UKP) and Community Health Efforts (UKM) ongoing, with family targets, based on data and information from the Family Health Profile. The Minister of Health has stipulated Minister of Health Regulation (Permenkes) Number 39 of 2016 concerning implementing the Healthy Indonesia Program with a Family Approach (PISPK).

The concept of Family Empowerment has three main components. First, all families already have the strength and can build on that strength. Second, the family's difficulty in meeting their needs is not due to the inability to do so, but rather the family's social support system does not provide the family with opportunities to achieve it. Third, to empower families, family members try to apply skills and competencies in the context of changes in the family (Dunst et al., 1994 in Graves, 2007). Family is the closest environment to people with schizophrenia. Families who cannot adapt to sufferers will be stressed, so they cannot properly carry out their functions, including family/parental care. Knowledge of the patient's family and parents, not knowing the beginning of the sufferer experiencing schizophrenia, is due to ignorance of the symptoms, causes of schizophrenia, and the lack of family concern in understanding and willing to understand the patient's condition. The condition of the patient's family/parents is quite busy with daily routines, earning a living to meet the needs of his family (Sompa & Al Syahrin, 2021, Budhi, 2018).

Based on the results of interviews conducted with patients with severe mental disorders in the Baiman Shelter, Banjarmasin City, it was found that they felt happy and felt at home in the shelter. They have received basic daily necessities such as food, clothing, and shelter from the shelter manager. Then, adherence to mental medication is also high, because the manager of the halfway house will remind the patient to take the medication, and if the medication runs out, the manager of the halfway house will contact the puskesmas, who will come and deliver the medicine or prepare it for later use by the officer. Constraints experienced by patients are the lack of activities they can do to be able to recover and return to normal activities, activities such as training to be able to live independently as well as socializing training and training to be able to produce a work so that they can be useful and appreciated by others.

The intellectual aspect is one of the factors that cause mental disorders because it relates to a person's ability to convey ideas or opinions, affecting a person's ability to fulfill the hopes and desires to be achieved in his life. Not working is commonly found in patients with chronic low self-esteem. Socio-economic status factors are more likely to experience mental disorders that cause a lack of motivation to carry out daily activities than those at high socioeconomic levels. Unmarried also found in patients with low self-esteem. The inability to express desires, including the desire to marry, is one of the predisposing factors for low self-esteem. Predisposing patients with chronic low self-esteem are genetic factors, inability to express desires well, closed personality, and economic problems.

Based on interviews with the shelter manager, it was found that the patients who were at the Baiman Banjarmasin shelter were patients who had no family. Displaced patients, either with or without mental disorders. Baiman Shelter is not devoted to treating patients with mental disorders but is intended for residents of Banjarmasin City who are neglected and have no place to live. On the way, most of the residents who filled the Shelter House were people with severe mental disorders (ODGJ). According to Mr. Hasan Basri as the manager of the Shelter House from the Banjarmasin City Social Service, the ODGJ who can fill in are ODGJ who are stable, namely ODGJ without symptoms of restlessness. If the ODGJ has complaints of restlessness or tantrums, they will be directed first to the Sambang Lihum Mental Hospital, South Kalimantan Province.

The problem that often occurs in halfway houses is that families do not care about ODGJ. ODGJ, who have shown improvement and can remember the manager, directs their house to return to their family's house. Arriving at home, the patient again showed mental complaints this was due to several factors: firstly, low medication adherence because the family ignored the patient's drug needs, secondly because of the absence of family support, sometimes the family can be a factor that increases healing but can also be factors that hinder healing because the family still has not accepted the patient with all his shortcomings and finally the community members who are less able to accept the presence of ODGJ. Anxiety that arises in the community is caused by the community experiencing its trauma with ODGJ's behavior when raging, which endangers the environment and residents.

Based on interviews conducted with the head of the RT as well as mental health cadres in the City of Banjarmasin in the working area of the Pekauman Health Center, it was found that he had played a maximum role in providing services to ODGJ, starting from finding cases of mental disorders in his neighborhood. Based on his authority as the Head of the RT, he then brought his residents with ODGJ for treatment to the Puskesmas to be known and examined by a general practitioner at the Puskesmas. Then the general practitioner at the Puskesmas referred to a psychiatrist at the hospital to get the right treatment.

Based on the narrative of the mental health program manager at the Banjarmasin City Health Office, there were obstacles in the implementation of mental health and drug programs in the City of Banjarmasin in the form of ODGJ patients caused by drugs and other drugs not being financed by the Social Security Administering Agency (BPJS). Diseases caused by drugs are not included in the health services covered by BPJS and patients must become patients with financing general. This is a dilemma in itself, considering that not all victims of drug abuse come from well-established socioeconomic families. Some of the patients who become victims of drug abuse only start from trial and error and eventually fall into the abuse. Their intention to want to be rehabilitated is something we should be grateful for because not all victims of drug abusers want to be rehabilitated. If they are not rehabilitated, then there is a possibility that they will fall further into the dark world of drugs and can have a bad impact on society. The Social Service and the Banjarmasin City Health Office have met in a *Focus Group Discussion* (FGD) forum. It was agreed that they would discuss the establishment of the Institute for Compulsory Reporting Recipients and an institution for drug rehabilitation specifically owned by the City of Banjarmasin so that residents of the City of Banjarmasin who wish to be rehabilitated can be accommodated. Of course, all of these problems are not only the government's responsibility through the Department of Social Affairs and Health, but are our collective responsibility in taking preventive measures and protecting all our family members from drug trafficking and other drugs.

