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Caring Community for Mental Health in Astambul Kota Village, Banjar Regency

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A B S T R A C T

Mental health is still a health problem for the world. Cases of mental disorders continue to increase and impact the decreasing human productivity in the long term. In humans, mental health is important because mental health is a form of people themselves, which means having an ability to live for independently, with family, and the surrounding people. Service Activities to Community are carried out in the Astambul Kota Village, Banjar Regency, South Kalimantan, from December 2021 to January 2022 started from licensing to 2 stages of implementation. The first stage is screening the community regarding their perception of people with Mental disorders (ODGJ). The second stage is evaluation and providing health education about MASDUL SEJIWA. The data were analyzed by the descriptive-analytical method. The screening results showed that many people who did not care about ODGJ avoided it when they met one and felt afraid when there was ODGJ around. In the second stage, the community was given mental health education about caring for ODGJ and how to deal with ODGJ so as not to be afraid and run. This Community Service Activities showed that the participants' knowledge of Mental Health was good of 27 people (67.5%). According to the target, the enthusiasm and attendance of the participants are 40 people (100%) who attended screening activities and mental health education. The whole community is expected to increase the caring for ODGJ and the formation of mental health cadres in the Astambul Kota health region area..

INTRODUCTION

Mental health is important because mental health is a manifestation of a person which means having the ability to live for itself, family, and the surrounding people. Human mental health will develop well if the physical, mental and social conditions can adapt to situations and conditions in overcoming the problems and stresses of life and carry out their activities with productively (Yusuf et al., 2015). Health is divided into physical and spiritual which relates to a person's physical and mental health. Mental health is still a health problem in Indonesia. In Indonesia, cases of mental disorders continue to increase and impact decreasing human productivity in a long term. According to the Basic Health Research results in 2018, mental disorders indicated by symptoms of depression and anxiety were 14 million people, and severe mental disorders were around 400,000 people. The Astambul Health Center data report found that 69 people with mental disorders included hallucinations, social isolation, and low self-esteem. The mental health efforts from the government, following constitution number 18 of 2014, state that every activity can achieve optimal health degrees for individuals, families, and communities. The condition could be achieved with promotive, preventive, curative, and rehabilitative organized comprehensively, integrated and sustainable by the Central and Regional Government, and the Community (Riskesdas, 2013).

The Institute of Health Science Intan Martapura contributes to implementing government programs related to health services to make people care about mental health. This form of service is the Mental Health Care Community (MASDUL SEJIWA). The activity was based on the government program and based on the condition of the Astambul Public Health Center area as a form of community service. The interview results with mental health program holders at the Astambul Health Center obtained information that there was an increase in mental health cases. It will be possible for these cases to increase if early detection is carried out. The Astambul Health Center said that these mental cases were found when the patient was acute or severe and disturbed the community due to a lack of public awareness regarding mental health.

The objective to be achieved in this community service program was to contribute to implementing government programs related to health services to increase public care about mental health, and the form of service was the Mental Health Care Society (MASDUL SEJIWA). Hopefully, the program could increase understanding and knowledge about the role of caring for Mental Disorders (ODGJ) from families and communities.

METHOD

Community Services Activities are carried out in the village of Astambul Kota, Banjar Regency, South Kalimantan, from December 2021 to January 2022. The target of this community service is people who live in the Astambul Kota with a total of 40 respondents with a population of 514 people from 4 neighborhood associations with sampling technique using random sampling, the implementation 2 stages, the first stage is screening public perception of People with Mental Disorders using a questionnaire in the form of 5 open-ended questions. The first stage is to determine the time extent of public perception before being given education about mental health. The results of collected answers are identified as related to public perceptions of People with Mental Disorders (ODGJ), as well as how the response of the community regarding ODGJ in the Astambul Kota Health Center area. The second stage is evaluation and provides health education about the Mental Health Care Community (MASDUL SEJIWA). The data were analyzed by the descriptively analytical method.

RESULT AND DISCUSSION

This section describes the results of community service activities carried out on January 17 and 24, 2022. The data presented consists of general data, including age, gender, latest education, and type of work. Specific data includes public perceptions of people with Mental disorders in Astambul Kota.

Table 3.1 Characteristics of Participants in Astambul Kota in 2022

Variable	Frequency	Percentage (%)
Respondent's Age		
20-30 years old	8	20
31-40 years old	12	30
41-51 years old	12	30
51-60 years old	8	20
Respondent's Gender		
Men	4	10
Woman	36	90
Respondent's Last Education		
Primary School/Equivalent	22	55
Junior High school/ equivalent.	6	15
Senior high school/equivalent.	9	22,5
College	3	7,5
Respondent's Job		
Farmer	1	2,5
Housewife	33	82,5
Private	6	15

Table 3.1 shows that most of the participants were aged 30-40 years and 41-51 years as many as 12 respondents (30%), females as many as 36 respondents (90%), education last Primary School/equivalent as many as 22 respondents (55%), and mother's occupation households as many as 20 respondents (82.5%).

