

## **Mental Warriors: Health and Socioeconomic Independence Development Program for People with Mental Disorders in Gresik Regency**

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### **Abstract**

Background: The number of people with mental disorders (ODGJ) in Gresik Regency in 2020 reached 2,250 people with mental health service coverage reaching 64%. These mental health services are limited to examination and treatment only. In the last three years (2020-2022) the Proposing Team initiated a mental and psychosocial recovery program for ODGJ in Tlogopojok Village, Gresik District, and succeeded in achieving a recovery rate from zero to 60%. This activity will continue this year as an ongoing program with a variety of programs and wider sub-district coverage in the Gresik District. This community center will be a forum for training, mentoring, and coaching activities for ODGJ from both health and socio-economic aspects. Objective: This community service activity aims to develop the health and socioeconomic independence of ODGJ, by establishing a community center for ODGJ. Method: The implementation method used in this Mental Warriors community service activity uses a participatory rural appraisal (PRA) model, namely non-productive communities are invited proactively to build health and socioeconomic independence. The implementation stages start with counseling, training, and mentoring. Results: Selecting stable ODGJ can use the PULIH questionnaire, Sensory-Cognitive activities provide provision to ODGJ to understand orders and maintain cleanliness before implementing the culinary program, and culinary training activities for making salted egg dishes can provide provision to ODGJ and their families in the context of independent socio-economic empowerment. Conclusion: 1) Selecting stable ODGJ can still use the PULIH questionnaire, but on the other hand it still requires clinical re-assessment by a mental expert (psychiatrist or psychologist) 2) Sensory-cognitive activities can provide provisions for ODGJ to understand commands and maintain cleanliness before implementing culinary programs. 3) Culinary training activities for making salted egg dishes and talam cakes can provide provisions for ODGJ and their families in the context of independent socio-economic empowerment.

**Keywords:** ODGJ; health independence; independent business development; Gresik Regency

## Abstrak

Latar belakang: Jumlah orang dengan gangguan jiwa (ODGJ) di Kabupaten Gresik tahun 2020 mencapai 2.250 orang dengan cakupan layanan kesehatan jiwa mencapai 64%. Layanan kesehatan jiwa ini terbatas pada pemeriksaan dan pengobatan saja. Tiga tahun terakhir (2020-2022) Tim Pengusul menggagas program pemulihan mental dan psikososial ODGJ di Kelurahan Tlogopojok, Kecamatan Gresik, dan berhasil mencapai angka pemulihan dari nol hingga 60%. Kegiatan ini diteruskan tahun ini sebagai program berkesinambungan dengan ragam program yang variatif dan cakupan kelurahan yang lebih luas di Kecamatan Gresik. Sentra komunitas ini akan menjadi wadah untuk kegiatan pelatihan, pendampingan, dan pembinaan ODGJ baik dari aspek kesehatan dan sosioekonominya. Tujuan: Tujuan dari kegiatan pengabdian masyarakat ini untuk mengembangkan kemandirian kesehatan dan sosioekonomi ODGJ, dengan cara mendirikan sentra komunitas ODGJ. Metode: Metode Pelaksanaan yang digunakan dalam kegiatan pengmas Mental Warriors ini menggunakan model participatory rural appraisal (PRA), yaitu masyarakat non produktif diajak secara proaktif untuk membangun kemandirian kesehatan dan sosioekonomi, Tahapan pelaksanaan mulai dari penyuluhan, pelatihan, dan pendampingan. Hasil: Pemilihan ODGJ stabil dapat menggunakan kuesioner PULIH, kegiatan Sensori-Kognitif memberikan pembekalan kepada ODGJ untuk memahami perintah dan menjaga kebersihan sebelum melaksanakan program kuliner, dan Kegiatan pelatihan kuliner pembuatan masakan telur asin dapat memberikan pembekalan kepada kepada ODGJ dan keluarganya dalam rangka pemberdayaan sosioekonomi mandiri. Kesimpulan: 1) Pemilihan ODGJ stabil masih dapat menggunakan kuesioner PULIH, namun di sisi lain masih membutuhkan re-assesment klinis oleh tenaga ahli jiwa (psikiater atau psikolog) 2) Kegiatan Sensori-Kognitif dapat memberikan pembekalan kepada ODGJ untuk memahami perintah dan menjaga kebersihan sebelum melaksanakan program kuliner. 3) Kegiatan pelatihan kuliner pembuatan masakan telur asin dan kue talam dapat memberikan pembekalan kepada kepada ODGJ dan keluarganya dalam rangka pemberdayaan sosioekonomi mandiri.

