Journal of Psychiatry Research & Reports

Research Article

Application of the Self-Help Group Approach Based on Papuan Local Wisdom in Improving the Ability of Families to Care for Clients with Mental Disorders in the Jayapura City 2024

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Abstract

Mental disorders are maladaptive responses to internal and external environmental stressors, which are manifested through thoughts, feelings, and behaviors that are incompatible with local norms or local cultures, and interfere with social, occupational and/or physical functioning. Mental disorders are experienced by 1% of the population. The cultural diversity of Papuans consists of various ethnic groups, so the concept of healthy sickness is perceived differently according to the basic views of their respective cultures. There are still many people who think that clients with mental disorders are a cursed disease, so many families do "pasung", and seek treatment from shamans. One of the efforts made to reduce this impact is to conduct therapy for families experiencing mental disorders through the formation of self-help groups or self-help groups. Self-help groups are an approach to bring together family needs and an important resource for families with mental disorders.

Objectives: To find out how the application of the self-help group approach (Swabantu Group) based on local wisdom of Papuan culture in improving the ability of families to care for clients with mental disorders in the Jayapura City work area in 2024.

Method: This type of research is comparative analytical research using a quasi-experimental method using a pre and posttest without control design, which is a research design that is carried out by intervening in a group without a comparator. The independent variable in this study is the application of the self-help group approach (swabantu group) based on local wisdom of Papuan culture and the dependent variable is the ability of the family to take care of clients with mental disorders.

Results: Family cognitive and psychomotor abilities in caring for clients with mental disorders increased significantly after carrying out the swabantu group. There was no significant difference in the cognitive ability of families who carried out self-help groups between groups that received guidance 4 times, 2 times and without guidance ($p=0.165$ and $\alpha=0.05$). Psychomotor abilities after the self-help group intervention had significant differences in the group that received guidance 2 times ($p=0.000$ and $\alpha=0.05$). The family's ability to care for clients with mental disorders cognitively and psychomotor is not affected by family characteristics.

Suggestion: It is hoped that mental hospitals and health centers in the Jayapura City area can form self-help groups for families who have clients with mental disorders.

Keywords

Swabantu group, Family, Mental disorders, Papuan culture.

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Received: December 04, 2024; **Accepted:** January 16, 2025; **Published:** January 23, 2025

Citation: Butto N. Unified Integrative Medicine: A Holistic Framework for Personal Growth and Spiritual Evolution. J Psychiatry Res Rep. 2025; 2(1):1-6.

Background of study

Mental disorders are maladaptive responses to internal and external environmental stressors, which are manifested through thoughts, feelings, and behaviors that are incompatible with local norms or local cultures, and interfere with social, occupational and/or physical functioning. Mental disorders are experienced by 1% of the population.

Based on the results of the WHO (World Health Organization) analysis, 450 million clients with mental disorders in the schizophrenia group are considered the most dominant mental disorders compared to other mental disorders. One-third of people with mental disorders (ODGJ) live in developing countries, 8 out of 10 people with schizophrenia do not receive medical treatment, this means that 10% of the world's population has mental health disorders. Based on data from the Ministry of Health throughout 2020, as many as 18,373 people experienced anxiety disorders, more than 23,000 experienced depression and around 1,193 people committed suicide attempts. The increasing complexity of the problems faced by the community indicates that there is a vulnerability to mental health problems. People with mental disorders are spread throughout Indonesia, one of which is Papua Province. Data from Riskesda shows that the number of people with mental disorders reaches 0.11% (3708 people) from 3,371,302 people. However, of the total number of people treated at Abepura Hospital, Papua Province in 2021, as many as 302 people out of a population of 3.2 million people.

The population of Jayapura City in 2023 is recorded at 404.35 thousand people. If it is assumed that from the population of people with mental disorders according to the WHO survey in 2000 around 1% of the population has mental disorders, it is estimated that there are still many who have not been detected to have mental disorders, this condition of course requires treatment.

