



Global Research &
Development Services

CONFERENCE PROCEEDINGS

7th International Conference on Healthcare and Life Science Research
(ICHLSR), Singapore

Nov 13-14, 2015

Conference Venue

Nanyang Technological University, Nanyang Executive Centre 60 Nanyang
View, Singapore 639673

Email: info@grdsweb.org

<http://www.ichlrsingapore.com/>

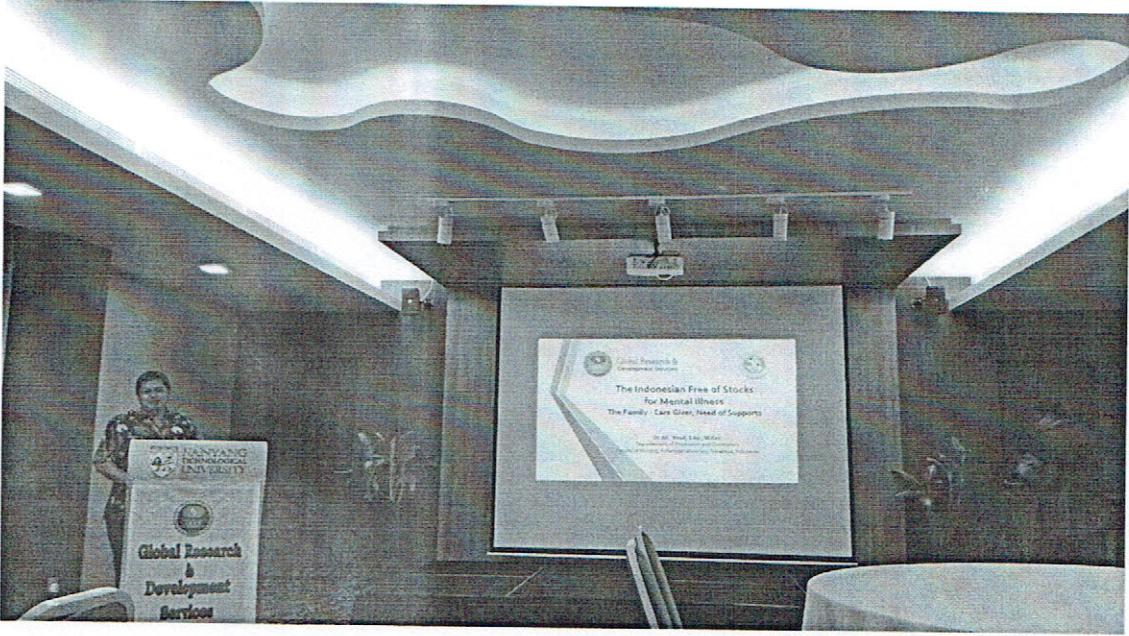
Keynote Speakers



Dr. Ah. Yusuf S, S.Kp., M.Kes

Faculty of Nursing Airlangga University, Surabaya Indonesia

Indonesian Free of Stocks for Mental Illness the Family – Care Giver, Need of Support



Oleh:

Dr. Ah. Yusuf, S.Kp., M.Kes.

Keynot Speaker Pada:

Global Research and Development Services (GRDS) International Conference 2015, di Nanyang Technological University, Nanyang Executive Centre 60 Nanyang View, Singapore 639673, tanggal 13 – 14 November 2015.



Global Research &
Development Services

CONFERENCE PROCEEDINGS

7th International Conference on Healthcare and Life Science Research
(ICHLSR), Singapore

Nov 13-14, 2015

Conference Venue
Nanyang Technological University, Nanyang Executive Centre 60 Nanyang
View, Singapore 639673
Email: info@grdsweb.org
<http://www.ichlrsingapore.com/>

1

7th International Conference on Healthcare and Life Science Research (ICHLSR), Singapore
Nov 13-14, 2015