Based on the research results with informants, researchers can know and understand that family support is very influential on ODGJ patients in the city of Banjarmasin. Family support through verbal information, targets, tangible assistance, or behavior provided by people familiar with the subject in their social environment or in the form of presence and things that can provide emotional benefits or influence the recipient's behavior. In this case, people who feel socially supported feel relieved to be noticed and get suggestions or a pleasant impression. Family support is crucial for treating patients with mental disorders because, in general, someone with mental disorders has not been able to organize and know the schedule for when to seek treatment. The family must always guide and direct someone with a mental disorder to get treated properly and regularly. Family support that can be given to patients includes emotional support, namely by providing the affection and respect needed by the client, informational support by providing advice and direction to the client, and assessment support giving praise to the client if you want to be directed for treatment. Due to psychological and social causes, psychological trauma, pathogenic parent-child relationships, and pathogenic interactions within the family.

Meanwhile, the main factor that causes people to experience schizophrenia is the interaction between family members, so that when one family member has a problem, no one understands and does not tell about the problems experienced, as a result, it causes a lack of trust between family members, creating a burden. in mind accumulate so that the solution to solving the problem does not exist then there is severe depression, shame, guilt and finally the patient's behavior changes, as usual, likes to be alone, talks to himself, screams and does other abnormal things.

The behavior or actions of the patient's family are appropriate and can decide on the use of appropriate health services for the patient by taking the patient to a doctor or health worker. However, the role of the family in providing support when the patient is undergoing therapy to recover while being treated in a mental institution has not been fully realized. The patient's parents fully surrender to the hospital for the patient's recovery. The ability of the family to care for the patient is still lacking because the patient's body is still dirty and smells, the fingernails and toenails are long and full of dirt, the hair is tangled, dirty, and smelly, the condition of the patient's room is dirty, garbage is scattered, smells and is not neat. Although the family has tried to accept that it is their fate to have a schizophrenic family member, they have not been fully able to take care of and care for the sufferer. This is due to the daily routine of earning a living for the family.

In addition, the family also has no hope for the patient's recovery. The family assumes that this disease will be experienced by the patient for the rest of his life. However, medical professionals have stated that if a schizophrenia patient has assistance from his family, he has a chance of recovering normally. In this case, health workers must further improve their performance in providing nursing care to people with mental disorders, especially counseling families to care for family members with mental disorders. The inability of the patient's family to modify the environment, whether physical, social, psychological which causes the sufferer to get worse day by day. Families of sufferers do not know about the importance of good interaction between family members, and understand each other and understand each other so that communication

between families feels safe, comfortable. When there are problems, the family becomes an excellent place to tell stories, be good listeners, and provide solutions to problems. Families of sufferers also do not know and understand about creating a conducive environment that can influence and help heal people with schizophrenia.

Likewise, neighbors and the community around sufferers do not know how to provide social support to sufferers. People who are still strong will have a bad stigma about people with schizophrenia. For example, when the patient goes out of the house, there are still many who disturb or make fun of it so that the sufferer does not feel comfortable, and sometimes his emotions peak/angry, this condition makes the sufferer even worse. With social conditions like this, it is essential to carry out comprehensive counseling to the community through community empowerment, involvement of community leaders and health cadres so that people can get a good and correct understanding of how to provide social support to sufferers to recover quickly. However, the role of the family tends not to function correctly if one of the family members has schizophrenia. The function and role of the family are as a support system in providing help and assistance for members who have schizophrenia. Families are expected to understand and act as the primary source of support for the sufferer. They have improved their ability to adjust and are no longer susceptible to the effects of psychosocial stressors. Not all families are equipped to deal with family members who are unwell or suffering from illness. Some families demonstrate an incapacity to assist clients in managing and mastering adaptive chores related to health issues.

This is due to several related factors, including long-lasting illness and depleting the supportive ability of the family, lack of information on families, lack of family understanding, and incorrect information to families about health problems faced by families. This research aligns with Sulistiowati's research et al. (2015). Almost all families said the support provided was limited to giving the patient what they wanted and allowing the patient's behavior as long as it was not harmful so that the patient did not get angry. However. After empowering the family through the provision of health education, it was found that there was an increase in the family's cognitive and psychomotor abilities in caring for patients with mental disorders at home after being given health education to the family. Based on the study results, it appears that there is still a lack of understanding or knowledge of the family about how to treat it will be one of the problems later in providing *support* to patients while at home. Patient recovery from family support, where the family understands that persons with mental problems can live well as long as the patient can control his behavior and emotions properly, and the patient can live a good and productive life in the community.