**Kata kunci:** ODGJ; kemandirian kesehatan; pembinaan usaha mandiri; Kabupaten Gresik

## INTRODUCTION

In 2020, the Gresik Regency had 2,250 people with mental disorders (ODGJ), and 1,614 (64%) of them had received mental health services. The coverage of this service will increase in 2021 to reach 1,809 people but is still limited to examination and treatment only. There has been no integrated effort to return the social function of ODGJ to society (Amru Millati, 2022). This social problem is not resolved even though ODGJ has received adequate treatment in a mental hospital. Problems arise precisely when ODGJ are stable at home because they are still unable to work "normally" like their peers. They become a "burden" for families with a lower middle-class economy. The Gresik Regency Government (Pemkab) through the Social Service (Dinsos) is trying to help ODGJ families by providing working capital, but this workload still rests on non-ODGJ family members (Cahyadi, 2022).

Since 2019, the Gresik Regency Government has been aggressively reaching out to ODGJ families. Gresik Regent Fandi Akhmad Yani often visits ODGJ's home to directly supervise the implementation of the program in the field (Ali Setiono, 2021). Some of the social programs include basic food assistance for families of ODGJ who cannot afford it (Kominfo Jatim, 2021), to making e-KTPs for ODGJ and people with severe disabilities (Akasah, 2022). Unfortunately, this

program is still in the form of "just assisting". It is not yet evident as an effort to "increase socioeconomic capabilities independently" for ODGJ and their families. Therefore, this community service (pengmas) program is proposed as an integrated effort to train, accompany, and develop ODGJ to improve its economic capabilities. The main requirement for this program is that ODGJ must have stable symptoms and have passed the acute phase. Therefore, efforts to improve health aspects must begin first.

For the health aspect, the Regent of Gresik has made efforts to take ODGJ to mental recovery at a rehabilitation center in Lamongan (Akasah, 2021). This means that the Gresik Regency Government itself is still not sure that there are adequate recovery places in its area. Gresik Regency has disbursed funds amounting to 94 billion for *Universal Health Coverage* (UHC) for the Gresik community through BPJS, to fulfill the health rights of underprivileged residents (Pemkab Gresik, 2022). UHC funds provide the potential for the development of *sustainable* mental health services, especially for ODGJ who need long-term services. This community service program aims to increase the health independence of ODGJ through a synergistic program with BPJS and the Gresik Regency Government in mental health services. This community service program continues efforts that were initiated last year (Algristian et al., 2023), and is currently being proposed as an integrated effort for the health and socioeconomics of vulnerable communities such as ODGJ.

This concept of health and socioeconomic power synergy refers to the South Korean *Health and Welfare concept*, where the Proposing Team received training at Yongin Mental Hospital (Karimah & Djuari, 2015). This concept will be applied through this year's community service program. This regional potential management is a reference for university graduates to work in the community-based mental health sector. As lecturers, the Proposing Team will involve students (especially young doctors) and include this community service activity as part of the teaching stage in the Psychiatric Medicine department.

## **METHOD**

The implementation method is divided into two major parts, namely literature study and implementation of activities in the field. A literature study was carried out to create a basic concept of psychosocial rehabilitation in society, especially Gresik Regency. Implementation of activities is carried out using the participatory rural appraisal (PRA) method, in which non-productive communities are proactively invited to build health and socioeconomic independence. The implementation stages consist of (1) counseling on the topic of mental disorders and training on selecting ODGJ patients for cadres, (2) simple cognitive training, and (3) training on making culinary dishes in the form of salted eggs for ODGJ and their families.

## **RESULTS AND DISCUSSION**

### **Study of literature**

People with mental disorders are a vulnerable group for two reasons; (1) ODGJ are a minority because they constitute less than 1% of the total population of Indonesia (Dinkesprov Jatim, 2022), and; (2) they often lose their rights to life because of the mental limitations they suffer from. They are considered unable to work like ordinary people (Simanjuntak, 2017). This view is not wrong, nor is it completely correct. If not treated holistically, mental disorders can reduce the overall quality of life, including the ability to work and earn an income (Buonocore et al., 2018a). Even

according to the Law of the Republic of Indonesia no. 18 of 2014 concerning Mental Health, ODGJ are a vulnerable group of people who must receive protection from the state, including the certainty of getting decent work commensurate with their abilities (Siagian, 2022). Studies show that if ODGJ gets holistic treatment, it will increase the chances of recovery and prevent ODGJ recurrence (Buonocore et al., 2018b). Holistic treatment in question includes not only health aspects, but also socioeconomic aspects, such as treatment, consultation, family assistance, and work training (occupational and vocational). The mutual synergy between *stakeholders is needed* to realize this effort (Kodim 0817 Gresik, 2022). To facilitate coordination, in 2022 the Proposing Team formed the ODGJ Empowered Family Care Community (KOMPAK) together with mental health *stakeholders*.