**Keynote
Speakers**

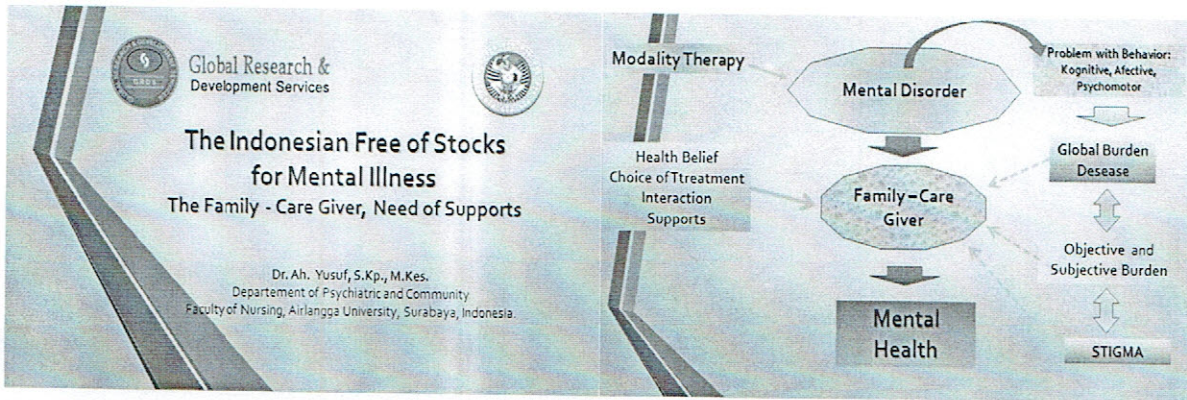


**Dr. Ah. Yusuf S, S.Kp.,
M.Kes**

Faculty of Nursing Airlangga University, Surabaya Indonesia

Introduction

Mental disorder is still become a stigma in society, even until now. Problems emerge is due to maladaptive thought and behavior. Family who have family member with mental disorder can experience serious conflict, become an objective and subjective burden, blame each other, get involved in hostility among family members. Various negative effect faces by family can cause serious stress, ineffective family coping and failure of taking care of patient with mental disorder at home.



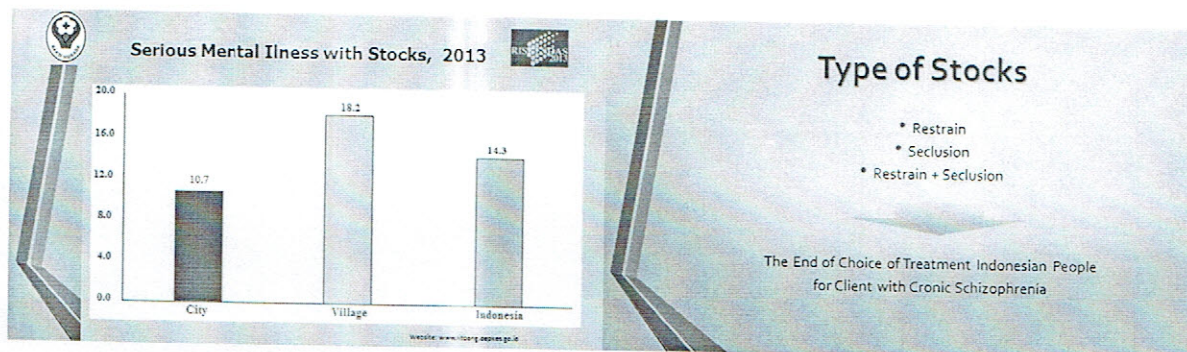
Family with one of their family member have a Schizophrenic disease, the family will appear of burden. There are two kind burden for family, related to subjective and objective burden. Objective burden related to sign and symptom of Schizophrenic disease that attack in patient, low of motivation, mood, affect and psychomotor. The patient not fullfillness in activity daily living routine, deficit in personal hygiene, required too long time to sleep, not working activity and other. The patient require to eat but not clean in plate after eat, bowl and urinary in any place, sleep a long time in any place and other. This condition make the family member feeling in objective burden with the patient condition.

The subjective burden related to shame there are a family members with Schizophrenia, stigma in group and community, and not positive progress in treatment. That ways make a family and their family members shame, have a negative perception about Schizophrenia, negative health believe, impairment of supports and interaction between family members. All of this conditions, make increasly stress in family, not support to the patient, wrong way to health seeking behaviors and give the patient miss treatment. This is the objective conditions in some of people in Indonesia with family member have a Schizophrenic disease.

Revers to result for the basic research on health condition in Indonesia (Ministry of Health, 2013) there are average 14,3 % family member with a chronic Schizofrenia have stocks. There is 10,7 % in the City and 18,02 in the village.

Type of Stocks for Mental Illness in Indonesia

There are 3 kinds type of stocks that majority familys judgment for the patient with chronic Schizofrenia is restrain, seclusion, and restrain plus seclusion.

