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The Effectiveness of Integrated Management OF Mental Health Care Using Interactive KIE towards Attitude of Person with Mental Disorder's Family

Wini Hadiyani and Lia Juniarni

Lecturer, Nursing, Sekolah Tinggi Ilmu Kepearawatan Persatuan Perawat Nasional Indonesia (PPNI), Bandung, West Java, Indonesia

Abstract

Background: Integrated management of mental health care through interactive KIE is one of educational and communication tool between families and health services. **Objectives:** The aimed of this study was to evaluate the effectiveness of integrated management through KIE on family behavior of person with mental disorder care. **Methods**: This study was conducted used queasy experimental design with one group pre-post-test on 17 family with people with mental disorder. Paired t test was used to evaluate the effectiveness of intervention on the attitude. **Results**: The results of the study showed positive changes in family behavior on the person with mental disorder care and integrated management through interactive KIE was effective as an initial screening to prevent recurrence of mental disorder (p-value = 0.00). **Conclusion**: the implementation of integrated management through interactive KIE can be used as a join monitoring activity between families, cadres / guardians and health services to prevent recurrence in person with mental disorder.

Keywords: Integrated management, interactive KIE, mental health, person with mental disorder

Corresponding Author:
Wini Hadiyani
winhad@yahoo.com

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1. Introduction

The increasing problem of mental health in the world is still significant as well as in Indonesia. The incidence of mental health problems according to WHO data (2016) were about 35 million people affected by depression, 60 million people affected by bipolar, 21 million affected by schizophrenia, and 47.5 million affected by dementia. The increase in mental health problems in Indonesia is caused by several factors such as biological, psychological and social factors with population diversity [1]. This will have an impact on increasing the country's burden and reducing human productivity in the long run.

Family empowerment is also expected to be an effective way to eliminate negative stigma for people with mental disorders and their families. Effectiveness can be obtained by the openness and understanding of the community towards family members who experience symptoms of mental disorders so that the community no longer isolates the mental health problems of their family members, on the contrary it's become a strong support system that can help return their families to a quality and dignified life.

Openness and understanding of the community towards family members who experience symptoms of mental disorders can be obtained by health promotion efforts that reach all levels of society and discipline in integrated care management so that mental health problems do not continue to increase [2]. Health promotion activities and community empowerment become one of the policy directions in the Ministry of Health's Strategic Plan for 2015-2019 so that they want to foster healthy behavior and develop community-based health efforts.

The development of health promotion media and communication, information and education technology (IEC) is one of the activities to develop health efforts in the community [3]. According to Kumboyo (2011), the use of print media produced through mechanical and photographic processes only stimulates the senses of the eye (vision). This media has the characteristics, among others, read in a linear fashion, one-way communication, static, participant-oriented, existing information can be arranged by students [4].

Interactive IEC (Interactive Communication, Information and Education) media can support the needs because there is communication between health workers (through the extension of mental health cadres) and families with person with mental disorder. This becomes a joint monitoring activity and active family participation requires an IEC media that is done consciously, planned and systematically to change family behavior.

Individual health behaviors according to the concept of Health Belief Model (HBM) are influenced by cognitive processes in themselves and are strongly influenced by individual perceptions about their health problems [2]. Education, which is a concrete form of educational activities, requires conscious, planned and systematic communication [5] so that cognitive enhancement and positive perception can be formed in healthy behavior change.

2. Method

2.1. Study design

This type of research is an experimental study with a Quasi-experimental research design using one group pretest - posttest. Family behavior as a dependent variable is measured before and after being given integrated mental health care management treatment through Interactive IEC.

2.2. Intervention

Promotion done through communication, information and education (IEC) approaches in various categories of target groups. Each type of target group requires different IEC methods. The depth of IEC goals also varies, from IEC which only changes knowledge to changes in mental attitude and skills. To change knowledge, IEC can be done with only informative communication. Meanwhile, to change mental attitudes and skills, IEC carried out with continuous, planned and systematic communication.

2.3. Sample

The population in this study were all families with person with mental disorder in the working area of the City Health Center in Bandung, namely 17 families. Add inclusion and exclusion criteria. The sample used is total sampling. Research location of Ibrahim Ajie's health center working area in Bandung.

2.4. Instrument

Measurements were made using a questionnaire in order to obtain primary data directly from respondents. Add information more detail, including name of instrument, who develop, how many item, scale, scoring, validity and reliability

Univariate analysis for numerical variables in this study included person with mental disorder family behavior before and after the intervention. In numerical data, this analysis aims to see the mean, median, standard deviation, minimum value, maximum value, and confident interval (95% CI). Bivariate Analysis in this study used a different test. Different test (T-test) to find out the effectiveness of integrated management through interactive IEC on family behavior of person with mental disorder care towards.

