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Research Article

Effectiveness of Training For Cadres, Nurses, and Families in Increasing the Independence of Patients with Mental Disorders in Dadi Hospital Makassar

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Abstract

Mental disorders in society are so common that we encounter them along with the advancement of knowledge and technology. Consumptive nature and materialistic thinking make the increase in people with mental disorders. The objectives of the research in the 2nd year are: 1). Identify the responses of family and community leaders regarding stigma and discrimination in people with mental disorders 2). Increasing the knowledge of families and community leaders about occupational and vocational therapy in empowering people with mental disorders 3). Analyze the influence of training on improving family knowledge and community leaders.

Method: The design used in the 2nd year uses a qualitative approach combined with a quantitative approach (mix method). The targeted sample size is 30 participants. The targeted output in year 2, namely the mandatory output is the publication of reputable international journals, and additional outputs in the form of ISBN textbooks. Current TKT achievement 3, final target TKT 4. Cadres and psychiatric nurses of the Puskesmas are the spearhead that will connect or bridge between health workers both at the level of follow-up services and at the level of basic services with the families of People with Mental Disorders and community leaders. One of the factors that inhibits the independence of people with mental disorders is that family knowledge is still lacking, so there is still family rejection regarding the existence of people with mental disorders in the family and community environment. Collaboration is needed between hospitals, health centers, social and family services and community leaders

Keywords

Occupation, Cadres, Mental Health Workers, Family, Independence of People with Mental Disorders.

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Introduction

One or more mental and behavioral disorders are experienced by 25% of the entire population in their lifetime. Word Health Organization (WHO) found that 24% of patients treated in primary health services had a diagnosis of mental disorders. Based on Riskesdas National data for mental emotional disorders (depressive and anxious symptoms) detected in the population in the age range of 15 years or older, experienced by 6% of the population or more than 14 million people, while severe mental disorders (psychotics) are experienced by 1.7/1000 or more than 400,000 people. As many as 14.3% of psychotic disorders or around 57,000 people said they had been shackled. The fact is that there is a very large burden in the main referral hospitals (tertiary services) even though they have been handled in primary health services (Puskesmas).

Integrated mental health services in Puskesmas is a mandate from Law No. 18 of 2014 article 34 is one of the efforts in

realizing the state's duty to respect, protect and fulfill the rights of the community in the field of mental health. The obstacle that occurs in mental health services is that rehabilitation has not been integrated and is still focused on the sufferer, resulting in relapse. One of the factors that can aggravate mental health conditions is the stigma that considers mental patients useless and discriminated against both in the family and community environment. People with mental disorders are expected to relapse 50% in the first year if they do not receive good treatment and rehabilitation and support. Occupational and Vocational therapy, if applied properly and correctly, will increase the independence of people with mental disorders when returning to society, but in its implementation it is still constrained, ultimately impacting the output produced. People with *mental disabilities* or often called people with mental disorders (*people with mental disorders*) do not rule out the possibility of relapse, after returning to society or in the environment where People with Mental Disorders live. The recurrence of *people with mental disorders* is a problem that often occurs. *Modality therapy* in mental disorders is the main therapy in the psychiatric nursing process, aiming to change the patient's behavior from maladaptive behavior to adaptive behavior. In this case, one of the things that must be fulfilled is the implementation of *Occupational Therapy* both in the psychosocial rehabilitation unit at the tertiary service level and in the primary service unit, namely in the community mental health service unit (CMHN).

The output of occupational and vocational therapy is less than optimal due to the strengthening of other factors that have an impact on the success of therapy such as strengthening family members. The lack of support provided by people around them causes people with mental disorders to fail to be independent and productive. The high level of negative stigma in society causes an increase in severity and affects the healing process. The stigma that exists causes relapse in people with mental disorders. Acupuncture and vacusion therapy is a psychosocial rehabilitation program carried out at an integrated mental hospital in the activity program of the Puskesmas as a primary service provider. However, in reality, it was not implemented due to the lack of trained personnel, both health workers and mental health cadres. Cadres and mental health workers are at the forefront of running community mental health programs, they are more familiar with the environment, more aware of the problems that exist around people with mental disorders and more appropriately carry out psychosocial rehabilitation programs in the community.