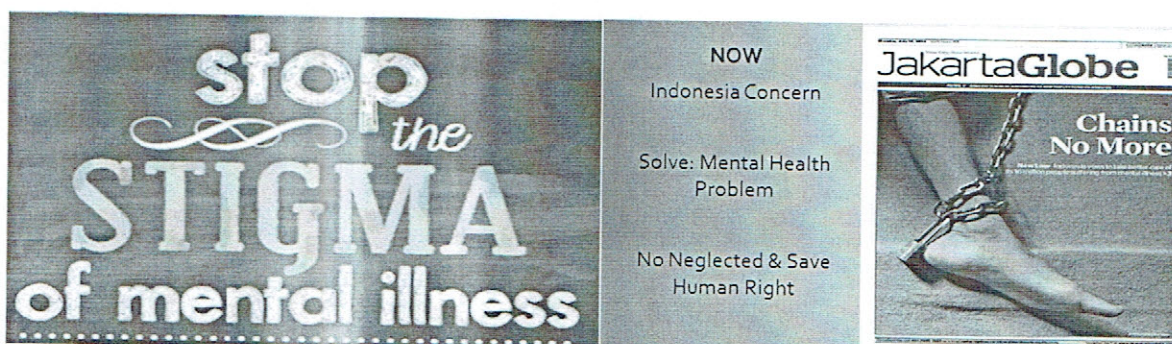


Some of people in Indonesia makes restrain for chronic mental illness with chain or permanent wooden in one place (figure restrain). This condition conduct in patient a long time, over than one year, some time for agressive patient will be stocks by restrain more than 5 years or as long live with restraint. Sorry, this is wrong, this is an neglected and violent of human right. Some of patient have a seclusion in specific area that are not achievable by others persons. And some patient have restratin and seclusion in specific area (like in that picture). Sorry, this is a part of stigma and discrimination in Indoneisa peoples.

Indonesia Free of Stocks Regulation

The Indonesian government build a new spirit to reductions for stocks in mentall illness since bevore 2014. Now, we are commitment to promote Indonesia free of stocks in 2019. We have new regulations with Indonesians Mental Health Law no 18 / 2014. This is a

new spirit for policy reformation, social inclusion, completely remove of stigma, reduction of discrimination and prevention of violation of human right. This regulation is refer to WHO Mental Health Action Plan 2013 – 2020, ASEAN Mental Health Task Force, Sustainable Development Goals 2015 – 2020.



Policy statement for this action is regulated in National Development Plan 2014 – 2019 from Ministry of Health is; change of people structure, epidemiological transition to increase of health elderly and prevent of mental illness. The program target is increase public health status, decreasing un-infectious disease (heart attack, diabetes, stroke, hypertension, and mental health).

Several communication also give stright between mental hospital, family patient, health care facilities in district area. Specific mental hospital to solve any problem with treatment in Schizophrenic client, health care facilities in any district to development community mental health care that solve many problem for mental health and psychosocial problem. Group and family to development self help group for patient with mental illness in family.

Obstacle

Many obstacle in mental health regulation is; mental hospital condition not readily in facilities and minimal professional empowerment, public health center condition and family with stressful, burden, stigma and miss knowledge and treatment. So we are try to development nursing treatment for family, because we have conclusion that mental health problem is not only problem with a patient but morely problem with family and community. Hospital is regulated by his director, problem of health in many district is regulated and responsibility by ministry of health and ministry of government.

Family Support

Someone with severe stress will seek comfort and strength from God. But this far, we still have not found what kind of spiritual model that most effective to improve family coping in taking care of patient with mental disorder. The intervention in this study was try to improve family coping with spiritual approach; direction, obedience, acceptance (DOA). The aim of this study was to explained effect of family therapy with spiritual approach; DOA towards family coping in taking care of patient with mental disorder.

Family coping in taking care of patient with mental disorder was measured using coping health inventory for parents (CHIP) questionnaire, consist of; (1) the ability to keep family integrity, cooperation and to look in positive view; (2) keeping social support, self esteem and psychological stability; (3) understanding the medical situation, communicate with other and consultation with health provider. Family's health belief about mental disorder including (1) family's perception about the susceptibility and severity, (2) perception about benefit, (3) perception about barriers and (4) family's self efficacy toward mental disorder. Interaction among family members including (1) family's habitual in involving patient in routine activity, (2) social activity, and (3) management surrounding environment. Family supports consist of (1) emotional support and respect, (2) facility support, and (3) information support.

Family therapy with spiritual approach; direction, obedience, acceptance (DOA) was given in 60 – 120 minutes in 8 times meeting with average interval was about 1 week. Direction was used to develop family's health belief by giving right and fine understanding about mental disorder. Obedience was used to develop family's belief about mental disorder, so that family can maintain an interaction among family member and give support to patient. Acceptance was used to build attitudes of able to accept anything happen due to mental disorder and developed Islamic spiritual value, including patience, sincerity and gratitude.