### **Initial Field Study**

Matching the results of literature studies with practice in the field requires in-depth planning, especially about sensitive issues such as mental disorders. This effort has been implemented since 2020, starting with general education for cadres and families, followed by a periodic home visit program in 2021, and a simple *soft skills training program* for ODGJ in 2022. This *soft skills training* includes making crafts, salted eggs, planting, and harvesting. spinach. This training was attended by ODGJ, families, and mental health cadres with a participation rate of 50-60% and a recovery rate of around 60% of all ODGJ participants (Algristian et al., 2023). This achievement is satisfactory although it still needs to be improved. This measurement of recovery is carried out using an early recurrence detection questionnaire, which can also be used as a measurement of clinical symptoms and social abilities of ODGJ in a community *setting*. Henceforth, this questionnaire is called the "Recovery Questionnaire" (Algristian et al., 2022). Last year's recovery achievement which was still below 80% indicates two things; (1) to be successful, adequate patient preparedness is required, to ensure that ODGJ participating in the recovery program must have stable symptoms and not be in the acute phase; (2) the recovery program must be carried out in stages and continuously, with very personal targets for each ODGJ by the existing economic potential map in Gresik Regency. Apart from that, the problem of stigma (negative labels) experienced by ODGJ and their families also needs to be addressed. Every job recipient often "does not accept" that the prospective worker is a "former ODGJ", and tends to refuse for various reasons. Through this year's community service program, the quality of ODGJ's work will be improved according to the best abilities that ODGJ can achieve. The Proposing Team has carried out mapping of the economic potential for ODGJ in Gresik Regency during the 2020-2022 period. It was found that four major economic potentials in Gresik Regency penetrate the export market, namely crafts, mariculture, plantations, and trade (Saptati, 2022). Trade itself is an outlet for marketing the other three potentials. This economic potential is centered in Gresik District, with the location of these four potentials close to each other. The majority of ODGJ families work in the Gresik market (as traders), producers of typical Gresik souvenirs, fishermen, and sea product collectors, as well as makers of handicraft goods. This condition can be optimized for this year's community service program.

### **Implementation in the Field**

Mental Health Posyandu Cadre Training. Training for mental health cadres and families of ODGJ aims to increase cadres' understanding of mental health, as well as the support needed by ODGJ and their families so that they can create an environment that is more inclusive and full of understanding for individuals with mental disorders in a community or society. In this activity,

ODGJ cadres and families were given by the implementing team insight into mental disorders, symptoms, treatment methods, and the importance of social support for ODGJ. ODGJ cadres and families also learn skills to provide better support to ODGJ to improve the quality of life of ODGJ and reduce the social stigma of mental disorders. Apart from that, cadres are given counseling about selecting patients for ODGJ appropriately so that the ODGJ who are selected and included in the next program are ODGJ who is in the stable phase. Understanding the topic of mental disorders helps in carrying out this patient selection training activity so that the extension team has made it possible for the mental health posyandu cadre participants to have an in-depth understanding of this activity which has been summarized into several points, namely: 1) the importance of knowledge about mental disorders; 2) stigma towards ODGJ patients; 3) how the selection criteria for ODGJ patients are carried out appropriately and relevantly so that they can identify prospective patients who are suitable for follow-up activities in psychosocial rehabilitation, namely the Mental Recovery Program; 4) concept and development of independent businesses for ODGJ families; 5) have the ability and can provide emotional support to ODGJ and their families effectively.



**Picture 5.1.** Providing Patient Selection Training materials for health center health workers and mental health cadres.

Selection Using the Recover Questionnaire. Next is selection using the PULIH questionnaire. This selection process was quite successful. The increase in cadre knowledge from previous training shows that Even ordinary people without a mental health background can be trained to help reach ODGJ. The results of cadre screening using the recovered questionnaire are shown in Table 5.1. The results are also not much different from the scoring carried out by the extension team.