Methods

The design of the research that has been carried out in the first year is to use an analytical design with a crossectional study approach, conducting pre-test activities first before intervention is carried out to identify the knowledge of Puskesmas cadres and health workers. Subsequently, occupational and vocational therapy training activities were carried out which lasted for 5 months. A month after the training activity, an evaluation was carried out in the form of a post test to measure the effectiveness of training activities on Puskesmas cadres and health workers as research respondents. Meanwhile, the research design in the second year is to identify the responses of families and community leaders regarding stigma and discrimination in People with Mental Disorders using a qualitative approach. Increase the knowledge of families and community leaders about occupational and vocational therapy in empowering People with Mental Disorders through training.

This research took place in the Psychosocial Rehabilitation unit of the Dadi Makassar Hospital and the Mangasa Health Center and Kassi-Kassi Health Center Work Areas which was carried out from June 1 to October 25, 2024. The population in this study is Families and Community Leaders in the working area of the Mangasa Health Center and the Kassi-Kassi Health Center in Makassar.

The sample in this study is 30 families and community leaders who have family members of People with Mental Disorders and have returned to society. For the sample withdrawal in the 2nd year, the researcher used *Purposive Sampling* with sample determination based on consideration. The selected respondents are respondents who meet the set criteria. For primary data collection, the author measured independent variables, the author used questionnaires, especially to measure the level of knowledge, and observation sheets to measure the skills of cadres and mental health workers of the Health Center. Secondary data can be obtained through the profiles and annual reports of the Health Office and Kassi-kasssi Health Center and the Mangasa Health Center as well as from the Psychosocial Rehabilitation unit of the Dadi Makassar Hospital and several agencies related to this study. Data processing is carried out using the SPSS *for windows* program while the data presentation is presented in the form of graphs, tables and narratives.

Results

Phase 2 research was conducted to identify the knowledge of families and community leaders regarding occupational and vocational therapy in empowering People with Mental Disorders and identify the responses of families and community leaders regarding stigma and discrimination in People with Mental Disorders.

Characteristics Responden

Respondents' characteristics include age, gender, education and occupation. This can be seen in the following table:

Table 1: Distribution of Age, Gender, Education Level and Status of Respondent Groups.

Characteristics Respondents	n	%
Age (years)		
21 - 35	9	30
36 - 45	7	23
46 - 55	9	30
56 - 65	5	17
Gender		
Man	13	43
Woman	17	57

Education		
High School	15	50
Diploma 3	11	37
Diploma 4	1	3
Bachelor Degree	3	10
Status		
Community Leaders	10	33
Families of People with Mental Disorders	20	66

Table 1 shows that the average age of respondents is 21 years old and 60 years old. Based on gender, most of them are female, namely 17 people (57%), 3 people (10%) have S1 education and 10 people (33%) have status as community leaders.

Number of Respondents' Correct Answers (Pre Test)

Table 2: Distribution of Respondents Based on the Number of Correct Answers.

Number of Correct Answers	n	%
1	1	3
2	1	3
3	12	41
4	13	43
5	3	10
Total	30	100

The table above shows the correct answers of the respondents before the Occupational and Vocational Therapy training. The most dominant respondents had 3 correct answers, namely 13 people (43%) and the smallest respondents were respondents with 1 correct answer 1, which was 1 person (3%).

Number of Respondents' Correct Answers (Post Test)

Table 3: Distribution of Respondents by Number of Correct Answers.

Number of Correct Answers	n	%
9	1	3
10	8	27
11	8	27
12	10	33
14	3	10
Total	30	100

The table above shows the correct answers of the respondents after occupational and vocational therapy training. The most dominant respondents had 14 correct answers, which was as many people as many people (10%) and the smallest respondents were respondents with 9 correct answers, which was as many as 1 person (3%).

Data Normality Test

Table 4: Normality Test of Respondents' Knowledge Data.

Variable	df	Sig. (*ρ*)
Knowledge Pre test	30	0,001
Post Test Knowledge	30	0,001

The table above is a test of data normality. Due to the small number of samples (30 samples), the recommended test is the Shapiro-Wilk test. The results of the normality test were carried out by looking at the results of the Shapiro Wilk test because the data used was less than 50 people. Based on the test, the result of the ρ value for the two data groups is 0.001. Thus, it can be concluded that the distribution of data groups is abnormal because of the value of ρ < 0.05 (the condition for normal data distribution is the value of ρ > 0.05). Because the data group is abnormally distributed, the comparative hypothesis test used to test the effectiveness of training community leaders and families of People with Mental Disorders through the application of occupational and vocational therapy in increasing the independence of patients with mental disorders is a Non-Parametric test using the Wilcoxon Signed Rank test.

Comparative Hypothesis Test Using the Wilcoxon Test

Table 5: Results of Comparative Hypothesis Test Analysis.