Results showed that there were significant effect of giving family therapy with spiritual approach; DOA towards the total changing of family coping ($p=0,040$), and total family's social support ($p=0,011$)., There were no effect toward total family health belief ($p=0,638$), the interaction among family member ($p=0.293$) and the amount of care giver cortisol ($p=0,995$).

There was significant changing of family coping in taking care of patient with Skizophrenia in several aspects; (1) family's ability in keeping family integrity, cooperation and and to look in positive view ($p=0,009$) and (2) family's ability in understanding the medical situation, communicate to other and consult with health provider ($p=0,025$). There

was no significant changing in these aspects of the ability in keeping social support, self esteem and psychological stability of patient with mental disorder ($p=0,230$), but it there was an increase of average difference between pre and post test among the treatment group, about 3,24, and about 0,39 among control group.

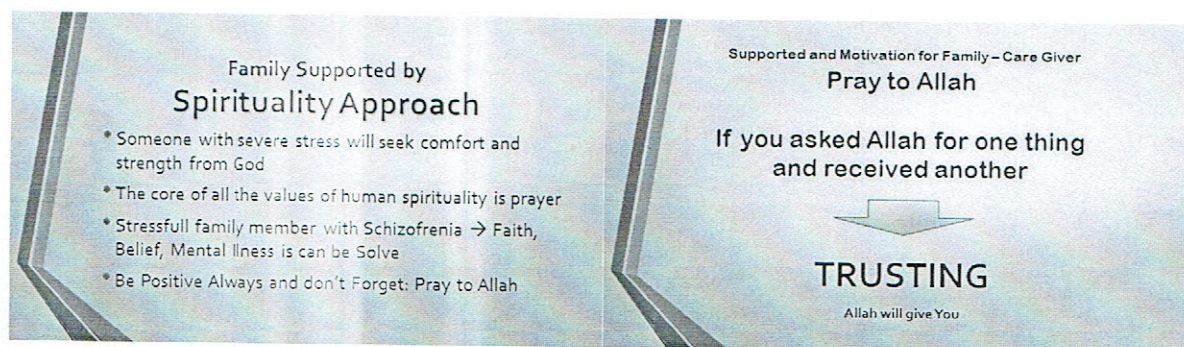
Family's health belief about mental disorder was significantly change in aspects of (1) perceptions about benefits ($p=0,009$), (2) perception about barriers ($p=0,035$) and perception about self efficacy ($p=0,002$). There were no significant changing in perception about susceptibility and severity ($p=0,052$).

Interaction among family member was not significantly change in all aspects (family's habitual in involving patient in routine activity, social activity, and management of surrounding environment). There were an increase in total average difference value between pre and post test in treatment control, about 2,42 and a decrease in group control, about -0,16. But this changing is not statistically significant.

Family's social support was significantly change in aspects of (1) emotional support and respect ($p=0,009$), (2) information support ($p=0,037$). There were no significant change in aspect of facility or instrumental support ($p=0,118$).

The amount of care giver cortisol has no significant changing ($p=0,995$), but there were a decrease of average delta value in treatment group, about -1,78 and an increase in control group about 2,18. Although, all amount of cortisol of respondent is still normal.

Results of correlation test inter variables using Pearson Correlation, was found that all of total variable has a significant correlation. It can be concluded that giving family therapy with spiritual approach; *direction*, obedience, acceptance (DOA) affect the family coping in taking care of patient with Skizophrenia.



Mental disorders is a problems with cognitive and mal-adaptive behaviors. The patient was not able to establish relationships, limiting the relationship to itself, others and the environment. Families with one family member having a mental disorder can lead to high

conflict, being objective and subjective burden, blame, involvement in hostilities between family members. The various negative impacts cause the families led to a model of family health beliefs about mental disorders is inadequate, stigma in society about mental disorders.

Nursing Intervention; Family Therapy

There are many nursing intervention to support family and care giver to reduction of stigma and development self help group in family. This is many kind of family therapy that can use for nurses to solve many problem in family eith one of family member with Schizophrenia. To use this interventions, depend on problem, basic condition from family, patiend, and regulation in distric area. But for nursing, please try many kind of this family therapy.