The suboptimal efforts of health centers to overcome mental disorders in the community have led to the increasing complexity of mental health problems in the community and have an impact on individuals, families and communities. One of the efforts made to reduce this impact is to conduct therapy for families experiencing mental disorders through the formation of self-help groups or self-help groups. In Indonesia, until now self-help groups have been applied to chronic disease groups, such as cancer, HIV/AIDS, lupus, and stroke.

Self-help groups are an approach to bringing together family needs and an important resource for families with mental disorders [1]. A self-help group is a group or peer in which each member shares problems with each other, both physical and emotional problems or certain issues. In this group, the solution to the problems faced was also discussed. So in a self-help group, each member gets an advantage [2]. Citron, Solomon, and Draine [1] found the benefits of self-help groups, namely increased knowledge about mental disorders and various supportive services, decreased feelings of self-esteem and increased need for groups. Dadich [3] reported that self-help groups provided emotional and practical support to participants, information about mental health problems, opportunities to understand other people's mental health experiences, provided inspiration and hope to each other, social networks and also reminded them of the importance of self-care for their mental health conditions.

Papua as an integral part of the Unitary State of the Republic of Indonesia which has a lot of local wisdom, for example the diversity of flora and fauna that are endemic, as well as the production of natural materials in the form of koteka and Sali (covering the aurat of men and women), honai houses and noken bags, how to cook apen/barapen (cooking food by burning stones) which is carried out by most Papuan people, especially the Enggros and Tobati tribes in Jayapura. Diversity in culture, both in the elements of livelihood, ecology, belief/religion, social organization and others directly affects health. Because the cultural diversity of Papuans consists of various ethnic groups, the concept of healthy sickness is perceived differently according to the basic views of their respective cultures. Based on the description above, the researcher is interested in raising the title of the application of the Self Help Group approach (Swabantu Group) based on local wisdom of Papuan culture in improving the ability of families to care for clients with mental disorders in the Jayapura City Working Area, with the aim of identifying the influence of self-help groups on the ability of families to care for clients with mental disorders. Based on data from the Jayapura City Health Office, health services for people with mental disorders (ODGJ) with a diagnosis of schizophrenia amounted to 376 cases, the most at the age of 15-59 years, in addition to cases of sedentary disorder, acute psychotics, schizophrenic disorders, depressive disorders, anxiety disorders and both. One of the efforts made to reduce this impact is to conduct therapy for families experiencing mental disorders through the formation of self-help groups or self-help groups. So, the following research questions arise: How to apply the self-help group approach based on local wisdom of Papuan culture in improving the ability of families to care for clients with mental disorders?

Methods of Study

This type of research is a comparative analytical research using a quasi-experimental method using a pre and post test without control design, which is a research design that is carried out by intervening in a group without a comparator. The group was given a pre-test to find out the initial situation, then given an intervention, then the researcher conducted a post test to see the effect of the intervention given.

Variables are characteristics that are inherent in the population, vary from one person to another and are researched in a study, which is developed from the concept and results of previous research in accordance with the research phenomenon or problem. The following is a description of the variables in the

study: Independent Variables are variables that are the cause of the change in dependent variables. The independent variable in this study is the application of the self-help group approach (swabantu group) based on local wisdom of Papuan culture. Dependent Variables are variables that are influenced or become a result of the existence of independent variables. The dependent variable in this study is the ability of families to take care of clients with mental disorders. The application of the self-help group approach (swabantu group) based on local wisdom of Papuan culture in improving the family's ability to care for clients with mental disorders. Operational Definition is a description of the Limitation of the variable in question, or of what the variable in question measures. This Operational Definition is important and necessary so that the measurement of variables or data collection (variables) is consistent between one data source (respondent) and another respondent.