Knowledge of Occupational and Vocational Therapy		N	Mean Rank	Sum of Rank	Sig.(*p*)
Pre test	Negative ranks	0a	0,00	0,00	0,001
Post test	Positive ranks	30b	15,50	465,00	
	Ties	0c			
	Total	30			

The table above shows the analysis of the comparative hypothesis test of respondents' knowledge before and after occupational and vocational therapy training. From these results, it can be seen that all respondents, as many as 30 people, experienced an increase in knowledge after being given treatment in the form of occupational and vocational therapy training in increasing the independence of People with Mental Disorders. Based on the results of the Wilcoxon test, the value ρ = 0.001 was obtained. Thus, the ρ value of < α (0.05), it can be concluded that "there is an influence on the effectiveness of training community leaders and families through the application of occupational and vocational therapy in increasing the independence of patients with mental disorders.

Results of Qualitative Data Analysis

a) Fokus Group Discussion

1) Repport of Focus Group Discussion

Date: 08 June 2024
Time: 13.00 to 15.00 WITA
Theme: Occupational and Vocational Therapy in increasing the independence of people with mental disorders
Venue: Psychosocial Rehabilitation Meeting Room
Participants: Consisting of 3 groups, consisting of 10 members per group
Klp. I was guided by the Head of the research team
Klp. 2 was guided by the Head of the Psychosocial Rehabilitation Unit of RSKD Dadi Makassar
Klp. 3 guided by members of the research team

The following are the results of the discussion in the focus group discussion event organized by the Makassar Ministry of Health Polytechnic research team. A discussion forum attended by 3

researchers with 2 resource persons/instructors and 30 people consisting of 10 community leaders and 20 families of People with Mental Disorders as informants of FGD participants. The discussion was held on June 8, 2024 starting at 13.00 to 15.00 WITA with the theme of occupational and vocational therapy in increasing the independence of People with Mental Disorders.

The discussion included inhibiting factors in the family environment in empowering People with Mental Disorders, what solutions are offered in overcoming problems, what factors hinder the community in empowering People with Mental Disorders and what solutions are offered in overcoming problems.

2) The transcript of the FGD results is as follows:

a. *Inhibiting factors in the family environment* in empowering People with Mental Disorders that are obstacles in increasing the independence of People with Mental Disorders:

Informants of Groups I, II and III are of the opinion that:

- Family knowledge is still lacking, there is still traditional thinking so that People with Mental Disorders are not fully acceptable, there are still many families who do not recognize and deny the existence of People with Mental Disorders in the family environment.
- In general, they have the economic status of lower-middle class families so that it is difficult for families to accommodate their existence in the midst of the family.
- Lack of family concern for People with Mental Disorders.
- Some families still consider it taboo and embarrassed if there is a family member who has a mental disorder
- The assumption that mental disorders are caused by hereditary factors, so that it is difficult for other families to find a soul mate

b. Inputs and solutions offered in overcoming the above problems:

- The need for counseling about mental disorders is carried out, especially in the family environment
- Improving the economic status of families can be done by involving People with Mental Disorders in the family environment
- The level of family concern is urgently needed to support the existence of People with Mental Disorders
- Education is needed about the stigma and discrimination of people with mental disorders in the family environment
- The implementation of Occupational Therapy in the community requires capital, needs land for its processing
- Requires assistance from health workers
- Needs family involvement
- Need for cross-sector cooperation
- Needing facilities and infrastructure for the empowerment of People with Mental Disorders

c. *Inhibiting factors in the community* in empowering People with Mental Disorders:

- There are feelings of trauma and fear in the community if People with Mental Disorders are returned
- The procedure for handling patients is not clear, making it difficult to implement occupational therapy applied in the community
- Public misunderstanding of the abilities of People with Mental Disorders that have been developed in the psychosocial rehabilitation process at the Dadi Makassar Regional Hospital
- Lack of support from community leaders and those who are considered elders in the community
- There is still a high level of stigma and discrimination against People with Mental Disorders in the community

d. Inputs and solutions offered in overcoming the above problems:

- There is cooperation between the Mental Hospital as a follow-up service and the Health Center as a basic level service in terms of handling People with Mental Disorders
- In the implementation of therapy, mainly occupational therapy and vocational therapy must involve the families of People with Mental Disorders
- Educating families and the community is maximized with hotline facilities
- There is good support from the government, in this case social services, as well as support, especially from families, community leaders, and people with mental disorders
- Cross-sector cooperation is needed, including health offices, social services, cadres and health workers of the Health Center, people with mental disorders and community leaders.

e. FGD Conclusion:

- There is assistance from the Dadi Makassar Regional Special Hospital, psychosocial rehabilitation units and the Social Service in empowering people with mental disorders
- Puskesmas cadres and mental health workers are the spearhead who are expected to be able to bridge between health workers and the families of people with mental disorders and community leaders
- Through family empowerment, it will increase concern for the independence of People with Mental Disorders
- Through community empowerment, especially community leaders and religious leaders will open up space for the existence of People with Mental Disorders to be able to blend in in the community
- The availability of Posyandu Jiwa facilities that allow the ability of People with Mental Disorders to be developed to realize the independence of People with Mental Disorders
- The existence of facilities in the form of a place to implement occupational therapy includes planting vegetables, fruits, and making salted eggs
- Guidance is needed starting from planting, caring for them, harvesting to selling and the results for them, feeling their own income, so that there is pride and confidence in People with Mental Disorders.
- Instructors are needed for sewing and knitting skills, making mats from leaves and others.

b) Indepth Interview

Based on the results of the training activities carried out on day 1, namely on Friday, June 7, 2024, an in-depth interview was carried out. The activity started at 10.00 to 12.00 and then took a break and then resumed at 15.00 to 16.00. In-depth interviews were conducted with 10 community leaders and among them were 2

religious leaders. With the theme *of Occupational and Vocational Therapy in Supporting People with Mental Disorders in the Family and Community Environment*. Based on the results of in-depth interviews and direct observations, the following conclusions can be obtained:

a. Response to stigma, discrimination and shackles in People with Mental Disorders:

- Narration of informant 1 (Mr. HJ community leader)
- *There is stigma and discrimination, for example, at home and if the patient feels sad, because there are indeed things that make him sad but are considered to be sick. Usually patients at home want to work but are considered incapable, so the treatment is discrimination, meaning that even though they take medicine, the treatment is good but because of stigma and discrimination, finally the patient can relapse.*
- Narration of informant 2 (Mr. MA religious leader)
- *Family awareness is not supportive, why is it not supportive? Because after returning home they should be humanized but after being at home they tend to experience many problems from their families, their environment, the absence of a place or space such as ventilation finally tends to experience a recurrence.*
- Narrasi Informant 3 (Mrs. H community leader).
- *Many people think that people with mental disorders are scary, people feel threatened, feel uncomfortable with the attitudes and behaviors of People with Mental Disorders. They think that they are crazy to destroy and burn down houses, if they kill is not punishable because they are mentally disturbed.*

b. The solutions offered to overcome this:

- There is a need for education/counseling about the stigma in society for people with mental disorders so as not to misjudge them and not to isolate them.
- Problem-solving solutions must be addressed across sectors
- The provision of education must be carried out by health centers, mental hospitals and health offices, social services and involve religious departments.
- The community should also be able to take advantage of technology to find out how the healing process of People with Mental Disorders is.
- The existence of a mental health center is needed as a solution to support the independence of People with Mental Disorders in the community

Discussion

Results of Respondents' Knowledge before and after the implementation of the Training.

The results showed an analysis of the effectiveness of training cadres and health workers of health centers, families of people with mental disorders and community leaders in increasing the independence of people with mental disorders at the Dadi Makassar Hospital. Based on this, it can be seen from 30 respondents in year I and 30 respondents in year 2, all respondents experienced an increase in knowledge about the implementation of occupational and vocational therapy after participating in the training. The increase in respondents' knowledge during the previous training, some participants did not know or had never been exposed to information about occupational and vocational therapy, how to apply it in the rehabilitation unit and how to apply it when people with mental disorders were empowered in their living environment.

The results of the study are in line with the research of Johnson & Brown which showed that all respondents experienced a significant improvement in their knowledge of the implementation of occupational and vocational therapy after participating in training. Statistical analysis showed a significant difference between the level of knowledge before and after training ($p < 0.01$). This is also in line with the results of research conducted by Kotijah which showed that there was an increase in knowledge before and after occupational therapy training was given to *caregivers* [2].

Respondents' Skills Results before and after the training

The results of the focus group discussion held in year 1 were to explore the problems that are obstacles to the implementation of occupational and vocational therapy in primary care units so that it is difficult to empower People with Mental Disorders in terms of independence when returning to society, which has an impact on relapse. After the implementation of the focus group discussion was completed, it was followed by a visit to the sewing and knitting occupational therapy room, to the drawing and painting occupational therapy room, to the occupational therapy room to plant fruits and vegetables arranged and put into polybags, to the carpentry occupational therapy room and to the culinary occupational therapy room and to witness firsthand the psychiatric patient practicing how to make salted eggs.