For this reason, a person with a mental disorder, even though his condition has improved and is allowed to return from the RSJ, must still take psychopharmaceutical drugs and also carry out activities to control his symptoms and behavior so that they are well controlled. The role of families in handling people with a mental health condition is to provide support and motivation so that patients at home can carry out activities properly and have controlled behavior. The patient can carry out his interpersonal relationships in a family environment well to feel support by the patient (Sulistiowati, et al. 2015). Health problems experienced by a person cannot be seen from the patient's perspective as an individual but must be seen from the perspective of the individual as a family member because the individual lives in the context of his family.

The family dimension as an individual context means that problems that occur in family members can be overcome by increasing the ability and independence of the family to deal with these problems. Families with problems with family members experiencing illness or illness often make the family unable to meet their health care needs or experience powerlessness which results in the worsening of the health condition of family members who experience health problems. Family nursing intervention is needed to overcome the problem of family powerlessness. This intervention aims to increase the ability of families in the health sector, among others; the ability of the family to recognize the health problems they face, make the right decisions to address problems health, and the ability to care for sick family members.

Family empowerment interventions*(family empowerment)* are interactive interventions that can be used to help families establish a family empowerment process. Family empowerment interventions are based on the belief that every family has the potential and ability to develop and become more independent. According to Nanda (2012), not all families have the competent ability to deal with family members suffering from illness or illness. Some families show an inability to help clients to manage and master adaptive tasks related to health problems. This is due to several related factors, including; an illness that lasts a long time and depletes the supportive ability of the family, lack of information to the family, lack of understanding of the family, and incorrect information about health problems facing the family.

Several interventions that can be provided by health workers holding mental health programs, mental health cadres, families, and communities include providing emotional support, increasing family involvement, increasing family normalization, and empowering the *family* itself. The family empowerment intervention emphasizes a philosophical attitude towards the concept of working with families. Families with

the problem of family members experiencing mental illness are a traumatic experience for the family, so the approach is to refine nursing interventions by giving sincere respect to the family's abilities, cognitive, affective and acting naturally and the family's strengths. Empowerment interventions carried out on families are by being good listeners, loving, non-judgmental collaborators, motivating the emergence of family strength, family participation, and involvement in change and healing disease. Families with sick or ill family members can be empowered by providing accurate and complete information about the health problems and illnesses they are dealing with, teaching them how to better care for their family members, promoting empathy and genuine concern, and encouraging them to build direct relationships with mentally ill family members.

Application of nursing intervention Family Empowerment*(FamilyEmpowerment)*to enhance the ability of families are still very rarely carried out by nurses and is still little research, and this happens because many researchers better look at aspects of family empowerment at the improvement of knowledge and attitude alone, not to the ability to care for family members. Families are evaluated based on their knowledge and attitudes toward the intervention's goals and their ability to live a healthy and productive life. Based on the results of research on family empowerment should be implemented taking into account the positive results to be achieved by the family, so it needs to pay attention to the principles of family empowerment as follows:

1. Empowering families should not give aid or assistance that is *Charity* which will make dependency and weaken, but rather help, mentoring, and or training that promotes *Self-reliance* and increases family capacity.
2. Using the methods of empowerment that make the family more powerful *coping),* (appropriate through the training of endurance and fighting face problems(stressor).
3. Increase participation makes families increase their capacity and can take full control, full decision making, and full responsibility for carrying out activities.

4. CONCLUSION

Family empowerment for ODGJ patients in Banjarmasin city in 2021 is still not running optimally because based on research results show there are still many families who do not know how to treat patients with severe mental disorders. The inhibiting factors for family empowerment in ODGJ patients in the city of Banjarmasin in 2021 are as follows:

a. Lack of knowledge and understanding about mental disorders and negative views about people with mental disorders. As well as an incorrect understanding of the causes of mental disorders and a minimal understanding of appropriate treatment for people with mental disorders

b Internalization of stigma, both stigma that comes from family and society about ODGJ that mental disorders occur due to supernatural causes and some believe the consequences of descent from parents or closest relatives

c. Availability of human resources in services mental health which is insufficient to cover the number of health workers with competence in the field of Mental Health by the needs of mental health services and the lack of facilities and infrastructure for ODGJ patients.

The Mayor of Banjarmasin City should have an unrestricted policy regulation that applies locally by mobilizing relevant agencies directly related to ODGJ, such as the Health Office, Public Health Center, and Social Service, to collaborate on socialization and education about mental disorders in order to reduce public stigma against ODGJ. Additionally, the Health Office and the Banjarmasin City Health Center should conduct routine home visits twice a month to check the health status of individuals with mental problems. In addition, it also provides counseling and provides leaflets to families and the community about mental health and how to care for people with a mental health condition at home so that families are expected to have a correct understanding of the condition of people with a mental health condition and can provide appropriate care and handling for people with mental disorders.

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