Population is a subject or object that fulfills a predetermined character. The population in this study is patients with mental disorders in the Jayapura City area. The total population is 378 cases. A sample is a portion taken from the entire object studied that is considered to represent the entire population. Sampling is the process of selecting portions of the population to be able to represent the population to be able to represent the population.

Result

At the time of the study, the time allocated to each meeting was 60-90 minutes. The meeting is held once a week. The formation of self-help groups is carried out in 2 stages, namely the Formation Stage and the second stage is the Implementation Stage.

Phase I Formation

The Formation Stage was carried out in 3 meetings. The first meeting discussed the concept of self-help groups and the steps of activities in it. The 2nd and 3rd meetings demonstrated the 5 steps of the self-help group, including:

1. Understanding the problem
2. Understand how to resolve issues
3. Choose a way to troubleshoot
4. Perform troubleshooting actions
5. Prevent recurrence.

The second stage is the Implementation Stage

The Implementation Stage is a regular meeting. The meeting of the self-help group was carried out in 3 groups. Group 1 was held 6 regular meetings (4 times of guidance and 2 times of independence). Group II: 6 meetings (2 times guidance and 4 times independent) and Group III: 3 times regular meetings (independent). Before and after the intervention, cognitive and psychomotor abilities were evaluated. The cognitive and psychomotor abilities of the family before the intervention were calculated on average, media, standard deviation, minimum and maximum values and CI 95%. The cognitive and psychomotor abilities of the family before and after the intervention were tested t-paired.

The average difference in family cognitive and psychomotor abilities before and after the intervention between groups was tested anova. Differences in family cognitive and psychomotor abilities according to family characteristics: age, relationship with clients, education, employment, monthly income and home visits of nurses were tested t-independent.

Characteristics of Families with Clients with Mental Disorders

Family characteristics in the group, consisting of: Age in numerical variables analyzed exploratory. The characteristics of relationships with clients, education, employment, income and home visits of nurses were analyzed by frequency distribution. Families who met the inclusion criteria and were willing to participate in activities until the end of the study were 28 (Group I: 8 people, Group II: 9 people and Group III: 11 people). In detail, family characteristics can be seen in tables 1 and 2.

Table 1: Family characteristic score with Mental disorders by age (n=28).

Variable	Family group	Mean	Median	SD
Age	Group I	46,60	51,00	16,24
	Group II	51,67	50,00	8,943
	Group III	53,87	57,00	7,987

Group I had an average age of 46.6 years and a median of 51 years (SD=16.24). The youngest age is 29 years old and the oldest is 60 years old. Group II had an average age of 51.67 years and a median of 50 years (SD=8,943). The youngest age is 39 years old and the oldest is 58 years old. Group III had an average age of 453.87 years and a median of 57 years (SD=7.987). The youngest age is 36 years old and the oldest is 54 years old.

Family Cognitive and Psychomotor Abilities in Caring for Clients with Mental Disorders

Cognitive abilities before and after the intervention showed that there was a significant difference between cognitive abilities before and after the intervention in the self-help group in both Groups I, II and III ($p=0.000$, $\alpha=0.05$). Analysis of family psychomotor abilities before and after the intervention showed that there was a significant difference between psychomotor abilities before and after the intervention in the self-help group in both groups I, II and III ($p=0.000$, $\alpha=0.05$).

Difference in Family Cognitive and Psychomotor Abilities

The mean difference test was carried out to compare the mean on the cognitive and psychomotor abilities of the family before and after the intervention showed an average difference value of 48.22 in group I; 53.13 in group II; and 51.92 in group III. The difference can also be seen from the average difference of group II which shows the highest average difference compared to Groups I and III. It was found that there was a significant difference in psychomotor ability before and after the intervention between groups I, II and III ($p=0.000$ and $\alpha=0.05$).

Table 2: Distribution of Family Characteristics of Having Family Members with Mental Disorders based on Relationship with Client, Education, Employment, Income per month and Home visits by nurses (n=28).