3. Results

As shown in Table 1 below, family behavior in mental disorder client care before being given an interactive IEC book has an average of 52.82 (95% CI 49.95-55.70) with a standard deviation of 5,593 the lowest value for family care for ODGJ clients 43 and a high value of 66. The estimated interval results can be it was concluded that 95% believed to be the average family behavior in the care of person with mental disorder clients 49.95-55.70. Whereas family behavior in the care of mental disorder clients after being given an interactive IEC book has an average of 65.76 (95% CI 62.64-68.89) with a standard deviation of 6,078 the lowest value for family care for person with mental disorder 54 and a high value of 79. The estimated interval results it can be concluded that 95% are believed to be the average family behavior in the care of person with mental disorder 62.64-68.89

TABLE 1: Distribution of Family Behavior Before and after being given Integrated Management through interactive KIE (n=17).

Variable	Mean	Median	SD	Min-Maks	95% CI
Family Behaviour					
Before Intervention	52.82	53.00	5.593	43-66	49.95-55.70
After Intervention	65.76	66.00	6.078	54-79	62.64-68.89

Based on the bivariate test results using independent t-test shown in the table it is known that the effectiveness of integrated management of mental health care through interactive IEC has a p value <0.05 so it can be concluded that there is a significant influence given integrated mental health care management through interactive IEC on family behavior in the treatment of person with mental disorder (table 2).

TABLE 2: Effectiveness of integrated management of mental health care through interactive IEC (n = 17).

Variable	Mean	Median	SD	Min-Maks	95% CI
Family's behavior					
Before	52.82	53.00	5.593	43-66	49.95-55.70
After	65.76	66.00	6.078	54-79	62.64-68.89

4. Discussion

Before the integrated management of family behavior, it was shown that the family treated person with mental disorder patients according to their knowledge and attitudes. Families caring for person with mental disorder only fulfill basic needs including food and drink and shelter. The pre-test results show that the family has positive mental

health care behavior at an average of 52.82, which illustrates that the family has not been maximized in understanding the person with mental disorder care process namely the use of health services, treatment processes and family support systems. The family still has a negative stigma against person with mental disorder clients so that the family does not utilize the resources available in the community, for example the presence of Guards / Cadres who can facilitate health services at the local health center. According to Euis (2014), some people consider that mental illness is an embarrassing disease, as a disgrace to the family, and some even argue as social garbage. So that some people treat people with mental disorders in a discriminatory manner, being abusive, bullying and sometimes being stoned and ridiculed by children, a phenomenon that often occurs in society today is saving [6]. This causes exacerbating the condition of people with mental disorders, because in the surrounding environment isolating, insulting and even rejecting people with mental disorders [7].

Having a family member of person with mental disorder reduces the optimization of mental health in the family. It is in accordance with WHO in Hawari (2002) that the healthy characteristics of the soul include being able to adjust constructively to reality, even though that reality is bad for him and accepts disappointment and has great affection [8]. The existence of family members who experience severe mental disorders, will cause a burden on the family. The burden often occurs because the family does not have an understanding of the patient's needs, and the patient's behavior is difficult to understand. Families find it difficult to foster dialogue with patients, thereby creating stress in the family. So that families feel exhausted with the responsibility of caring for clients with severe mental disorders [9].

Stressful events can affect the individual, especially in providing judgment and interpretation of the stressors felt. After giving an assessment and interpretation, then the individual will respond and choose the most appropriate coping strategy, for example by finding information, taking direct action, and seeking support from others. After responding and choosing coping strategies, individuals will carry out coping tasks that are useful to reduce environmental conditions that are felt to be threatening so that individuals can adjust to reality.

Before providing integrated management the results of the analysis of the needs of families with person with mental disorder found that families need a media that can control and facilitate health services. The family also needs knowledge about the signs and symptoms of person with mental disorder in the recurrence and referral flow of the use of health services. Adequate family knowledge and experience can help someone

to catch the symptoms of a psychiatric problem. The earlier we find interference, the easier it will be to handle [10].

Family Behavior after integrated mental health care management through interactive IEC obtained post test results with an average value of 65.76 so it can be concluded that there is an increase in family behavior in caring for clients with person with mental disorder of 12. 94. Francis and Satiadarma (2004) state that family support is the way the family carries out the functions contained in a family by providing assistance or support to family members. The success of the treatment carried out in health services, namely the provision of drugs will be in vain if it is not supported by the role and support of the family. Another study conducted by Jenkins, et al (2006) shows that a very potential source for supporting drug administration in person with mental disorder. is family caregivers [11].