According to Kadijah, by providing occupational therapy in the form of making bracelet accessories, hairpins, and hijab brooches from beads in people with mental disorders, it can create a certain condition where patients can develop their abilities. In addition, they also gain knowledge of new things that they did not know before. The activities provided in occupational therapy are used as a medium for therapy, evaluation, rehabilitation and diagnosis [2].

Empowerment of people with mental disorders

A concrete step to empower people with mental disorders to be more productive is the Dadi Regional Special Hospital in collaboration with several institutions such as non-governmental organizations. This institution will be a companion and provide training to hone the skills of each person with mental disorders so that they are more productive and can improve the quality of life better (Prolonging life). People with mental disorders who have been declared to have improved by a psychiatrist and can be discharged, but in reality the unclear home address and family that is difficult to meet or access further illustrates the rejection from the family. Through observation and evaluation of the patient when performing an activity and assessing the results of the work, the subsequent therapy of the patient can be determined. It is important to understand that activities in occupational therapy

are not to cure or treat, but as a medium of directed discussion after the completion of an activity is very important because on this occasion the therapist can direct the patient and the patient can learn to recognize and overcome the problem [3].

The innovation program initiated by RSKD Dadi Makassar as a first step will involve two institutions, namely the Development Policy Assistance Network of DPD Makassar and the Anak Bangsa Foundation. His party has prepared a halfway house to accommodate people with mental disorders who have recovered. Some of the skill development plans such as weaving, planting with a hydroponic system, making embroidery bags, and inviting to be more productive, namely by teaching how to fill gallons of water and deliver it to homes.

The Role of Mental Health Cadres in Increasing the Independence of People with Mental Disorders.

People with mental disorders have the right to get basic health services and live a decent life in society. All parties should eliminate the negative view of People with Mental Disorders. To increase the independence of People with Mental Disorders, cooperation is carried out between cadres, families, the community and officers. The activities and assignments of mental health cadres are conducting early detection, referrals, family mobilization, home visits and reporting. Cadres, People with Mental Disorders, families and officers hold meetings for group activity therapy on a regular basis [4]. According to Iswanti, Lestari & Hapsari, The role of mental health cadres in carrying out group activity therapy and rehabilitation activities in the form of cadres mobilizing groups of patients with mental disorders to participate in group activity therapy and rehabilitation is cadres gathering group activity therapy participants and motivating participants to be active and cadres accompanying community mental heath nursing nurses who carry out therapy activities, group activities and rehabilitation [5].

Empowerment of Individuals, Families, and Communities in increasing the independence of People with Mental Disorders.

Empowerment focuses on individuals, families and communities through a holistic approach from physical, psychological, social and spiritual aspects. This approach is carried out in order to increase the independence of people with mental disorders. Through understanding mental health, psychosocial problems, things that have an impact on mental health, understanding the existence of stigma and discrimination in society. Empowerment of individuals, families and communities, in this case related to increasing the independence of people with mental disorders in the community, this approach has also been applied to students from several health fields which is recommended as a revolution in the practice and education of health workers with a collaborative approach between professions, namely *Interprofessional Education (IPE).*

Interprofessional Education (IPE) is also a form of learning by carrying the concept of strengthening effective communication competencies, cooperation and professional collaboration between health workers. Various studies show that IPE is a strong foundation for the implementation of *interprofessional collaboration (IPC).*One example of IPE activities is students carrying out paktek activities in the field in the primary service unit, namely community-based mental health nursing care (CMHN). Based on the problem of relapse in patients with mental disorders, the application of modality therapy in the environment where people with mental disorders live will be followed up with interventions in accordance with their respective professions.

The Role of Families, Community Leaders and Religious Leaders in the Independence of People with Mental Disorders.

Posyandu Jiwa is one of the closest health services for patients with mental disorders. Activities at the mental health center are not only focused on the process of self-development, improving the skills and abilities of people with mental disorders, but also on family support in supporting people with mental disorders and conducting education, promotion and early detection in the community so that those who are healthy will remain healthy, those who are at risk of experiencing mental disorders can avoid mental disorders. The Posyandu Jiwa is a forum or place for the implementation of modality therapy activities for patients with mental disorders who have recovered and can coexist with their families and the community. Modality therapy that can be done to help people with mental disorders become independent includes *group activity therapy, music therapy, gardening/planting occupational therapy, sewing occupation, carpentry and making salted eggs.* The type of activity depends on the needs adjusted to the *culture of local wisdom.*

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