Characteristic	I		II		III	
	N	%	N	%	N	%
Relationship with patients						
Nuclear family	6	75	7	78	8	73
Not a nuclear family	2	25	2	22	3	27
Education						
Low	5	62,5	6	67	7	64
Intermediate	3	37,5	3	33	4	36
Work						
Work	2	25	3	33	7	64
Not working	6	75	6	67	4	36
Monthly income						
< UMR	8	100	6	67	6	54,5
>UMR	0	0	3	33	5	45,5
Nurse Homevisit						
<4 times	2	25	0	0	3	27
>4 times	6	75	9	100	8	73

Table 3: Family Cognitive and Psychomotor Abilities before and after the Intervention (n=28).

Variable	Group	Mean	P
Cognitive Ability	Group I		
	Before	26,00	
	After	36,00	0,000
	Difference	10,00	
	Group II		
	Before	23,12	
	After	37,65	0,000
	Difference	14,53	
	Group III		
	Before	27,65	
	After	36,87	0,000
	Difference	9,22	
Psychomotor Abilities	Group I		
	Before	27,45	
	After	75,67	0,000
	Difference	48,22	
	Group II		
	Before	25,52	
	After	78,65	0,000
	Difference	53,13	
	Group III		
	Before	26,55	
	After	78,47	0,000
	Difference	51,92	

Differences in Family Cognitive and Psychomotor Abilities After the Intervention of the Self-Help Group between Groups

Cognitive abilities after the intervention showed that there was no difference in cognitive abilities between groups I, II and III (p=0.165 and α=0.05) however, there was a difference in psychomotor abilities after the intervention between groups I, II and III (p=0.000 and α=0.05). Bonferroni's analysis proved that the cynical group was group II compared to groups I and III.

Table 4: Cognitive and Psychomotor Skills Between Groups After the Intervention.

Ability	Group	N	Mean	P
Cognitive	I	8	38,47	0,165
	II	9	38,78	
	III	11	37,31	
Psychomotor	I	8	78,56	0.000
	II	9	79,32	
	III	11	76,48	

The Influence of Family Characteristics on Family Cognitive and Psychomotor Ability in Treating Clients with Mental Disorders

The difference in the family's ability to care for clients with mental disorders cognitively and psychomotor with family characteristics after the intervention was carried out by independent sample t-test. Analysis of differences in family cognitive ability in caring for clients with mental disorders based on family characteristics, there was no difference between family cognitive ability in caring for clients with mental disorders and family characteristics: age, relationship with clients, education, employment, monthly income and home visits by nurses (p>0.05, α=0.05).

Analysis of differences in family psychomotor abilities in caring for clients with mental disorders based on the characteristics of families with family members, it was found that there was no difference between family psychomotor abilities in caring for clients with mental disorders and the characteristics of families with family members: age, relationship with clients, education, employment, monthly income and home visits by nurses (p > 0.05, α = 0.005).

Discussion

The discussion of self-help groups in this study was carried out in 3 groups, namely group I was given self-help groups and given guidance 4 times and 2 times independent; group II was given a self-help group and was given guidance 2 times; group III is given a self-help group, then 3 times independent.

Family Cognitive Ability in Caring for Mentally Disturbed Clients

There was a significant improvement between Family Cognitive Ability before the formation of the self-help group and afterwards, both those who gave guidance 4 times, 2 times or without guidance. The highest average difference can be seen in the group that received guidance 4 times. Meanwhile, there was no difference in cognitive ability after the intervention in the group that received 4 times, 2 times and without guidance. This shows that the cognitive ability of families in caring for clients with mental disorders can be improved only through the formation of self-help groups carried out in 3 meetings.

Self-help groups are formed so that each member of the group can share knowledge and hopes for problem solving and find solutions. Information from group members and problem solving is a wealth for self-help group members and as a consideration for helping group members. This information is provided directly improving the family's ability to understand mental health issues.