Kind of Family Therapy that can be Given for Supported Family with one of family member attach by Schizophrenia

MODEL	MAJOR THEORIST	TREATMENT TECHNIQUE
Psychodynamic and Bowenian FT	Nathan Ackerman	<ul style="list-style-type: none"> • Transference • Dream and Dayream Analysis • Confrontation • Focusing on Strengths • complementary
	Bowen	<ul style="list-style-type: none"> • Genograms • Going Home Again • Detriangulation • Person to Person Relationship • Differentiation of Self • Asking Questions
Experiential FT	Virginia Satir Carl Whitaker	<ul style="list-style-type: none"> • Modelling of Effective Communication Using "I" Messaging • Sculpting • Choreography • Play Therapy • Filial Therapy • Humor • Touch • Props • Family Reconstruction • Family Drawings • Puppet Interviews
Behavior and	Gerald Patterson	<ul style="list-style-type: none"> • Education

Cognitive Behavior FT	Neil Jacobson <ul style="list-style-type: none"> • Behavioral Parents Training • Marriage / Couple Therapies Education • Functional Family TherapBehavioral Parents Training • Marriage / Couple Therapies Education • Treatment of Sexual Dysfunctioning • Functional Family Therapy 	<ul style="list-style-type: none"> • Communication and Problem Solving Strategies • Operant Conditioning • Contracting • Classical Conditioning • Coaching • Contingency Constracting • Extinction • Positive Reinforcement • Quid pro Quo • Reciprocity • Shaping • Systematic Desensitization • Time Out • Chatting • Premack Principle • Disrupting Irrational Thoughts • Thought Stopping • Self Instructional Training • Modelling and Role Playing
Structural FT	Salvador Minuchin	<ul style="list-style-type: none"> • Joining • Disequilibrium Techniques • Enactment • Working with Spontaneous Interaction • Boundary Making • Intensity • Restructuring • Shaping Competence • Diagnosing • Adding Cognitive Constructions
Strategic and Systemic FT	Jay Haley (Strategic)	<ul style="list-style-type: none"> • Reframing • Directive • Paradox • Ordeals • Pretend • Positioning
	Mara Selvini Palazzoli (Systemic)	<ul style="list-style-type: none"> • Hypothesizing • Positive Conotation • Circular Cuestioning • Invariant/Variant Prescriptions • Rituals

Solution-Focused and Narrative FT	Steve deShazer Bill O'Halon (Solution Focused)	
	Michael White (Narrative)	<ul style="list-style-type: none"> • Externalization of the Problem • Influence (Effect) of the Problem on the Person • Influence (Effect) of the Problem on the Problem • Raising Dillemas • Predicting Serbacks • Using Questions • Letters • Celebrations and Certificates

Daftar Bacaan

- Allport, G.W. 1935. *Attitudes dalam Handbook for Social Psychology*. C.Murchison (ed), Worcester, Mass : Clarc University Press.
- Benov, E., Siiri E., Elena F., Elisa H., Aine M., Edwin N., Sara P., Carina T. 2013. *Stigma of Schizophrenia: Assesing Attitudes among European University Students*. Journal of European Psychology Students.
- Corrigan, P. W., & Watson, A. C. 2002. *Forum-Stigma And Mental Illness: Understanding The Impact of Stigma on People with Mental Illness*. World Psychiatry.
- Corrigan, P. W., Watson, A. C., & Millier, F. E. 2006. *Blame, Shame and Contamination: The Impact of Mental Illness and Drug Dependence Stigma on Family Members*. Journal of family Psychology. 20 (2), 239-246.
- Goffman E. 1963. *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice Hall.
- Gray, D. 2003. *Gender and Coping: The Parents of Children with High-functioning. Autism*. Social Sciences Medicine. 56, pp. 631-642.
- Harrison, J & Gill, A. 2010. *The Experience and Consequences of People with Mental Health Problems, The Impact of Stigma Upon People with Schizofrenia: a Way Forward*, Journal of Psychiatric and Mental Health Nursing, Vol. 17.
- Kemenkes RI. 2012. *Buku Pedoman Penghapusan Stigma & Diskriminasi bagi Pengelola Program, Petugas Layanan Kesehatan dan Kader*. Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan & Direktorat Pengendalian Penyakit Menular Langsung.
- Kemenkes RI. 2015. *Rencana Strategis Kementerian Kesehatan Tahun 2015-2019*. Kemkes Jakarta.
- Yusuf, A., Rizky F. PK., Hanik EN. 2015. *Buku Ajar Keperawatan Kesehatan Jiwa*. Jakarta : Salemba Medika.