Nurdiana et al (2007) in her research stated that family plays an important role in determining the way or nursing care needed by patients at home so that it will reduce the recurrence rate [16]. The results of the study were confirmed by another study conducted by Dinosetro (2008), stating that the strategic function of the family can reduce the recurrence rate, increase independence and standard of living and family members can adapt to society and social life [9].

Individuals can prevent the development of problems due to pressures faced with family assistance and support. The success of individuals in dealing with problems will be higher if they have the support of family (Taylor, 2012). The above opinion is reinforced by the statement of the Commission on the Family (1998) in (Dolan et al, 2006) that each individual will be able to create family strength, increase self-esteem and have the ability in prevention strategies to face life's challenges filled with pressure for support families that have relevance in the community [12]. Someone with person with mental disorder with their inability to perform social functions certainly requires the support of the family to become a stronger and self-respecting individual so that they can achieve a better level of healing and improve their social functioning. Without the support of the patient's family it will be difficult to recover, have difficulty to socialize.

The results of the study after integrated management through interactive IEC obtained a significant influence between family behavior before and after the action is indicated by the value of p value = 0.00. Integrated management carried out in this study is based on an analysis of the needs of families with person with mental disorder and surrounding communities, so that interactive IEC can be adjusted to the needs. Slamet (2010) states that to get information and education sources tailored to the target targets, so the methods used are tailored to the characteristics of respondents and

the objectives to be achieved [14]. The interactive IEC book is a development of health promotion media through communication, information and education technology (IEC) [15].

Besides being given in the form of a family book with person with mental disorder, health education is given firstly about the signs and symptoms of mental disorders, the flow and management of drugs and how to use interactive IEC. Health education can enhance family knowledge which is the basis for changes in behavior in the care of person with mental disorder clients. Previous study states the main key in healing mental disorders is the family, because as the closest source of social support[18]. Interactive IEC here involves Guards / cadres as facilitators who will observe the filling of interactive IEC so that the results of the interactive IEC become input for local health services (Health center Ibrahim aji). The results obtained after 1 week of interactive IEC implementation, there were 2 clients with person with mental disorder referred to the health center and taken to the hospital. Soul of West Java Province to get optimal care. In this case the family becomes more active in utilizing the health resources in their place. Family knowledge about signs and symptoms of mental disorders after being given health education increases family behavior in caring for clients with mental disorder [18]. Notoatmojo (2012) says that the formation of one's actions is supported by the cognitive domain [9].

The interactive IEC handbook also contains observations / documentation of drug administration in person with mental disorder. Previous study stated that recurrence in people with mental disorders was caused by improper treatment management. In addition to knowing early detection of family recurrence, it is also necessary to know about medication management for person with mental disorder clients [1].

Integrated management through this interactive KIE is a comprehensive mental nursing service covering 2 levels of prevention namely primary and secondary prevention. Providing health education regarding symptoms of mental disorders, referral centers for health centers, drug management and handling of person with mental disorder clients is a primary prevention. Tertiary prevention is to find cases of recurrence early. The existence of observations of signs and symptoms of mental disorders by the family can find cases of recurrence as early as possible. The next secondary prevention is to involve families in the administration of drugs in person with mental disorder in the form of recording the administration of drugs so as to create a therapeutic drug regimen.

The implementation of integrated management does not escape the role of the surrounding community in this case the Guards / cadres as an extension of the health center to find out the existence of mental health in the community. In addition to person

with mental disorder families, health education is also given to Guards / Cadres so that integrated management through interactive IEC can be a means of communication in improving mental health in the community.

5. Conclusions

The conclusion that can be elaborated based on the results and discussion that has been carried out is before the integrated management is carried out through interactive IEC of family behavior in caring for person with mental disorder clients according to their ability to meet the needs of eating and drinking and just living. Families do not make use of health workers in the community and even tend to be family members with person with mental disorder hidden. After the integrated management of IEC interactive family behavior on person with mental disorder clients has increased positively. The family begins to interactively communicate with the guard / cadre about the conditions of person with mental disorder clients. The implementation of integrated management through interactive IEC can be a joint monitoring activity between families, cadres / guards and health services to prevent recurrence of person with mental disorder. From the results of the above research, local health services are needed in this case the health center to maintain communication with the Guard / Cadre as an extension of the health center, maintaining a healthy mental cadre in the community so that integrated management through interactive IEC can continue to be carried out.

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