The improvement in cognitive ability is due to the fact that during the implementation each member provides information and knowledge about mental health problems based on their knowledge about mental health issues and how to treat clients with mental disorders. The process of sharing information with each other makes families motivated to find and explore information from various available sources. Mental health knowledge is something that is very much needed by families who have clients with mental disorders so that the interest in getting information is very high because it is in accordance with the needs of the family.

This is in line with Piaget's theory of cognitive development, a person in his or her mind always interacts with the environment, by interacting with it a person will obtain a schema. The scheme is in the form of a category of knowledge that helps interpret and understand the world. Schematics also describe the mental and physical actions that are seen in understanding or knowing something. In Piaget's view, the scheme includes the categories of knowledge and the process of acquiring that knowledge. Along with his experience exploring the environment, the newly acquired information is used to modify, add or replace the existing scheme. In the swabantu group, there is a process of interaction, sharing between individuals so that there is an increase in cognitive ability.

Family Psychomotor Ability in Caring for Clients with Mental Disorders

There was an increase in family psychomotor skills before and after participating in self-help groups, both those who received guidance 4 times, 2 times and those without guidance. The most significant improvement can be seen in the group that received guidance 2 times. This shows that the psychomotor ability of the family in caring for clients with mental disorders can be increased through the formation of self-help groups followed by guidance 2 times.

Self-help groups as described in social learning theory [4] are that each member will have experience so that they can become role models for others. The social learning theory of Bandura in Alwisol, 2006, explains human behavior in the form of

continuous mutual interaction between cognitive, behavioral and environmental determinants. People influence each other's behavior by controlling the environment and also being controlled by the environment.

This study shows that self-help groups can improve the ability of families to care for clients with mental disorders. This is because the intervention of the self-help group is carried out in 2 stages, namely the formation stage, 3 meetings, and the implementation stage by conducting regular meetings. The formation stage is a fundamental stage that must be carried out in this study because it explains the objectives, principles, characteristic rules and how to carry out the swabnatu group. Role play was also carried out by researchers to carry out the 5 steps of self-help group activities and families were asked to do role play to the 5 steps under the guidance of the facilitator so as to train the psychomotor skills of the family. The difference in psychomotor ability was seen in the group that received guidance 2 times compared to those who received guidance 4 times and without guidance. This is because during the group process with 2 times guidance seemed more active, cohesive with each other. This is also in accordance with the characteristics of self-help groups according to Firschener, who explained that the strengths of the group are cohesiveness and fullness so that a person can play a role in the highest level of ability.

The Influence of Family Characteristics on Family Cognitive and Psychomotor Abilities in Caring for Clients with Mental Disorders

This study shows that there is no difference in family cognitive and psychomotor abilities in caring for clients with mental disorders with family characteristics. This proves that the cognitive and psychomotor abilities of the family in caring for clients with mental disorders can be trained with good interventions, one of which is the swabantu group. The self-help group itself is believed to be able to improve cognitive abilities in accordance with the purpose of the self-help group in the group is to provide support to fellow members and make better problem solving by sharing feelings and experiences, learning about diseases and providing care, providing caregivers to talk about problems and choose what to do, listening to each other, helping fellow group members to share ideas and information and provide support, increasing concern among fellow members so that a sense of security and well-being is achieved, knowing that they are not alone.

Family characteristics: age, relationship with clients, education, occupation, income and home visits of the nurse do not affect the family's cognitive and psychomotor abilities in caring for clients with mental disorders. This proves that these skills can be trained through good interventions, one of which is with the swabantu group. Self-help groups themselves are believed to be able to improve cognitive abilities in accordance with their goals, which are to provide support to fellow members and solve problems better without being influenced by age, education and work.

Acknowledgment

We would like to thank the Director of the Jayapura Ministry of Health Polytechnic and the Director of the Makassar Ministry of Health Polytechnic. Especially to the staff of the Abepura Mental Hospital who were given the opportunity to conduct research on patients with mental disorders.

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