**Table 5.1.** ODGJ screening scoring results using the PULIH Questionnaire

	Gadar Scale					Clinical Scale				Function Scale										
	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	P14	P15	P16	P17	P18	P19	P20
% Match per questionnaire item	100	100	100	100	100	30	30	20	20	50	40	40	40	40	50	60	60	60	30	60

**Note:** P = question number.

From the quantitative data in the table, the percentage of match results *per assessment questionnaire item* carried out by the extension team with mental health posyandu cadres. Quantitatively, almost the same assessment for the emergency scale results in 100% matching, the clinical scale shows results <50% *match* which means not within a good enough percentage

of match, and the function scale shows results >50% *match*. Thus, examinations on a clinical scale still rely on expert examiners in the field of mental health, whereas on an emergency scale and a functional scale (patients who are still able to work well), scoring is easily carried out by mental health professionals cadres or lay people because ODGJ patients are easier to observe. Increasing the ability of mental health posyandu cadres in conducting scoring for patient selection for ODGJ shows that the results are not much different from the scoring carried out by the extension team. This is because mental health posyandu cadres have several factors that influence the implementation of their roles, including attitudes, motivation, and knowledge (Daulay et al., 2022). Knowledge about mental disorders is very important in patient selection efforts so that mental health posyandu cadres pay attention to relevant factors in successful patient selection such as patient selection training, medical knowledge about mental disorders, patient selection scoring guides that include relevant question points to assess the level of risk or the severity of mental disorders in ODGJ patients, carrying out regular skills evaluations, having knowledge about referring ODGJ patients to mental health services quickly and appropriately, and so on.

**Sensory-Cognitive Training.** Before starting culinary training, simple sensor-cognitive training is carried out, namely training for ODGJ to stimulate understanding of commands through sensory stimuli. For example, ODGJ patients are directed to feel the surface of objects, and orient themselves to the right and left, such as; touching their left ear with their right hand, taking the item to their right, and so on. In this first stage of therapy, it is simulated through hand-washing movements. Apart from being a sensory-cognitive exercise, this hand washing movement also serves as hygiene education for ODGJ and their families before carrying out culinary program activities.



Figure 5. 2 . Simple Cognitive Training for ODGJ in the form of hand washing activities as hygiene and health education before carrying out cooking training.

The results of this training were very positive and had a big impact on ODGJ because it helped them overcome obstacles in maintaining cleanliness and health for each individual. This training provides ODGJ with practical skills to wash their hands properly with the right steps such as using enough soap, rubbing their hands properly, and rinsing them with clean water. These skills not only have an impact on their health but can also help ODGJ avoid transmitting disease to others.

They were cooking Training. In this sub-activity, the extension team chose to carry out training in making salted eggs and talam cakes for ODGJ. The results of training activities in making salted egg dishes and talam cakes to increase the independence of ODGJ have had a very significant positive impact, not only in terms of culinary skills but also in aspects of empowerment and quality of life for ODGJ and their families.



Figure 5.4. The training process for making salted egg dishes until the product is ready for consumption.

This training has helped ODGJ develop their culinary skills. Not only do they learn how to make salted egg dishes and talam cakes well, but they also master basic cooking and food processing techniques. So this allows them to open their own culinary business or find work in the food industry. Through this training, ODGJ has experienced improvements in social interaction and communication skills. These ODGJs learn to work in teams, interacting with instructors and peers. So that when bazaar activities take place, it is hoped that ODGJ will be able to participate in marketing and sales events for their products, thereby helping reduce the social isolation that ODGJ often experiences. When ODGJ can produce quality culinary products, this will increase their self-confidence because these ODGJ have significant values and contributions to society. By mastering the skills of making salted egg dishes and talam cakes, it is hoped that ODGJ will be able to produce and sell its products in the local market. So that later the income they get from selling their products will give them economic independence and reduce dependence on other parties.

## CONCLUSIONS AND SUGGESTIONS

The conclusions from the implementation of this community service activity are summarized in several points, namely:

1. Selecting stable ODGJ for further ODGJ empowerment activities can still use the PULIH questionnaire, but on the other hand it still requires clinical re-assessment by a mental expert (psychiatrist or psychologist).
2. Sensory-cognitive training can provide provisions for ODGJ to understand commands and at the same time build the habit of maintaining cleanliness before touching food. This Sensory-Cognitive training is integrated with the 6-step hand-washing activity.

- Culinary training in making salted egg dishes and tamam cakes can provide provisions for ODGJ and their families in the context of independent socio-economic empowerment. The ODGJ involved in this program are among the poor (underprivileged) community groups and therefore need assistance with tools and capital to continue culinary empowerment efforts at home.

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