Table 3.2 Community Assessment of People with Mental Disorder in the Astambul Kota in 2022

No.	Category	Frequency	Percentage (%)
1	Afraid	6	15
2	Pity	26	66
3	Avoid	8	19
	Total	40	100

Table 3.2 Shows that most of the participants were expressed pity; as many as 26 respondents (66%) to people with Mental Disorders

Table 3.3 Characteristics of People's feelings when they see or are close to people with Mental Disorders in the village of Astambul Kota in 2022

No.	Category	Frequency	Percentage (%)
1	Normal	5	12
2	Afraid	22	55
3	Pity	12	30
4	Disturbed	1	3
	Total	40	100

Table 3.3 shows that most of the participants were when they see or are close to people with mental disorders, said they are afraid, as many as 22 respondents (55%).

Table 3.4 Community Assessment of the most visible characteristics of people with Mental Disorders in the village of Astambul Kota in 2022

No.	Category	Frequency	Percentage (%)
1	Clothes	28	69
2	Behavior	12	31
	Total	40	100

Table 3.4 shows that most people’s assessment of the most visible characteristics of people with mental disorders was clothing, as many as 28 respondents (69%).

Table 3.5 Community Assessment of most uncomfortable traits with people with mental disorders.

No.	Category	Frequency	Percentage (%)
1	Personal Hygiene	21	53
2	Behavior	17	43
3	Appearance	2	4
Total		40	100

Table 3.5 shows that most people assess the most uncomfortable feature of people with mental disorders as personal hygiene, as many as 21 respondents (53%).

Table 3.6 Community Actions Taken when close to People with Mental Disorders

No.	Category	Frequency	Percentage (%)
1	Avoid	32	79
2	Pity	6	14
3	Normal	3	7
Total		40	100

Table 3.6 shows that people act when close to People with Mental Disorders; the majority avoid as many as 32 respondents (79%). Based on the results of questionnaire data regarding public perceptions of People with Mental Disorders (ODGJ). The next stage evaluates the understanding and knowledge of health education about the Mental Health Community (MASDUL SEJIWA) program. The results of the community service program showed that the knowledge was primarily good as many as 27 respondents (67.5%), 13 respondents (32.5%) were not good, it can be seen in table 3.7.

Table 3.7 Public Knowledge Cares About Public Health in Astambul Kota in 2022

No	Category	Frequency	Percentage (%)
1	Good	27	67,5
2	Enough	13	32,5
Total		40	100

Picture of MASDUL SEJIWA activities



Stage 1 (a) The first screening stage is about people's perception of mental disorders. Screening activities was held at the Astambul Kota village hall which were held at the Astambul Kota village hall, which 40 participants attended

Stage 2; (b) The second stage provides health education about the Mental Health Care Society. Activities were held at the Astambul Kota village hall, which 40 participants attended

Based on the screening results, it was found that most people judged people with mental disorders to show ratings that were unpleasant, scary, and dirty, so they felt smelly, dirty, afraid, and so on. These results are reinforced by the data in Tables 3.3 and 3.6, which show the response of most people who feel that people with mental disorders are feared individuals, namely 32% and as many as 22% think people with mental disorders should be avoided.

According to Bloom in (Notoatmodjo, 2014), behavior is influenced by knowledge, attitude and action or practice. People's attitude toward mental health is various. They could act as authoritarian, which views mental disorders person as someone who is weak and requires rough handling. People could also act as benevolence, which views people with mental disorders as refers to a humanistic and sympathetic. People can act as social restrictiveness, following the belief that people with mental disorders are a threat to society and should be avoided (Kusumawati & Hartono, 2010). Community Mental Health Ideology refers to the acceptance of mental health services and people with mental disorders in the community but not in the environment where they live (Keepers et al., 2020). The involvement of the local village community is needed to improve the community's mental health, one of which is by increasing the community's knowledge of Mental Health Care (Romadhon, 2015). The strategy with community empowerment was expected to help identify and overcome problems, maintain the community's mental health, and change the community's negative perception of being concerned about mental health. Health education is carried out to achieve community empowerment. 40 participants attended the health education activity. During the implementation, the participants were very enthusiastic about attention and listened to the delivery of mental health. The participants' enthusiasm was very high, as seen from the participants' activeness in asking questions related to the material presented, which was considered exciting and constituted new knowledge for the participants. This result follows the theory that health education is an activity to spread messages and instill confidence so that people become aware and understand the importance of community involvement in mental health care because of factors that affect one's knowledge, including the presence of mass media or information and experience (Islamiati et al., 2018).

CONCLUSION

The Mental Health Care Community Service Program, which 40 participants in Astambul City attended, showed that the level of knowledge about Mental Health was good at 67.5% and less at 37.5%. In the future, families, and communities are advised to improve their mental health care attitude and initiate the Astambul Public Health Center to lead mental health cadres.

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